

THE PAST AND FUTURE OF BRAIN CIRCUIT-BASED THERAPIES FOR OCD

by Darin D. Dougherty, MD &
Benjamin D. Greenberg, MD, PhD



Treatments such as TMS and DBS aim at improving symptoms and functioning of people with OCD by changing the way the brain's neural networks function.

INTRODUCTION by Jeff Szymanski, PhD

As part of our OCD Newsletter retrospective series celebrating our 30th Anniversary, we have been looking at how OCD treatments have changed and progressed in the past 50 years. Drs. Greist and Abramowitz began this series with an overview of behavioral therapy approaches for OCD over the last 50 years, followed by Dr. Goodman's review of how pharmaceutical approaches to treating OCD have evolved. As the last part of this series, we now look at "brain circuit-based" treatments for OCD. These methods aim to improve symptoms and functioning for people with OCD by intervening to change the functioning of brain networks.

Recently, psychiatric research has become increasingly focused on the idea that the structure and function of the brain's "neural networks" might play a part in OCD. Consider your brain from this perspective.

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The mission of the International OCD Foundation (IOCDF) is to help all individuals affected by 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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The IOCDF Turned 30!

Thank you to all who joined us to celebrate the Foundation's 30th Anniversary in Boston during OCD Awareness Week, and to our sponsors Winston Flowers and Peace of Mind Foundation.



Overlooking the 30th Anniversary Celebration.



One of our raffle prize winners!



IOCDF Board of Directors. (back row, from left) Jeff Bell; Michael J. Stack, CFA; Susan B. Dailey; Ron Prevost; Michael Jenike, MD; Paul A. Mueller; (front row, from left) Joy Kant; Diane Davey, RN; Christina Vertullo; Denise Egan Stack, LMHC; Jo-Ann Winston; Shannon A. Shy, Esq; Denis Asselin.



Three of our Founders Awardees - Joy Kant, Michael Jenike, & Wayne Goodman. Patricia Perkins was honored in absentia.



Dance Party!



IOCDF Staff at the photobooth.



Everyone enjoyed the balloon drop.



Finalists for our 80's themed costume contest.



IOCDF Executive Director Jeff Szymanski giving Elizabeth McIngvale a plaque in recognition of her 12 years of service as an IOCDF spokesperson.



Courtney Beard rocking out her 1980's attire.

FROM THE FOUNDATION

Letter from the Executive Director



Dear IOCDF Community,
For the last 3 issues, we have been looking back at the 30-year history of the International OCD Foundation (IOCDF) and the 50+ year history of OCD and the evolution of our understanding of this complex disorder and how it is treated. I want

to take a moment to thank some pivotal figures of this history: Dr. Wayne Goodman, Patricia Perkins, Dr. Michael Jenike, and Joy Kant. All of them were honored at our recent 30th Anniversary Celebration in Boston with the Founders Award, to recognize their significant contributions to the IOCDF's history and present. (See photos on opposite page from this special evening).

But, in this last special issue of our anniversary year, I also want to take a moment to now look to the future. You likely already received our end of year fundraising appeal mailing, with a special message about the future as we would like to envision it:

We have glimpsed into the future of the International OCD Foundation.

And, we have seen a world of increased awareness and understanding about OCD and related disorders.

A world in which a person is easily able to recognize the signs and symptoms of OCD or a related disorder.

A world where individuals and families are not burdened by stigma.

And a world where those who are suffering have access to effective and affordable treatment.

This future is not yet a reality, but I honestly do believe it's within our grasp. In just the last few years, I have witnessed a dramatic shift in the way that the media talks about OCD. Yes, OCD memes are still a thing, but they are far less widespread than they were just 1-2 years ago. The way reporters and journalists now cover OCD is dramatically different as well, with much more thoughtful story ideas, interview questions, and headlines. The idea that OCD is a mental disorder with

serious impacts on the lives of those affected is much more understood. And the way we talk about mental illness in general, and especially stigma, has changed as well. All of you should be proud of your roles as #OCDvocates in helping to make this change a reality. We still have further to go, but I truly believe we are on the right path.

The field of treatment is also shifting in positive ways. Technology is changing the ways that we communicate and function in our daily lives, and we've also started to see how it will change the way OCD is treated and managed. Already, teletherapy using Skype and other online platforms has helped make OCD more available in rural areas, and smartphones apps now offer ways to help manage ERP exercises and homework. Online treatment programs are likely the next big wave of this movement, and I'm excited to see how these programs get adopted and how they can assist the many people who still lack access to treatment to get the help they need.

In addition, new methods to help those who have not responded to treatment standards such as ERP and medications continue to be researched and developed. In this issue, we talk about the set of brain circuit-based treatments that show promise in this area. These are already helping people today, and with more research are likely to become more effective and accessible in the future.

Lastly, I want to thank you for your continued support as a member and donor of the Foundation. I look forward to sharing this vision with the OCD and related disorders community as we continue to partner together to make this ideal future into a reality.

Sincerely,

Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION

The Past and Future of Brain Circuit-Based Therapies for OCD *(continued from cover)*

Your brain is made up of cells called “neurons” which communicate with each other. When several neurons work together, they are referred to as a circuit or network. If you’ve ever taken apart a computer or other electronic device, you’ve likely seen a green plastic board covered in gold circuits. Much in the way electricity travels through this circuit board to convey information from one part of the computer to another, your brain uses neural networks to convey information from one part of the brain to the other.

So, instead of targeting neurotransmitters (the chemicals used to communicate between individual neurons) using medications, researchers are now looking at how neural networks function to communicate from the parts of the brain that regulate, say, emotions to the part of the brain that regulates movement. It is our hope that new treatment methods that focus on neural networks may offer help to those individuals who have not had success with other treatment methods.

There are two categories of these brain-circuit based treatments: 1) non-invasive methods and 2) invasive methods. Non-invasive methods include procedures that use either magnetic or electrical energy that is delivered across the scalp and skull and into the brain. In invasive interventions, devices are directly implanted into the brain itself or lesions are made in the brain tissue. Of note, invasive procedures are considered only for carefully selected individuals with severe OCD who have not been helped enough by conventional treatments. In contrast, non-invasive techniques could be applied to a larger number of people. Some invasive methods (for example, lesion procedures where brain tissue is destroyed) actually appeared over 50 years ago, though they have undergone considerable refinement since then. It is important to note that any of these methods is most likely to be useful when added to conventional behavioral and medication approaches. As such, it is strongly recommended that they are delivered as part of a team approach where clinicians with different kinds of expertise all work together for the benefit of OCD sufferers who do not respond adequately to traditional treatments alone.

NON-INVASIVE METHODS

The non-invasive methods discussed below use devices outside of the skull to alter brain networks. Since no surgery is involved, these procedures are typically done on an outpatient basis, and have low to minimal side effects. They may be considered to augment CBT and/or medication treatments for OCD.

Transcranial Magnetic Stimulation (TMS)

Since Dr. Greenberg and colleagues introduced TMS as a research tool in OCD in 1997, studies have increased, although at a slower pace than for major depression, where TMS is now a standard of care, with hundreds of clinics offering this therapy

across the US and hundreds more worldwide. Fortunately, the pace of research about the use of TMS to treat OCD has recently picked up.

Briefly, TMS involves a device that utilizes pulses of magnetic energy to create electricity that can be delivered into the brain with the goal of altering the “brain network” in order to affect OCD symptomatology. In general, the “deeper” the stimulation goes, the less “focal” it is, meaning that more parts of the brain get stimulated (see the excellent summary of TMS in OCD by Joan Camprodon, MD, PhD in the Fall 2015 edition of this newsletter for more details). As of this writing, stimulation targeting a part of the brain called the pre-Supplementary Motor Area (pre-SMA) looks to be the most promising. There is evidence to suggest that pre-SMA TMS might reduce abnormal brain excitability seen in OCD. Other parts of the brain targeted in TMS for OCD include orbitofrontal cortex and dorsolateral prefrontal cortex (which is also the TMS stimulation site used for major depression). TMS is an outpatient procedure involving multiple daily sessions, which are usually delivered on weekdays and over a period of weeks. TMS is generally very well tolerated, though scalp discomfort can occur during and after stimulation pulses, and precautions need to be taken to reduce the (extremely small) risk that the stimulation might induce an unwanted seizure. TMS research studies for OCD, ongoing or soon to begin, often now involve brain imaging (e.g., using a fMRI) to look at how brain networks change after a course of this experimental therapy.

Transcranial Direct Current Stimulation (tDCS)

As the name implies, in tDCS (and related kinds of electrical stimulation), electrical current is passed across the scalp and skull into the brain. Only weak electric currents are produced in the brain during tDCS and unlike TMS, which can make neurons in the brain fire off nerve impulses, tDCS does not deliver enough energy for that to happen. What tDCS is thought to do instead is “bias the system.” This means it influences brain activity by shifting the functioning of a brain network in a particular direction. While the amount of research using tDCS across many clinical conditions has increased dramatically in recent years, as of now this has been the least studied of non-invasive treatment methods for OCD.

Some of the targets for tDCS stimulation currently being investigated as a treatment for OCD are similar to those being used in studies of TMS, like the pre-SMA discussed above. Compared to TMS, tDCS is generally less focal (less specific in where it is thought to have an impact). This method in general is very well tolerated and, unlike TMS, is suitable to eventually be developed for portable or even home use. Examples of current tDCS research in OCD include two studies in our group at Butler

The Past and Future of Brain Circuit-Based Therapies for OCD *(continued)*

Hospital, one where tDCS is combined with exposure-based behavior therapy testing the idea that benefits from behavior therapy might occur faster or the benefit might be greater in combination with tDCS (see [ClinicalTrials.gov](#) NCT02329587). Another study (see [ClinicalTrials.gov](#) NCTNCT02704117) is part of a wider NIMH-funded effort focused on mapping the brain circuitry involved in OCD. This study is also looking at how to use noninvasive methods for therapeutic purposes.

NEUROSURGICAL INTERVENTIONS FOR DIFFICULT TO TREAT OCD (INVASIVE PROCEDURES)

As we note above, most patients with OCD eventually respond to treatment with medication and/or behavioral therapy. But a small group of individuals with OCD do not improve following all attempts of conventional treatments. For this small minority, one remaining viable option is neurosurgery, including lesion procedures (cingulotomy or capsulotomy) or deep brain stimulation (DBS).

Anterior Cingulotomy

Neuroimaging studies, which have been designed to help determine what parts of the brain are involved in OCD, have found that the part of the brain called the anterior cingulate cortex is repeatedly involved in the development of OCD.¹ Starting in the 1960s, a procedure called the “anterior cingulotomy” has been used to treat individuals with OCD and/or major depression who have not responded to traditional treatments. This procedure involves a “craniotomy” (i.e., drilling holes through the skull) followed by placing an electrode in the brain. The electrode is then heated in order to burn away a small amount of brain tissue. Destroying that area of the brain is believed to disrupt faulty brain circuitry that contributes to OCD symptoms. After the procedure, the electrode is removed. Patients are typically awake during the procedure and return home after a few days in the hospital. Studies examining the outcome for patients following an anterior cingulotomy for treatment-resistant OCD have shown that up to 69% of patients who did not respond to conventional treatment achieve some benefit from the procedure.² There is a small risk of infection or seizure after any craniotomy. Before and after cognitive testing has not revealed any changes in thinking abilities following the procedure.

Anterior Capsulotomy

Another neurosurgery procedure that has been used for treatment resistant OCD is called an “anterior capsulotomy”. This procedure is named after another structure in the brain (specifically, the anterior limb of the internal capsule). Again, this procedure was first used in the 1960s and also involves making lesions (holes) in a part of this brain structure

(technically this is called an “ablative” or lesion procedure) in an attempt to affect the current brain circuitry. Positive outcomes following an anterior capsulotomy for OCD are approximately 50–60%.^{3,4}

While the original anterior capsulotomy procedure also involved a craniotomy, the use of the “gamma knife” has more recently allowed for anterior capsulotomy procedures that do not require opening the skull. The gamma knife procedure involves passing multiple gamma (i.e., radiation) rays through the skull. No single gamma ray poses any danger to brain tissue. However, where the gamma rays intersect, the energy level is high enough to destroy the targeted tissue (the most recent version of this procedure is called gamma ventral capsulotomy in which the lesions are limited to the ventral or bottom half of the anterior capsule). Responses to this procedure appear to be seen in up to 60% of patients.^{3,5} Another significant advantage of the gamma ventral capsulotomy is that it is associated with fewer side effects than an anterior capsulotomy that involves a craniotomy. Current research includes mapping the brain changes associated with clinical improvement after gamma knife ventral capsulotomy (see [ClinicalTrials.gov](#) NCT01849809).

Deep Brain Stimulation

Another important development for treatment-resistant OCD is deep brain stimulation (DBS). DBS has been used since the mid-1980s to treat movement disorders such as severe tremor or Parkinson’s disease. DBS involves placing electrodes in targeted areas of the brain. In Parkinson’s disease, electrical stimulation of the targeted brain region (such as the subthalamic nucleus) usually results in a significant decrease in some of the disabling symptoms of the illness, such as tremor. Once the electrodes are in place they are connected by wires under the skin to pulse generators under the skin (usually just below the collarbone). The pulse generator contains a battery for power and a microchip to regulate the stimulation. The treating physician uses a hand-held wand and small computer to communicate with the pulse generator through the skin. In doing so, the treating physician can determine how much electrical stimulation is delivered in which manner through the stimulating electrodes. These pulse generators are very similar to those implanted under the skin (also usually just below the collarbone) for patients with cardiac pacemakers. The treating physician even uses a similar device to communicate with the pulse generator through the skin. The biggest difference is that in DBS, the electrodes are in the brain instead of in the heart.

Given the encouraging response rates following capsulotomy for highly treatment refractory OCD (as discussed above), investigators decided to test DBS in this same area of the brain. Researchers first implanted electrodes in the anterior capsule

FROM THE FOUNDATION

The Past and Future of Brain Circuit-Based Therapies for OCD (continued)

in patients with treatment-resistant OCD in the late 1990s.⁶ The early results were promising, as three of these first four patients experienced clinically meaningful benefit. Since then, larger research studies have been conducted and the target site has moved slightly to an overlapping part of the brain called the ventral capsule/ventral striatum (VC/VS). A recent report by Greenberg⁷ found that for the 26 patients with treatment-resistant OCD who received DBS, 61.5% were considered responders (i.e., showed a notable decrease in OCD symptoms). This response rate is comparable to or slightly higher than the response rates for the other neurosurgical options described above (cingulotomy and capsulotomy), but comparisons must be tentative since the numbers of patients treated with DBS are still relatively small, and more stringent research designs are needed to study its effectiveness going forward. Some of the advantages of DBS over the other neurosurgical options include: not having to open the skull, not destroying brain tissue, and because of the pulse generator, the treatment can be modified to maximize benefit by altering the amounts of the electrical charge being used.

Because DBS for treatment-resistant OCD is a very specialized procedure, it is recommended that treatment be done at institutions that have experience with this intervention. Appropriate patient selection is also vitally important. Typically, patients eligible for DBS will have had minimal or no response to all currently available medication and behavioral treatments for OCD. It is also critically important that a neurosurgeon with expertise in "Stereotactic and Functional Neurosurgery" perform the procedure. As already noted, because the DBS treatment can be altered by changing the amount of the electrical charge in order to optimize treatment response, it is crucial that a psychiatrist with expertise in DBS be directly involved in a patient's care over the months and years following surgery. At this point, it appears that DBS therapy needs to continue indefinitely for continued benefit to the patient. One of the most interesting clinical observations after lesion procedures (capsulotomy or cingulotomy) or DBS, is that behavior therapy, such as ERP, may become effective for a patient who was unable to improve with such treatment before the surgery.⁸

While the field of neurosurgery for treatment-resistant OCD has advanced considerably in recent years, further research is needed to both optimize DBS treatment and to better understand how DBS works (which areas of the brain are affected and how). While these are exciting times for OCD treatment there is still much to be learned. ○

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Benjamin Greenberg, MD, PhD, is Professor of Psychiatry and Human Behavior at the Warren Alpert Medical School of Brown University. Based at Butler Hospital (Providence, RI) and the Center for Neurorestoration and Neurotechnology at the Providence VA Medical Center, Dr. Greenberg's work focuses on development of neuromodulation (deep brain stimulation, transcranial electrical and magnetic stimulation) for OCD and other conditions.

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FROM THE FOUNDATION

We Want You — To Speak at the 2017 OCD Conference in San Francisco!

by Stephanie Cogen, MPH, MSW, IOCDF Education & Training Manager

Each year at this time, we send out the call to our community to start thinking about proposals for workshops, support groups, and activities for next year's OCD Conference. Without fail, you all go above and beyond to answer our call. It gets more and more difficult to choose the Conference program each year due in large part to the enormous number of excellent submissions we receive. A very good problem to have!

The 24th Annual OCD Conference will take place this July in San Francisco, CA, and we will soon begin accepting submissions through our proposal system, which opens on Tuesday, January 3, 2017. Given how competitive it has become to speak at the OCD Conference, we compiled a list of things you can do (and not do) to increase your chances of being accepted. These suggestions come directly from feedback we receive from Conference attendees and planning committee members each year. Read on to learn more — we can't wait to see what you come up with this year!

DO Consider Our Topics of Special Interest.

As you consider the content of your presentation, think about topics that may be of special interest to the OCD community. Every year we receive many proposals for some areas, but not enough for others. Below are topics that have been frequently requested by attendees and represent areas that may have been underrepresented in previous years:

- Advanced-level sessions for all audiences
- Multicultural and diversity issues
- Co-occurring issues with OCD – substance abuse/addiction, intellectual disabilities, eating disorders, autism spectrum disorders, other mental health conditions, etc.
- OCD and intimacy (dating, marriage, sex)
- OCD and aging
- Navigating insurance, disability, and legal rights for those with OCD
- Employment issues
- The dark side of OCD and related disorders (becoming homebound, suicide, depression, self harm, angry outbursts, etc.)
- "Coming out" about your OCD

- Being an OCD advocate at the local, state, and/or national level
- Adjunctive treatments for OCD including group therapy, compassion focused therapy, and family therapy

DON'T Feel Limited to the Traditional Lecture-style Talk.

The workshops that often receive the highest ratings from attendees are those that are interactive and/or experiential. This can take many forms, from performing a live demonstration of a technique to having the attendees break out into groups for an activity. When preparing your proposal, think outside of the box about creative ways to actively engage your audience. Will you take them through a group exercise? Will you demonstrate a technique with an audience member? Will you break out into small groups for role plays or discussion? Will you show a related video clip? Think about what makes you more interested and attentive in a presentation, and apply that back into your own proposal.

DO Team Up With Others to Create a Diverse Panel.

Panels are great opportunities to present multiple points of view in a single talk. Are you an individual with OCD or a related disorder? Team up with a fellow individual, family member, and/or professional to provide a well-rounded talk about your different experiences and perspectives. Are you a clinician? See if one or more of your patients or colleagues would like to join you on a panel to discuss an issue from several sides. Are you a researcher? Work with other researchers to discuss your various studies and findings around a single theme. Note that the ideal panel size is between 3-4 presenters — any more than that, and you may have trouble fitting everything in. We are also much less likely to accept proposals with 5 or more presenters. For proposals with 5+ presenters, be sure to make a strong case for why each person has a unique and specific contribution to make to the presentation.

DON'T Over- or Under-estimate the Difficulty of Your Talk.

Every presentation at the Conference is classified according to difficulty level — introductory, intermediate, or advanced — and these difficulty levels are chosen by you when submitting your proposal. A surefire way to get negative attendee feedback is by having the content of your talk not match the difficulty level you chose. Advanced-level sessions should not cover the basics, and introductory-level sessions should not get too complicated. We aim for the full

FROM THE FOUNDATION

We want you — To speak at the 2017 OCD Conference in San Francisco! *(continued)*

spectrum of difficulty levels when setting the Conference program, so please help us out by being thoughtful about the difficulty level of your proposal.

DO Mix it Up From Previous Years.

While we do get new attendees every year, we also see an increasing number of Conference-goers coming back time and time again. It is thus our goal to provide fresh offerings each year that will appeal to both newcomers and Conference veterans. This means we are unlikely to accept the same presentation year after year, even if ratings and attendance were high. Simply changing your title is not enough — use this as an opportunity to mix it up and explore fresh content.

NEW! DO Submit to Our “Research to Clinical” Track.

Feedback from attendees indicated that talks given in our “research track” were much more valuable when the presenters both described research findings and discussed how these findings could be practically implemented. We offered a small “Research to Clinical” series at the 2016 Conference in Chicago, and the feedback was very positive and attendees asked for more programming like this. In response, we are moving away from traditional “by Researchers, for Researchers” talks during the conference,

in favor of talks that show how research findings can be incorporated into clinical practice. More advanced Research talks — by researchers, for researchers — are now the focus of the Pre-Conference IOCDF Research Symposium held on Thursday, July 6 (visit ocd2017.org/symposium to learn more).

DON'T Forget About the Evening Programming.

While most of you will likely be submitting proposals for talks taking place during the day, we urge you to also consider submitting an evening activity or support group. These events are just as vital to the Conference and OCD community as the educational workshops, and provide the opportunity for attendees to have fun, socialize, network, and bond after a great day of learning. Support groups can be led by professionals and peers alike, and we welcome submissions for groups of all ages, types, and compositions. Evening activities have ranged from group exposures to artistic expression activities, from film screenings to story hours. Use your imagination and let your creativity run wild. ○

If you have a question that is not answered by this article, the Conference website, or the instructions in the proposal system, please feel free to reach out to us. We can be reached by e-mail at conference@iocdf.org or by phone at (617) 973-5801. Happy proposal writing, and we hope to see you in San Francisco!

SAN FRANCISCO
2017

24th ANNUAL
OCD Conference

Save the Date!
July 7–9, 2017

- Proposal System Open
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ocd2017.org

FROM THE FOUNDATION

Donor Profile: A Family Affair, Denise & Joelle's Story

By Eric Steinert, Development Manager

Since joining the IOCDF staff over the summer, it's been gratifying to meet and get to know individuals and families in the OCD and related disorders community. Every one has his or her own unique experience about living with and getting treatment for OCD or a related disorder. Sometimes the story is from the perspective of the individual struggling with the disorder, and sometimes it is from a family member. For example, I recently opened a donation envelope from Denise, which included pictures of her family, a letter, and a check made out in honor of Joelle, her daughter. The pictures that she sent me helped to tell the story and to put a face to the first-hand struggles and triumphs of this family.

I spoke with Denise recently who told me, "The fundraisers all started out with my son — he had to do community service hours for church, for his confirmation. I thought it would be a nice thing to do, for him and me to raise money together for the Foundation. He petered out on me, but I continued on!"

Since Denise enjoys socializing, she has chosen fundraisers that bring people together, and that also involve her kids, all for a good cause. "I hosted a Yankee Candle fundraiser myself, and it was successful. I put together a lot of events this year. I took some classes in event planning. I wasn't in it to make money; I just really wanted to advance my skill of event planning. We were also able to sell some home-made wreaths in exchange for a donation. We did a lot of things, and kept putting money in the pot to send in to the IOCDF."

Denise says that she gives to the IOCDF because of her daughter Joelle's amazing courage. "She is my inspiration." Denise herself will tell you. Giving is a powerful way she can honor her daughter's determination. It's been a long struggle for her. Now 18 years old, Joelle tells us some of her courageous and remarkable story below.

I impatiently await the piercing 4:30am alarm to ring. I've already been awake since four. It's a school day. That means I have 3 and a half hours to get ready for school. I mentally check in my head. As soon as my feet hit the ground, the worries start to set in and I break into a cold sweat. I haven't even been on my feet for a minute, and I'm already exhausted, not physically, but mentally.

Obsessive compulsive disorder is not a joke. It's not a quiz you can take on BuzzFeed and it's not hand sanitizer — OCD is a mental illness, and it's serious! Obsessive compulsive disorder, or OCD, affects about one in a hundred adults, and I am one of them. You know the feeling when you're alone in your house and you hear a creak? The moment right before a glass dish falls to the floor? Your whole body tenses up, and all your

senses come alert. Do you know what it's like to live with this every day, from the moment you wake up until the moment you go to bed? OCD wants everything in my life to be perfect, my parents, my education, every aspect. And, I was treading water with OCD. I wasn't doing anything to make myself better, I was just waiting for everything to get better on its own.

Until my father's motorcycle accident.

He was hit head-on by a car and flown via MedFlight to Tufts Hospital in Boston. He survived the accident, but was left severely injured. OCD wants to control everything, but this was something out of my hands. My OCD sky rocketed. It took its toll. Soon, I could no longer get out of bed in the morning, and couldn't make it to school. This caused me to miss a lot of my sophomore year.

I got the help I needed at the OCD Institute at McLean Hospital in Belmont, MA. This is where I ended up living for two months while I learned how to use exposure response prevention, or ERP, to combat my OCD. ERP is about putting yourself in a situation that purposefully "triggers" your anxiety, and then not acting on the rituals to relieve the anxiety. The first few times is torture, but the more you do it, the more the anxiety becomes tolerable. I worked on my OCD every day of the week, and believe me, it is not easy. I missed home and my family. This is the most challenging time, where I found myself asking God, "Why me?"

I've always gotten back on my feet, and I've never lost sight of my goal. I will not let OCD control my life. It's not something to be ashamed and embarrassed about. It's what I have, and I've come to terms with it. It'll only make me stronger. I look to the future. I know there never may be a cure for OCD, and that's okay. Because of determination and resilience, I've learned to manage it. In life there are good and bad days, but those bad days make us even more grateful for the good days. I've come to the conclusion that I just have to take it one day at a time. I now strive for progress and not perfection.

Joelle is excited to take the next step and has started making college plans. In the meantime, her mom Denise continues to fundraise for the IOCDF — for the good of her family and the rest of the OCD community. "Hopefully by January, I'll have a few hundred more to send in!" ○

If you are interested in hosting your own fundraiser to benefit the IOCDF — however large or small — feel free to contact me at esteinert@iocdf.org for ideas and support. There are many fundraising platforms out there that can even take care of the money handling for you, such as Razoo and IndieGoGo. No matter the avenue, your efforts will have a tangible impact and allow us to continue supporting everyone effected by OCD and related disorders.

MEMBERSHIP CORNER

How We Found the OCD Foundation, A Personal Story

By Mary Prevost

There are many “entry points” to the International OCD Foundation (IOCDF), and every day we try to create more. We regularly hear stories from our members and donors about how the Foundation was an early life-line in their struggles with OCD. While some individuals get help and move forward in their lives, others choose to stay involved and give back to the Foundation community by becoming members or donors.

As part of our 30th Anniversary, we reached out to some of our longest standing members to find out why they got involved, and what the Foundation has meant to them over the years. One of the stories we received back was from Mary Prevost. Mary is the wife of Ron Prevost who joined the IOCDF Board of Directors last year. For this special version of our Membership Corner, Mary’s shares her story about how they got involved with the Foundation, first as a family in need of help, later as donors and members, and now as part of our leadership. We thank both of them for their continued support, and for sharing their story.

- Jeff Szymanski, PhD

Executive Director of the IOCDF

In the mid-eighties, we were struggling with the behavior of one of our children. With four children I rarely had time to watch afternoon television.

But one day, I turned on the TV and there were some people being interviewed from the IOCDF (then the OC Foundation). One of them was one of the founders, Patricia

Perkins. I grabbed a pen and wrote down the phone number and address of the Foundation, as the behavior they were describing was similar to our child. I put the post-it note on the inside of a kitchen cupboard. When we moved to a new home a few years later, I carried the note with us to a new kitchen cupboard. I never contacted them regarding our child, but kept the number just in case.

Fast forward to December of 1991. Our son, Matthew, age 6, died of complications of a premature birth. My husband had been struggling with anxiety and unwanted thoughts for twenty years. These became worse with the trauma of our son’s death. We didn’t have a name for what he was experiencing. One day, we went to our local bookstore to see if we could find anything that described his troubling symptoms. He picked up *The Boy Who Couldn’t Stop Washing* and said, “This is what is going on with me!” As things got worse, we didn’t know where to turn. Then I remembered the post-it note with the Foundation’s phone number. I called and a friendly, supportive voice answered — it was Patricia Perkins.

She talked to me for a very long time, helping me understand OCD. She helped me feel we were not alone.

Patricia gave me the name of several therapists who were, unfortunately, all on the east coast — too far from our home in Oregon — and the name of some books. She also sent us a packet of information. During the next few months, as we found our way through the maze of OCD information, I spoke with Patricia one more time. She told me to call her if ever my husband or I needed to talk. I cannot begin to tell you how comforting it was to know that help was only a phone call away. In the early 90s, OCD was not the buzzword it is now. There were not very many specialists in our area. There was not the abundance of books there are now. Even today there aren’t enough OCD specialists (though Ron is currently working on helping to launch OCD Oregon, a new affiliate of the IOCDF).

I will always be grateful that I turned the TV on that day and that one of the IOCDF’s founders was on the talk show. And, I will always be grateful that I wrote down the phone

number of the Foundation AND that Patricia Perkins was on the other end of the phone the day I called. I am also thankful for all those who started and continue to keep the IOCDF going.

The International OCD Foundation has surely helped my husband to be able to pursue a productive life of contribution and advocacy. ○

“[Patti] talked to me for a very long time, helping me understand OCD. She helped me feel we were not alone”.

Do you have ideas for topics for our Membership Corner, or want to share your own membership story? Email Tiia Groden at tgroden@iocdf.org

FROM THE FRONT LINES

Rescuing Our Son From OCD

By Laurie Gough

“Dear Dr. Jabour,

My husband and I are desperate for help. Our ten-year-old son has developed severe obsessive compulsive disorder. It began mildly in the spring but in the past couple of months it has ramped up alarmingly. He can no longer function at school, or even get to school since he can no longer walk or ride his bike there without getting stuck on the way. He is continually falling into trances where we can't reach him and is obsessed with the notion that his dead grandpa will come back to life. He performs ever-changing rituals that he believes will bring his grandpa back, despite how many times we've told him that nobody returns from the dead. A short time ago, he was a regular, bright, happy-go-lucky kid who climbed trees, rode a unicycle, played soccer, got A's in school, and loved discussing cars. Now he wants to die. This is a child so wracked with anxiety and strange behavior that we barely recognize him. We want our son back. Can you help us? We live in Quebec but are willing to come to Los Angeles for treatment.”

When I wrote that letter back in 2013, my husband Rob and I felt so hollowed out with despair we were like ghosts you could see through. Our only child, Quinn, crushed by the death of his grandpa, had transformed from an everyday kid into a faint memory of the boy he was, his every baffling behavior designed to bring his grandpa back to life. Magical thinking had cast a spell over our household. We also called this invisible force the “OCD Monster” and we felt powerless to stop it from enslaving our son.

That is, until I started learning about the power of cognitive behavioral therapy (or a branch of it for OCD sufferers called ERP, exposure response prevention).

One day, early on, when we were driving from our village of Wakefield to Montreal, Quinn's mournful why-is-Grandpa-gone crying had subsided but seemed to have morphed into something else. Quinn kept rolling down his window, putting his face out into the wind, his hand on his heart, saying: “Please come back, please come back, I love you, please come back”. At the beginning of the drive, I kept turning around to say something encouraging about how I knew he could boss back his OCD Monster.

“I know. I'm trying! Just one more time,” he'd say, then roll down the window to do it all over again. Clearly, fighting the OCD Monster wasn't easy. Sometimes I'd wake up in the dead of night, when the truth of how things really are never

wears a mask or pretends, and I'd feel gripped by a cold fear, wondering if my son would ever be himself again.

“Let's try some of those exercises,” I said, trying to smile.

“We'll time you to see how long you can go without having to roll down the window.”

Delaying a compulsion was an exposure exercise I'd read about. Every second that goes by without obeying the compulsion is excruciating, but as time passes, the anxiety gradually diminishes as the brain adapts to the feeling of not following through with the compulsion. With ERP, you expose yourself to your fears. A child who is afraid of germs, a common type of OCD, makes herself drink from a public drinking fountain which she believes is full of deadly germs. As she drinks, the anxiety level initially spikes, but gradually decreases as she realizes nothing catastrophic occurred. She's habituating herself to the anxiety, literally re-circuiting her brain. The next time, she can try doing it longer. Eventually, the compulsion loses all appeal. But of course, this is all easier said than done. All the person is thinking about is how much they have to obey the compulsion, how not obeying the compulsion means never seeing your grandpa again. There's no logic involved in OCD.

Even though we were working on the ERP, Quinn was still engaging in a storm of magical thinking rituals that debilitated his entire day. We decided to take him out of school temporarily. Rob proposed that he and Quinn work on the ERP exercises every day instead of school work. One afternoon, I went to talk to Quinn's teacher to explain why he'd be absent. The young teacher's eyes were full of concern as he went to Quinn's desk and pulled out his math workbook. “I was going to tell you this so I'm glad you're here. Take a look.” I stared down at the pages of my son's workbook, which was supposed to be full of solved multiplication problems. Instead of numbers, tiny words were scrawled all across the bottom of the pages, the same words, dozens of times over, the same ones we'd heard for weeks: “Please come back, I love you. Please come back.” I flipped back the pages. It was the same plea over and over, a boy's impossible prayer hidden in a worn math book. Sudden tears blurred my vision. A kid I knew bounded into the class just then to riffle through a desk. Quinn had helped teach this kid how to ride a unicycle when they were younger. The boy said hi to us and shot out of the room again: untroubled, shoes untied, a regular kid on his way to build a fort or buy a chocolate bar with his friends at the store. Why wasn't that Quinn? I felt the cruel randomness of life weigh down on me.

FROM THE FRONT LINES

Rescuing Our Son From OCD *(continued)*

Although we were seeing gradual improvements with the ERP, sometimes Quinn didn't respond to it at all. I wondered if the giggly little boy who Quinn had been would ever come back. One morning, after seeing the OCD Monster enslave Quinn with yet another ritual—one that immobilized him—all I could do was run out to our parked car, roll up the windows, and start sobbing, howling over and over for the sad lost echo of my son. That night, Rob and I realized we needed to tell all our friends, everyone we knew. Until then, only a handful of friends had known. We hadn't meant to keep it a secret. It had just become that way on its own because we'd been so preoccupied with it.

I sent an email to all our friends and neighbors explaining why they hadn't seen Quinn around on his bike lately, or us out on our street or in our village of Wakefield. "...We know that the real Quinn is still in there somewhere. If people could visit once in a while that would go a long way in lifting our spirits. We need our friends and we need Quinn back. There's nothing more important to us in the entire universe than getting our son back to the happy kid we used to know..."

After writing that letter, the phone began ringing almost immediately. Emails flooded my inbox. People started knocking on our door and, as it turns out, the OCD Monster hates visitors. A friend of Quinn's who lived down the street started coming over to play every day. An astounding outpouring of love and support began to flow into our lives from friends, neighbors, and people in our small town. Some sort of sublime community healing power was at work.

One day, I couldn't find Quinn in the house. I went outside and thought I heard singing. The singing got louder as I walked down our laneway. When I got to the end of our laneway, I looked up. Quinn was at the very top of our pine tree. When he saw me he stopped singing and called out, "Hi, Mummy!" and started climbing down. He jumped off one of the lower branches and landed in front of me. His face was flushed pink. I asked what he'd been doing. In a steady strong voice, looking me in the eyes, he said, "I sang 'Somewhere Over the Rainbow' to Grandpa and I let him go."

I stared at him. A blue jay squawked nearby. "You what?" "I sang the whole song. Then I let him go." He said this matter-of-factly. He was smiling. There was a calm in his face I hadn't seen in weeks. He began walking up the lane, saying he wanted to go to soccer practice. I stood there watching him as he made his way up the lane kicking a stone like a soccer ball. Could it be true? All I could do was whisper a hushed prayer up into the tree: Please.

I'd realize later that letting his grandpa go up in the tree that day healed something that was broken in his heart. The OCD Monster was still quietly slithering in the pathways of his brain, but the fight was now on. What came next would be a final battle bordering on the miraculous.

The brain has been called the most complex object in the known universe. As many neurons exist in our brains as there are stars in the Milky Way. Is it any wonder that glitches like OCD sometimes arise? The way our brains work is the direct result of millions of years of evolution. And who knows how many of our ancient ancestors might have experienced what we now call OCD? If only they knew then what we know now: OCD can be successfully treated, and even sometimes disappear altogether, as has been the case with Quinn.

It has been three years and the OCD Monster has never made a comeback ○.

Laurie Gough is an award-winning author whose latest book is called, Stolen Child: A Mother's Journey to Rescue Her Son from Obsessive Compulsive Disorder.

Fist by Dennis Rhodes

I have clenched my fists for years
unconsciously, in order to
keep the world at bay. I'm sure
it goes back to infancy
when I lost my father. In
the schoolyard to ward off bullies--
to be left alone at all costs.
It took six years of therapy
to realize I was warding off
the bullies in my head: my own
unwanted thoughts. My OCD
fell just short of crippling.
I see it as a miracle now
to unfold each hand. To merely relax.

Am I a Monster? An Overview of Common Features, Typical Course, Shame and Treatment of Pedophilia OCD (pOCD)

by Jordan Levy, PhD

Imagine one day that you are walking past an elementary school playground. You glance over at the children and, out of the blue, a thought enters your head: "Did I just look at those kids in a creepy way?" Your brain immediately begins to doubt and analyze whether your glance was creepy and you are flooded with terror: "Why would I be staring at kids?" "Do other people do this?" "Was I physically attracted to one of them?" "Is there something wrong with me?" "Did I do something inappropriate?" "Did I get aroused by the children?" "Am I a pedophile?" "Am I going to become a pedophile?" "What does this mean that I am even thinking these thoughts?"

Continue to imagine that you find yourself yet again walking by the school playground. You will now be acutely aware and on guard for whether there were any intrusive thoughts present. You find yourself avoiding eye contact with everyone. You check where your hands are to make sure that you won't accidentally touch a child inappropriately and you are on guard and panicked that you will experience more intrusive thoughts that suggest feelings for children. You may even check your genitals for signs of arousal. You worry others are looking at you and you may even begin to question what you have done. You feel your only option is to escape in order to protect the innocence of these children. You may feel that you are a monster and a bad person for having these thoughts in your brain. What you may not realize is that you may be suffering from a very common form of obsessive compulsive disorder (OCD). And you are not alone.

Experiencing taboo thoughts like these is one of the most common, yet lesser known, manifestations of OCD. Fortunately, recent mainstream media attention, and a new website called www.intrusivethoughts.org, are helping raise awareness of the disorder and its different forms. Many people with intrusive and taboo thoughts, such as being preoccupied about being a pedophile, have minimal or no observable compulsions. Instead, the compulsive behavior is internal. Only the person suffering can see it. This is also sometimes referred to as "Purely Obsessional OCD" or "Pure-O" because we used to consider anything experienced on the inside of a person as an obsession and anything external as a compulsion. However, now we recognize that what separates an obsession

from a compulsion is that obsessions trigger anxiety and are uncontrollable. Compulsions are controllable and are aimed at trying to reduce anxiety. So, even for someone whose obsessions only manifest as intrusive thoughts, a great deal of effort is still spent repeatedly checking, neutralizing, ruminating about, attempting to pray away, and avoiding certain thoughts — these mental actions are the compulsions. That said, many individuals continue to use the term "Pure-O" to describe their OCD.

For individuals with OCD, an endless amount of time is spent attempting to answer the unanswerable questions that the OCD posits. OCD is masterful at deceiving the sufferer by saying "if you just spend a little time on this question, you will figure it out and feel so much better!" Because the threat feels so real, it is extremely difficult to resist the siren's call to engage in mental compulsions. The most imperative item on the agenda becomes gaining certainty. Often times, sufferers will replay past scenarios in their minds, making sure to examine every single "fact" that was present.

Within this subtype of "taboo thoughts" OCD, several themes tend to co-occur including fears related to pedophilia (pOCD), homosexuality (hOCD), incest, bestiality, and the primary romantic relationship (rOCD). This article concentrates on pedophilia OCD (pOCD). An individual living with pOCD can be simultaneously flooded with unwanted thoughts or images related to any and all of these themes. Patients have remarked, "If I am attracted to a child of the same sex then doesn't that mean I'm gay and shouldn't be married?" If left unchecked, pOCD can bleed into numerous areas in one's life.

In contrast, the DSM-V defines pedophilia as "recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children" (APA, 2013). The diagnosis of pedophilia has absolutely nothing to do with the diagnosis of pOCD. Despite this clear distinction, your pOCD will undoubtedly be persuading you that you belong in the true pedophile category rather than the pOCD category, and that your therapist doesn't really understand or your therapist is wrong. An individual living with pOCD is no more likely to be a pedophile than an individual who does not have pOCD. This is a disorder of anxiety and uncertainty, not sexual urges and behaviors. In regards to pOCD, the primitive worry-brain has randomly selected this theme as the topic that feels like it must be resolved immediately.

An individual suffering with pOCD will experience intrusive thoughts or images (spikes) accompanied by terrorizing anxiety. The OCD has the ability to produce doubt or question

THERAPY COMMUNITY

Am I a Monster? *(continued)*

memories, real or imagined. Additionally, OCD encourages you to monitor sexual urges as part of the evidence-gathering process. Based on the importance that pOCD places on sexual attraction, your brain constantly draws attention to sexual arousal — for example, the presence of an erection or vaginal lubrication in the wrong setting becomes evidence for OCD's case against you. This increased monitoring allows for a case of mistaken identity in which any microscopic movement is determined to be arousal towards children. Taken together, unwanted thoughts, images, and urges can persuade an individual with pOCD that they are a sexual deviant.

Among the many themes within OCD there is perhaps no theme that carries more shame, guilt, self-loathing, and stigma than pOCD. Despite the fact that there is no tangible difference between OCD themes in terms of development, maintenance, and treatment, those suffering with pOCD tend to take ownership of their OCD and view themselves as repugnant, vile, terrible people. In line with this stigma, those suffering with pOCD are almost always hesitant to describe what they are experiencing to a psychologist (if they are lucky enough to recognize that this is OCD). The word "pedophile" or "molester" is often whispered inaudibly during the initial sessions. Descriptions of pOCD are typically preempted with questions regarding confidentiality or previous experience treating OCD or a warning that "you may judge me and think this is atrocious but here goes." The idea of coming to therapy and talking about something that is deemed so shameful feels like an impossible undertaking. This is unfortunately reinforced by society and, to a lesser extent, the mental health field, which does not have an adequate understanding of pOCD. Numerous therapists make the harmful mistake of informing someone with pOCD that this is not OCD, that they are a dangerous individual, and/or should be seeking sex therapy. Sadly, this promotes the message to the pOCD sufferer that they are horrible people who do not have OCD — which is not the case.

Spikes tend to revolve around past, current or future behavior.

Common past-oriented spikes

- "Did I ever do anything inappropriately sexual when I was younger?"
- "Did I do anything recently that was sexually inappropriate?"
- "Have I ever been attracted to an adolescent or child?"
- "Did I ever molest anyone?"
- "Could ambiguous action X be construed as sexual?"
- "Have I accidentally clicked on child porn?"
- "Does a person from my past know something that suggests I'm a pedophile?"

Common present-oriented spikes

- "Am I attracted to this 10-year-old in front of me?"
- "Was I just checking out this 13-year-old girl?"
- "Did someone just notice me doing something strange?"
- "I should stand on the other side of the subway, away from this 6-year-old boy so that I don't impulsively grope him."
- "Am I sexually aroused by this little girl on TV?"

Common future-oriented spikes

- "How do I know I will never engage in pedophilic behavior?"
- "What if, one day, I really am attracted to children?"
- "What is the right way to hold/hug/change a child?"
- "What if I get arrested and go to jail?"
- "Will I be creepy or do something inappropriate when I have a baby?"

Reassurance seeking is common within this theme. Individuals with pOCD will ask friends and loved ones questions aimed at figuring out this threatening unknown. Endless hours are spent mentally ruminating in an attempt to alleviate anxiety. Checking the physical environment to ensure that insidious behavior has not occurred is also common. Incessant answer seeking also occurs on the Internet through Google searches and online forums. Common searches include looking up infamous pedophiles and comparing to oneself or sifting through legal jargon to prepare for feared consequences. The hope is to find a nugget of information from anyone — anywhere — that will extinguish the horrific threat. The Internet can be an extremely debilitating weapon that leads individuals with pOCD down the proverbial rabbit hole.

There is a considerable amount of testing that takes place within this theme. Individuals with pOCD feel compelled to compare their thoughts, feelings, behaviors, and sexual arousal when they are around adults and children. The hope is that this will serve as a pedophilia litmus test. As mentioned earlier, this inevitably yields a multitude of false positives that lead to further ritualizing. While all of these rituals serve to temporarily relieve anxiety, they ultimately prevent someone with pOCD from progressing in treatment.

Avoidance plays an important role in the perpetuation of pOCD. Individuals suffering with pOCD will do everything in their power to ensure that these fears do not come to fruition. As is the case with all forms of OCD, escape and avoidance maintain and exacerbate the anxiety. In response to an impulsivity fear, one may stand as far away as possible from a minor or escape the situation altogether. Avoiding children at

Am I a Monster? *(continued)*

parks, museums, or nearby schools helps to ensure that these thoughts, images, and feelings will not surface. In line with avoidance, some individuals may choose not to have children of their own in order to limit the danger that they feel they pose to children.

Treatment for pOCD entails engaging in exposure therapy while simultaneously addressing the shame resulting from the stigma discussed above. Facing the fear head on while limiting ritualistic behavior is the most effective way to manage OCD. This includes intentionally placing oneself in situations that will progressively provoke more challenging unwanted intrusive thoughts and accompanying anxiety. An emphasis is placed on situations that are inducing a desire to escape or avoid. Sample exposure items include going to public parks, looking at pictures of children, watching movies such as *The Lovely Bones*, or reading news stories about pedophiles.

The goal of these challenging exposure exercises is to let unwanted thoughts be present while allowing anxiety to dissipate organically. Taking this "risk" feels impossible but, after engaging in exposures consistently and repeatedly, the rational brain (the real you) can dominate the conversation. When anxiety is allowed to naturally dissipate, threatening situations are no longer perceived as such and one does not feel relentlessly compelled to resolve questions related to potential for pedophilia. This theme can become irrelevant through exposures and response prevention. For more information about symptoms, treatment, and support for intrusive thoughts, visit iocdf.org/about-ocd and www.intrusivethoughts.org/ocd-symptoms. ○

Dr. Jordan Levy is a licensed clinical psychologist in private practice in Manhattan and in Livingston, New Jersey. He specializes in the treatment of Anxiety and Obsessive-Compulsive Disorder including Pure-O.

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.

AMITA HEALTH ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL – CENTER FOR ANXIETY AND OCD

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Our new residential treatment program, the Foglia Family Foundation Residential Treatment Center, is in the process of being built. The building has been gutted and we are picking fabrics and furniture. We are working toward an April 2017 opening and will have details on an opening ceremony soon. We will work with individuals who have anxiety disorders (OCD, PTSD, phobias) as well as individuals with addictions. If you have OCD or OCD plus an addiction, we want to work with you. If you are seeking treatment (we are starting a waiting list) or if you are interested in being on our Residential Advisory Board, please email Patrick McGrath.

THE ANXIETY TREATMENT CENTER OF GREATER CHICAGO

707 Lake Cook Road Suite 310 656 West Randolph Suite 4W
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NEW Location!

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www.anxietytreatmentcenter.com

The Anxiety Treatment Center (ATC) of Greater Chicago has continued to expand this past year. We now have 3 offices in downtown Chicago, North Shore (Deerfield), and the Western Suburbs (Oakbrook), served by 12 clinicians who all specialize in the treatment of anxiety, OCD, and related disorders. In response to increased demand for outstanding treatment, we've added several new staff members: Rahan Ali, PhD, Nathan Fite M.Ed, Christina Maxwell, MA, LMHC and Stephanie Kuhn, MA, LPC. Having a large staff enables us to respond quickly and flexibly to intensive cases while successfully serving individual clients in the greater Chicago area. Our practitioners use CBT, ERP, habit reversal training, and ACT and treat patients as young as 2 years old. We will be offering a new intensive hoarding disorder treatment group, led by Julieanne Pojas, PsyD, beginning in May, 2017.

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

THE ANXIETY TREATMENT CENTER (ATC) OF SACRAMENTO

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www.AnxietyTreatmentExperts.com

The Anxiety Treatment Center (ATC) of Sacramento has successfully launched their new facility in Roseville, CA! Due to a very positive response, the ATC of Roseville is already in the process of expanding to service the growing needs of those needing specialty services. Surrounding communities who now have local treatment include Rocklin, Granite Bay, Loomis, Penryn, and Auburn. This facility also provides more accessibility for resources to those living in the Lake Tahoe and the Reno, NV areas.

In addition to the new location in Roseville, the ATC is pleased to announce the opening of our third facility located in El Dorado Hills. This new location will help to service individuals along the Hwy 50 corridor including Folsom, Placerville, and South Lake Tahoe. Both facilities offer all of the same services as those in the Sacramento location and provide specialty treatment for children, adolescents, and adults. The high level of 1:1 treatment allows for community and home based exposures, which significantly enhances the desensitization and generalization process. Our 4-bedroom, fully furnished home is available for those traveling from out of town and our Equine Assisted Activity component and therapy dog, Tessa, continue to help those struggling with anxiety to thrive in ways they never dreamed possible.

BIO-BEHAVIORAL INSTITUTE

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The Bio-Behavioral Institute launched a Dialectical Behavior Therapy (DBT) Program this year and offers both individual DBT and weekly group skills training. DBT is a structured treatment program that teaches skills to manage intense emotions, improve relationships, communicate effectively, and live life with full attention and awareness. Our skills groups are on an open enrollment basis, so please contact us if you are interested in scheduling an evaluation. Our Behavioral Activation Program is open to adults with OCD and related disorders, anxiety, and depression. Group activities offer opportunities for personal enrichment, learning, and socialization. We aim to meet a variety of interests, such as health/physical fitness, arts & crafts, music, and poetry/literature. Join our group to integrate more pleasurable activities into your life while meeting others with

similar struggles. Our long-standing free OCD support group meets on the last Wednesday of every month from 7:30–9:00pm.

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

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CEH is pleased to announce the expansion of our downtown Princeton facility. This beautiful new facility affords us the opportunity to greatly expand our outpatient and intensive outpatient services. We look forward to greeting clients and colleagues in our new "home." CEH is pleased to welcome post-doctoral fellow, Anton Shcherbakov, PsyD, BCBA and staff member, Michael Gotlib, PsyD. We are delighted to have Drs. Shcherbakov and Gotlib join our team! CEH has expanded its clinical training program and welcomes two advanced practicum externs for the 2016-2017 academic year. We look forward to enhancing our students' clinical training as well as offering the community increased access to specialized care.

CENTER FOR OCD AND RELATED DISORDERS AT COLUMBIA UNIVERSITY MEDICAL CENTER

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

The center has recently added new studies to our current offerings. Dr. Ivar Snorrason launched a new treatment study entitled "Cannabinoid medication for adults with OCD" investigating the effects of a synthetic cannabinoid and mimics tetrahydrocannabinol (THC), which is the primary psychoactive compound in marijuana. Dr. Miguel Fullana's new study, "Novel Intervention to Reduce Fear", is studying whether a novel and brief intervention is effective at weakening OCD fears.

In September, Dr. Blair Simpson discussed her work on anxiety and OCD at Columbia's Zuckerman Mind Brain Behavior Institute. For more updates on studies and Dr. Simpson's work, please visit our website.

Institutional Member Updates *(continued)*

THE CENTER FOR PSYCHOLOGICAL & BEHAVIORAL SCIENCE

11380 Prosperity Farms Road, Suite 209A

Palm Beach Gardens, FL 33410

Phone: (561) 444-8040

Email: treatment@psychologyandbehavior.com

www.psychologyandbehavior.com

Winter is officially here. Although the bears might be hibernating, it's the perfect opportunity for you to wake up and take your life back! In addition to outpatient therapy, intensive outpatient therapy, and OCD Boot Camp, we are now offering an 8-week Introduction to OCD Group similar to our social anxiety and panic groups in that it combines weekly CBT-based psychoeducation modules with opportunities to complete exposures in a group setting. Adult and child groups are currently forming. If you're interested in receiving information, visit our sign-up sheet at www.recoverfromocd.com.

We also continue to expand the use of virtual reality (VR) in our clinic. Our content library is growing with new immersive, personalized exposure experiences relevant for your treatment. Whether you suffer from worries about contamination, unwanted sexual thoughts, unwanted harm thoughts, or a different type of OCD, we'll help you discover how technology can enhance the effectiveness of your treatment. Finally, don't forget about our free monthly support groups for adults, teens, and children (and parents of children!) with OCD. See our events calendar for more details. Happy Holidays! We hope to see you in 2017!

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

Perelman School of Medicine, University of Pennsylvania

3535 Market Street, 6th Floor

Philadelphia, PA 19104

Phone: (215) 746-3327

Email: theaga@mail.med.upenn.edu

www.med.upenn.edu/ctsa

In the past few months, the CTSA happily welcomed several new faculty members and trainees to provide direct one-on-one treatment for OCD, supervise other therapists in their delivery of exposure and response prevention (EX/RP) and work on research projects to help advance our understanding of OCD. The CTSA also continues to be the only specialty clinic in the area to offer an intensive program of EX/RP. This program gives patients the opportunity to meet with an expert therapist for daily sessions over the course of 3–4 weeks. This program is ideal for patients from around the country to come to the Philadelphia area and complete a full-course of treatment in a short period of time. Please visit our website for more information. Finally, director of the CTSA, Dr. Edna Foa, was invited to join an expert panel discussion about the current and future directions for OCD treatment during the recent annual conference for the Association for Behavioral and Cognitive Therapies held in NYC.

CHILD MIND INSTITUTE INTENSIVE OCD PROGRAM

445 Park Avenue

New York, NY 10022

Phone: (212) 308-3118

Email: appointments@childmind.org

www.childmind.org/center/intensive-treatment-ocd

The Child Mind Institute is excited to announce the launch of our Intensive OCD Program. Led by Jerry Bubrick, PhD, the immersive, one-on-one nature of this treatment program enables most children to make progress within three to six weeks and can help prevent the hospitalization of a child whose OCD symptoms are severe.

Dr. Jerry Bubrick is directly involved in every child's treatment, providing initial diagnostic evaluation, overseeing and participating in exposure therapy, and meeting with parents weekly to discuss progress and homework. Dr. Bubrick works with a team of talented clinicians who have expertise in the treatment of OCD. Our program is dedicated exclusively to individual treatment sessions and every second that a child is here is spent in one-on-one CBT and exposures. Parents are updated and involved daily and given assignments to help children practice new skills and participate in weekly wrap-up sessions with Dr. Bubrick. When the program concludes, each family meets with Dr. Bubrick to discuss how to move forward, including referrals to local providers. We consult with other clinicians involved in treatment and develop a plan to help children transition back into school. We also offer home sessions, phone sessions and video conferencing.

COGNITIVE BEHAVIOR THERAPY ASSOCIATES, LLC

394 Lowell Street, Suite 15

Lexington, MA 02420

Phone: (339) 224-7695

Email: jvermilyea@cbtallc.com

www.cbtallc.com

Congratulations to Dr. Peter Harakas attending the IOCDF's recent BTTI this past September. Dr. Harakas specializes in treating all variants of OCD in patients ages 12 and up. Many of his patients have OCD and autism spectrum disorder.

Cognitive Behavior Therapy Associates has been very active lately in the community. Dr. Vermilyea was invited to present a three-hour lecture series on advanced exposure techniques at the Massachusetts Psychological Association in May as well as to present on exposure therapy to the Lahey Clinic Medical Center in April. Dr. Vermilyea also presented on advanced exposure techniques to the medical staff at the North Shore Medical Center this past November.

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

COGNITIVE BEHAVIOR THERAPY CENTER OF SILICON VALLEY AND SACRAMENTO VALLEY

**12961 Village Drive
Suite C
Saratoga, CA 95030
Phone: (408) 384-8404**

**1221 Pleasant Grove Blvd.
Suite 150
Roseville, CA 95678
Phone: (916) 778-0771**

Email: info@cbsv.com

www.CognitiveBehaviorTherapyCenter.com

The Cognitive Behavior Therapy Center recently hired Alina Ghitea, MFT Intern, and Michelle Davis, Center Assistant, in our Roseville office. We have additional job openings for a licensed therapist in our Roseville office and a registered intern in our Saratoga office. For these employment positions, we are looking for individuals with some experience and training in CBT for anxiety and OCD who are quick learners and want to practice evidence-based therapy as a staff therapist of the CBT Center. We also have affiliate opportunities for psychiatrists, therapists, and others with a complementary specialty who are looking to sublet office space within a group setting. Affiliates should already have their own private practice and business license.

www.cognitivebehaviortherapycenter.com/office-rental

To learn more about the CBT center, visit our website. If you are interested in a job or in subletting office space, please contact Laura Johnson at laura@cbsv.com or (408) 596-9004.

EAST BAY BEHAVIOR THERAPY CENTER

**45 Quail Court Suite 204
Walnut Creek, CA 94596
Phone: (925) 956-4636**

Email: ebbehaviortherapycenter@gmail.com

www.eastbaybehaviortherapycenter.com

We are excited to announce our new intensive outpatient program (IOP) for children, teens, and adults struggling with OCD and anxiety problems in Walnut Creek, CA. We're a group of compassionate and caring behavioral therapists specialized in OCD and anxiety disorders. In addition to having doctoral training and having attended the IOCDF's BTTI training, we strive to make a difference in our clients' lives.

Our IOP specializes in exposure and response prevention (ERP), the frontline treatment for OCD. Highlights of our program include: customized treatment based on the client's struggles with OCD, motivation to change, and presence of other psychological conditions such as depression, trauma, etc.; IOP sessions scheduled in the morning, afternoon, or evenings, during the weekdays or weekends; family sessions offered for adult clients on a needed basis, and required when working with children and adolescents; exposure coaching outside of

sessions available to all clients; and a comprehensive discharge plan delivered after completing the program. Customization of treatment is unique to our program and we do our best to meet our clients where they are at right now.

HOUSTON OCD PROGRAM

**708 East 19th Street
Houston, TX 77008**

Phone: (713) 526-5055

Email: info@houstonocd.org

www.HoustonOCDProgram.org

OUR CLINICAL TEAM CONTINUES TO EXPAND! This fall, Angela Smith, PhD and Melissa Fasteau, PsyD have joined us. Angela is returning to her roots, rejoining our team as a staff psychologist/behavior therapist. After completing her master's level practicum with the Houston OCD Program, Angela went on to complete her PhD in clinical psychology from the University of Houston. Her graduate training focused on transdiagnostic assessment and treatment of anxiety, with an emphasis on cognitive-behavioral and acceptance-based interventions. Melissa joins the program in the role of postdoctoral fellow. She has a strong background in evidenced-based treatments from both her graduate and post-graduate clinical work at the University of Texas Health Science Center in Houston.

We are also honored to have been involved in this year's Road to Recovery Tour during #OCDweek sponsored by Peace of Mind and OCD Texas. Throstur Bjorgvinsson, PhD, ABPP, program director at the Houston OCD Program, joined Wayne Goodman, MD and IOCDF spokespeople Elizabeth McIngvale and Ethan Smith during the Houston leg of the trip, giving a talk for family members and loved ones of individuals with OCD highlighting the "Do's and Don'ts."

INTENSIVE TREATMENT PROGRAM FOR OCD AND ANXIETY AT WEILL CORNELL MEDICINE

**315 E 62nd St, 5th Floor
New York, NY 10065**

Phone: (646) 543-2079

Email: avf2003@med.cornell.edu

weillcornellpsychiatrycenter.org/our-services/groups-and-classes/pocat-intensive-ocd-and-anxiety-treatment-program

The Youth Anxiety Center (YAC) and the Pediatric OCD, Anxiety and Tic Disorders Program (POCAT) at Weill Cornell Medicine are excited to announce the new intensive treatment program (ITP) for OCD and anxiety. This program has been running since August and has been providing children, teens, and young adults with a comprehensive intensive treatment experience consisting of up to ten hours a week of active treatment, which includes both group and individual treatment sessions.

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

The ITP addresses OCD as well as non-OCD anxiety disorders. Our groups are appropriate for a broad range of children and teens with moderate to severe symptoms as well as their families. We also have more individually tailored programming for young adults. The goal of the program is to provide short-term intensive treatment to target symptoms using CBT and ERP treatment strategies. We provide evaluation, psychoeducation, group therapy, individual sessions, and parent sessions. A child and adolescent psychiatrist with expertise in this area is available for consultations and medication changes as needed. We welcome new referrals, and are happy to collaborate with existing providers!

LOUISVILLE OCD CLINIC

912 Lily Creek Road, Suite 201

Louisville, KY 40243

Phone: (502) 338-0608

Email: bewellproviders@gmail.com

www.louisvilleocdclinic.com

We would like to welcome the newest therapist to our staff, Sara Reed! Sara is a marriage and family therapist interested in helping couples and families that have a loved one with OCD. We will be starting up various family workshops to help families learn more about how the treatment works. We will also offer support groups for families that have children or a spouse with OCD. Sara is also a culturally competent therapist who loves to work with people of different cultures and ethnicities.

We would also like to announce that we have opened a new branch to our clinic in the Delaware Valley area of Pennsylvania. Two of our therapists now work at that branch: Dr. Betsy Van Dyke, our child and adolescent psychologist, and Chris Leins, our advanced level therapist. They see clients both in-person and online and often partner to do effective intensive outpatient programs for OCD. Together they make an excellent team. This new branch is located at 225 Wilmington-West Chester Pike, Suite 200, Chadds Ford, PA 19317. Learn more at behavioralwellnessclinic.com.

MCLEAN HOSPITAL

OCD Institute, 115 Mill Street

Belmont, MA 02478

Phone: (617) 855-3371

Email: corozco@partners.org

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

The OCDI staff was excited to participate in a number of OCD Awareness Week events this past October. In addition to hosting the IOCDF spokespeople on their Road to Recovery Tour at both our child/adolescent and adult programs, many of our staff members also lent a hand to provide educational events in the

community. Nate Gruner, LICSW gave a talk on Using ACT in the Treatment of OCD. Dr. Marcia Rabinowits and Laurah Shames gave a presentation in Spanish at the Charles River Community Health Center on OCD and its Treatment, which was free to the public. Dr. Nathaniel Van Kirk joined IOCDF spokespeople Liz McIngvale and Ethan Smith at the Massachusetts State House for a luncheon addressing mental health care access. Finally, a large contingent of OCDI staff and alumni attended the 30th Anniversary "Then and Now" Party, which was a fantastic event! As always, the OCDI was proud to partner with the IOCDF on raising awareness and educating the public about OCD, treatment, and assisting with stigma reduction.

MOUNT SINAI OCD AND RELATED DISORDERS PROGRAM

1425 Madison Avenue

Department of Psychiatry, 4th Floor

New York, NY 10029

Phone: (212) 659-8823

Email: taliam.glass@mssm.edu

www.mountsinaiocd.org

The OCD and Related Disorders Program at Mount Sinai has a new, 12-week CBT group for adults with OCD, led by Dr. Wiesel and open for new participants. We also welcome our newest program clinician Dr. Robert Jaffe, a child and adolescent psychiatrist. Dr. Jaffe provides assessments, psychopharmacological care, and CBT-based treatments to patient of all ages.

In research news, Dr. Emily Stern's Psychiatric Neurocognition Lab is using fMRI to investigate sensory phenomena in OCD and a potential new pharmacologic intervention for these symptoms. Dr. Grice continues her epidemiological research program to identify environmental and genetic risk factors for OCD and tic disorders. Our collaborative Study of Psychiatric Disorders to Explore Relationships (SPyDER) has launched. In SPyDER, we joined with the Seaver Autism Center and other specialty groups, to examine shared and common risk factors for childhood-onset psychiatric disorders.

MOUNTAIN VALLEY TREATMENT CENTER

2274 Mt. Moosilauke Highway

Pike, NH 03765

Phone: (603) 989-3500

Email: jfullerton@mountainvalleytreatment.org

www.mountainvalleytreatment.org

Mountain Valley Treatment Center, along with IOCDF Affiliates OCD New Hampshire and OCD Massachusetts, hosted the first Seacoast Anxiety Symposium in Portsmouth, NH on September 29, 2016. The Symposium was designed to share information about and facilitate a conversation on OCD and anxiety disorders.

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

An impressive line-up of presenters and an expectation-exceeding group of attendees made this inaugural event a huge success.

A presentation delivered by Szu-Hui Lee, PhD and Beth Ohr, PsyD focused on what effective treatment looks like across a continuum of care. Dr. Lee is a psychologist at Phillips Exeter Academy and president of OCD New Hampshire. Dr. Ohr is a private practice psychologist and with the NH APA. Szu-Hui and Beth identified the essential elements of the CBT-based modality of ERP, the “gold standard” in treating debilitating anxiety and OCD and related disorders, within outpatient, residential, and inpatient settings. Their presentation focused on exposure therapy, the challenges of treatment, and the full commitment of a therapist to properly treat it. They presented this information from a perspective of what consumers should look for and ask of their therapist before engaging with them.

NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital

75-59 263rd Street

Glen Oaks, New York 11004

Phone: (718) 470-8052

Email: apinto1@northwell.edu

www.northwell.edu/ocdcenter

Dr. Anthony Pinto, director of the Northwell Health OCD Center, recently presented grand rounds for the department of psychiatry of the Icahn School of Medicine at Mount Sinai. The title of the presentation was Understanding and Treating Obsessive Compulsive Personality Disorder: A Model of Excessive Self-Control.

The Northwell Health OCD Center has ongoing enrollment options for individual and group therapy, as well as medication management. There are currently three active groups, all led by Dr. Pinto. In the weekly EX/RP group, members have the opportunity to engage in exposures with the support of other individuals with OCD. The twice-monthly maintenance (relapse prevention) group provides strategies to maintain wellness and prevent relapse for members who have completed individual EX/RP therapy and have attained partial remission of symptoms. The Center also offers a weekly cognitive-behavioral therapy group that targets clinical perfectionism/obsessive compulsive personality disorder (OCPD). Please call for more information and to schedule a confidential screening.

NW ANXIETY INSTITUTE

325 NW 21st Avenue, Suite 100

Portland, OR 97209

Phone: (503) 542-7635

Email: info@nwanxiety.com

www.nwanxiety.com

NW Anxiety Institute is excited to announce the dates of Fight Fear Summer Camp 2017! Join us from June 12–16, 2017 at Camp Namanu in forested Oregon near Mt. Hood. This 5-day (overnight) summer camp is geared to provide an adventure for youth with OCD/anxiety that is in every way FUN while also allowing for opportunities to systemically challenge fears. Our staff are all licensed therapists with expertise in treating anxiety disorders, thus are adept at supporting youth through those summer camp jitters that may have prevented some from attending camp in the past. If you are interested in receiving updates specific to Fight Fear Summer Camp, please sign up online:

www.nwanxiety.com/new-fight-fear-summer-camp.html

In addition to our weekly, open groups for teens and adults with anxiety, we have begun offering an OCD specific group for adults. Our OCD adult group meets weekly on Thursday evenings from 6:00–7:00pm. NW Anxiety Institute continues to expand, as we are happy to welcome clinical psychologist, Greg Devore, PhD and Shel Seaver, doctor of nursing practice (DNP) student interning with our child & adolescent psychiatrist, Dr. Karan Randhava.

NW Anxiety Institute continues to expand, as we are happy to welcome clinical psychologist, Greg Devore, PhD and Shel Seaver, doctor of nursing practice (DNP) student interning with our child & adolescent psychiatrist, Dr. Karan Randhava.

THE OCD AND ANXIETY TREATMENT CENTER

1459 North Main Street

Bountiful, UT 84010

Phone: (801) 298-2000

Email: paul@itherapycenter.com

www.theocdandanxietytreatmentcenter.com

The OCD and Anxiety Treatment Center was very involved in OCD Awareness Week! We ran a social media campaign with testimonials debunking OCD stigma, educational videos, and daily exposure and wellness challenges. We also had a blast decorating the center with clients' letters to OCD.

We are also excited to announce that we have moved to a new location in Bountiful, UT! Our new building has three group rooms, updated technology, separate spaces for adults and youth, and plenty of space to grow! We have been growing rapidly, and now offer intensive outpatient programs for adults and children with OCD and severe anxiety, as well as specialty outpatient programs (including evidence-based treatment programs for OCD, BDD, panic, body-focused repetitive behaviors, social anxiety, and hoarding) for individuals who do not fit within our intensive

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

programs. We also have a new batch of social work interns from local graduate programs, who are providing treatment at reduced cost to help better serve our community. Please feel free to stop by our new location or give us a call to get more information!

OCD AND RELATED DISORDERS PROGRAM AT MASSACHUSETTS GENERAL HOSPITAL

185 Cambridge St, Suite 2000

Boston, MA 02114

Phone: (617) 726-6766

Email: CFAZIO@PARTNERS.ORG

www.mghocd.org

The OCD and Related Disorders Program at the Massachusetts General Hospital/Harvard Medical School specializes in the research and treatment of OCD, BDD, BDD by Proxy, tourette syndrome, and chronic tic disorder, hoarding disorder, hair pulling and skin picking, olfactory reference syndrome. Patients will undergo a detailed intake assessment. Based on this assessment, an individualized treatment plan will be developed.

This year we have welcomed our new intake coordinator, Cara Fazio, who took over for Barbara Davidson after her retirement in November. We have also hired new clinical research coordinators: Dylan Abrams, Valerie Braddick, Eliza Davidson, Rachel Porth, and Jennifer Fehring. This year's clinical psychology interns are Ryan Jacoby and Ashley Shaw. For more information on our clinical or research program, please call/email us or visit our website.

OCD INSTITUTE AT THE CENTER FOR UNDERSTANDING AND TREATING ANXIETY AT SAN DIEGO STATE UNIVERSITY

6386 Alvarado Court Suite 301

San Diego, CA 92120

Phone: (619) 229-3740

Email: sdsu.cuta@gmail.com

<http://nas.psy.sdsu.edu>

The Center for Understanding and Treating Anxiety at San Diego State University is now hosting a monthly OCD support group for people who want to overcome their OCD and need some extra support through this difficult process. Seeing your peers succeed can provide hope and motivation to take on goals for yourself. Family members affected by OCD are also welcome to attend. The group meets the first Tuesday of each month at 6:30pm and is free to attend. For more information or if you are interested in attending, please contact Nicole Brunn at (619) 229-3740 or sdsu.cuta@gmail.com.

PALO ALTO THERAPY

407 Sherman Avenue Ste. C

Palo Alto, CA 94306

940 Saratoga Avenue Ste. 104

San Jose, CA 95129

Phone: (650) 461-9026

Email: info@paloaltotherapy.com

www.paloaltotherapy.com/ocd

We are thrilled to announce the opening of our second location in San Jose, CA. Our goal is to continue to provide our clients with the highest quality of service in addition to helping more people in the South Bay of Silicon Valley. To reach these goals we have hired two new therapists, Laura Tolle, LMFT and Michelle Ikei, LMFT. Laura Tolle, LMFT has over 5 years of experience working with children ages 3 years and up, teens, and adults who struggle with anxiety, selective mutism, ADHD, depression, and behavioral problems. Michelle Ikei, LMFT is joining us with over 10 years of experience working with teens and young adults. Michelle will provide individual and family therapy, focusing on teens who struggle with a variety of anxiety concerns, ADHD, anger problems, school refusal, communication and relationship issues with parents, and parenting skills. Both Michelle and Laura are excited to join Palo Alto Therapy to help us improve the lives of many more children, teens, adults, and families! Visit our website to learn more!

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

1849 Sawtelle Boulevard, Suite 543

Los Angeles, CA 90025

Phone: (310) 268-1888

Email: ashleybramhall@renewedfreedomcenter.com

www.RenewedFreedomCenter.com

The Renewed Freedom Center was established in 2008 by Dr. Jenny C. Yip, PsyD, ABPP, developer of family systems strategic CBT (FS-SCBT) to help OCD and other anxiety disorder sufferers. We would like to introduce you to two of our directors overseeing our multi-disciplinary team of experts who are dedicated to helping patients and their families improve their lives by overcoming OCD and anxiety.

Our program director, Ashley Bramhall, BS, began as our patient coordinator. Due to her dedication and commitment to patient's well-being and growth, her role quickly expanded to heading our clinical department. She takes time to speak with every incoming patient to understand their needs in order to pair them with the clinician who is can best meet their needs. To inquire about our various treatment programs and intake process, contact Ms. Bramhall at ashleybramhall@renewedfreedomcenter.com.

Our director of training, Jake Knapik, PsyD, rejoined RFC after receiving his doctorate from the Chicago School of Professional Psychology. In addition to staff training and development,

THERAPY COMMUNITY

Institutional Member Updates

Dr. Knapik is heavily involved with community outreach and awareness, often conducting speaking and training engagements for parents and teachers. For information on other talks, lectures, and trainings offered, contact Dr. Knapik at drknapik@renewedfreedomcenter.com.

ROGERS BEHAVIORAL HEALTH

34700 Valley Road

Oconomowoc, WI 53066

Phone: (800) 767-4411, Ext. 1846 or (413) 822-8013

Email: rramsay@rogersbh.org

www.rogershospital.org

Martin Franklin, PhD, will provide clinical leadership for Rogers Behavioral Health–Philadelphia, opening spring 2017. Leslie Keebler has also joined Rogers as the national outreach representative for Philadelphia. The backyard community area at Rogers' adult residential OCD Center in Oconomowoc has undergone revitalization. In addition to a stunning lakeside view, the space now includes generous amounts of outdoor seating and dining, game areas for shuffleboard, horseshoes and a group campfire. In honor of OCD Awareness Week, Bradley Riemann, PhD, David Jacobi, PhD, and Nicholas Farrell, PhD participated in the "Ask the Experts" presentation hosted by OCD Wisconsin in Pewaukee, WI. Rogers Behavioral Health–Nashville also hosted a free community event, offering information on evidence-based treatment, resources and stories of hope. Many thanks to our Tampa Bay community partners who attended our celebratory dinner, honoring their efforts to improve mental health in Tampa Bay and the second anniversary of Rogers Behavioral Health–Tampa. More details regarding expanded programming will be coming soon.

Rogers Behavioral Health now offers support groups for adults with OCD and anxiety at its Rogers Memorial Hospital campus in Oconomowoc. Future plans include expanding support group opportunities to parents and caregivers, and online support groups for children, teens and adults.

SAGE ANXIETY TREATMENT PROGRAM

601 University Avenue, Suite 225

Sacramento, CA 95825

Phone: (916) 614-9200

Email: robin@sagepsychotherapy.org

www.sagepsychotherapy.org

Sage Anxiety Treatment Program offers ACT-based treatment for OCD and anxiety-related disorders including social anxiety, skin picking, hair pulling, perfectionism and school performance issues, generalized anxiety and phobias. We are pleased to announce that our child and adolescent intensive program is now in-network with Kaiser, Anthem Blue Cross, and Cigna. This

program offers specialized, individualized care for those ages 5 to 15. Our IOP for ages 15 and older is in-network with Kaiser and most common commercial carriers. Sage also welcomes Brain Braid, MFTI and Jeannette Wilson, LMFT to our clinical staff and Holly Thompson as our business manager.

STANFORD TRANSLATIONAL OCD PROGRAM

Rodriguez Lab

401 Quarry Road

Stanford, CA 94305

Phone: 650-723-4095

Email: ocdresearch@stanford.edu

<http://rodriguezlab.stanford.edu>

The Stanford Translational OCD program utilizes an interdisciplinary approach to find new treatments for patients suffering from OCD and hoarding disorder.

We are pleased to announce that we are actively recruiting patients with OCD, hoarding disorder, and healthy volunteers for two of our clinical studies (see page X for more detailed information).

We are delighted to welcome Dr. Omer Linkovski as a postdoctoral research fellow in our lab. Dr. Linkovski recently graduated with his PhD in psychology from Ben-Gurion University and will focus his research effort on projects that will advance new treatments for hoarding disorder.

STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

A-2 Brier Hill Ct 110 Hillside Ave., Suite 203

East Brunswick, NJ 08816

Springfield, NJ 07081

Phone: (732) 390-6694

Email: sas@stressandanxiety.com

www.StressAndAnxiety.com

SAS of NJ would like to welcome our latest addition to our clinical staff, Maressa Nordstrom, LCSW. Maressa comes to us after more than 7 years of working in different capacities at Rutgers University. Her latest position was as a clinician at Rutgers Counseling Center on their main New Brunswick Campus, where among other things, she ran DBT groups and supervised the internship program at Office of Military and Veterans Services. Maressa is certified in cognitive processing therapy for PTSD and is very well trained in DBT and interpersonal therapy. She will be joining our staff in our East Brunswick office. We are very excited to have us join our team!

In other news, after a summer break we have resumed our OCD Tips video series on our YouTube channel (simply search "Stress NJ" at www.YouTube.com). Check us out for these 2-3 minute video clips on improving your ERP program- a new one comes out every week! ○

2016 IOCDF Research Grant Award Winners

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 support from generous donors from within the OCD and related disorders community. For the 2015–2016 Research Grant Cycle, we were able to award almost \$150,000 in research grant funding to the winners below. Thank you to all who contributed!

We also wanted to thank our anonymous donors who provided a matching grant of \$50,000 to help incentivize current and past donors to the Research Fund. This matching grant has been renewed for the 2016–2017 Research Grant Campaign, so please consider donating again to help fund these extraordinarily important projects. You can donate online at iocdf.org/donate-research.

The IOCDF received close to 50 proposals for our 2016 Research Grants, which were reviewed by the Grant Review Committee led by Sabine Wilhelm, PhD, vice-chair of the IOCDF Scientific & 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 our 2016 Research Grant winners!

EXPLICATING THE INFLUENCE OF OBJECT ATTACHMENT IN HOARDING DISORDER

Melissa Norberg, PhD

Macquarie University, Sydney, Australia

Award Amount: \$49,310

After completing cognitive behavioral treatment (CBT), many patients continue to experience clinically significant hoarding

symptoms, with the clutter in their homes remaining virtually unchanged. In addition, very little research has examined why individuals who hoard become attached to objects. Current treatment challenges the importance of objects, but does not address why individuals are attached to objects. Our recent research demonstrates that excessive object attachment may be the primary cause of saving, and thus, might be a key target for improving treatment. Some research suggests that individuals with an insecure attachment to people may turn to objects for support because people are unreliable and rejecting. Furthermore, according to one theory, viewing objects in human-like terms allows objects to restore needs of belonging. This project brings together these disparate fields to test our overarching hypothesis that social exclusion leads to object attachment, and that this relationship will be stronger for individuals who experience more attachment anxiety. Additionally, this project will examine if social over-inclusion leads to less object attachment. Our results could substantially advance the cognitive-behavioral model of hoarding disorder and also provide a pathway for improving current treatment.

PANDAS AUTOANTIBODIES AND THE BLOOD-BRAIN BARRIER

Dritan Agalliu, PhD

Columbia University Medical Center, New York, NY

Award Amount: \$43,500

Infections with *S. pyogenes* (GAS) are associated with brain autoimmune disorders: Sydenham's chorea (SC) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS). Autoantibodies form when the immune system fails to recognize the body's own cells and tissues as "self" and attacks healthy tissue. Autoantibodies that recognize neuronal targets are found in acutely ill children with SC or PANDAS; however, how these autoantibodies cross

2017 RESEARCH AWARDS REQUEST FOR PROPOSALS

SUBMISSION PERIOD: JANUARY 3, 2017 TO FEBRUARY 27, 2017 AT 5PM EST

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 more information please visit ocdresearchgrants.org or email research@iocdf.org.

RESEARCH NEWS

2015–2016 IOCDF Research Grant Awards *(continued)*

the blood-brain barrier (BBB) remain unclear. We have found that GAS-specific immune cells in mice enter the brain, cause BBB breakdown, and allow circulating autoantibodies to enter the brain. Therefore, one objective of this study is to examine whether autoantibodies enhance permeability of the human BBB. We will also test whether compounds that promote BBB repair, also prevent transport of autoantibodies across the BBB. This proposal has the potential to establish a new mechanism by which PANDAS autoantibodies cross the BBB and develop therapies for the disease.

SLEEP AND CIRCADIAN DISTURBANCES AS A VULNERABILITY FOR OCD

Kiara Timpano, PhD

University of Miami, Miami, FL

Award Amount: \$45,989

Despite growing research, much regarding risk for OCD remains unknown. As a basic human need, sleep and circadian rhythms are a potential factor that may be important to consider as a

vulnerability for OCD. Insomnia and related sleep impairments have been shown to have profound negative consequences on daily functioning and psychological difficulties. Preliminary work by our group and others has suggested that insomnia and delayed sleep may be linked with OCD. The proposed project is positioned to answer key questions and will address important limitations of past research. The overarching aim of our study is to conduct a multi-method investigation — including subjective, objective, and biological indicators — of sleep and circadian disturbances in relation to OCD. We plan to establish whether insomnia and delayed sleep are uniquely related to OCD compared to healthy controls and those with Hoarding Disorder. We also plan to examine the specificity of identified relationship, by taking symptoms of depression into account, and will furthermore consider how sleep deficits may exacerbate existing core cognitive features of OCD. Our findings will contribute meaningfully to current OCD vulnerability models and may also shed light on potential treatment implications. ○

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**Scrupulosity (or religious obsessions) and OCD**

Are you age 18–21? Do you have OR have you had OCD symptoms? And do you have OR have you had religious obsessions? Please think about being in this research study. This study will look at religious obsessions for teens with OCD symptoms, and how this has touched their faith life. It will take 15 minutes to answer some questions. Your answers will be completely anonymous.

If you are age 18–21, you can look at the information on the link below. Then you can decide if you want to participate. If you have any questions you can contact the research, Nora B. Krause, LCSW, at nkrause@vols.utk.edu. To find out more just click on the internet link below if you are looking at this on your computer. You can also enter this website address into your computer browser: https://utk.co1.qualtrics.com/SE/?SID=SV_8v8mogauFlu5igV

CALIFORNIA**Enhancing Treatment of Hoarding Disorder with Personalized In-home Sorting and Decluttering Practice**

Purpose: To understand if personalized in home sorting and decluttering practice can help enhance treatment of hoarding symptoms

- Do you have difficulty with clutter?
- Feeling overwhelmed and needing help?
- Are you 18-65 years old?
- Not taking medications or willing to work with your primary doctor for a trial off your medications?

You may be eligible to receive evidenced-based treatment. There is no cost to participate.

Physician Investigator: Carolyn Rodriguez, MD, PhD, Stanford Medical Center

<https://med.stanford.edu/profiles/carolyn-rodriguez?tab=bio>

Funding: National Institutes of Mental Health (NIMH), Stanford

Research Participants Sought *(continued)*

IRB# 34622, NCT02843308

For more information contact: clutterhelp@stanford.edu,
650-723-4095

<https://rodriguezlab.stanford.edu>

Participant's rights questions, contact 1-866-680-2906.

SDSU Treatment Study for Pediatric OCD

Researchers: Jennie Kuckertz, MS and Nader Amir, PhD

The Center for Understanding and Treating Anxiety at San Diego State University is examining treatment of obsessive compulsive disorder in children ages 8-12. Eligible families will participate in exposure and response prevention treatment as well as a novel computerized intervention as part of a research study funded by the National Institute of Mental Health. Participants will also complete an EEG and receive a picture of their brain activity!

If you are interested in participating in this study, or would like more information, please contact us:

Phone: 619-229-3740

Email: SDSU.CUTA@gmail.com

Website: <https://nas.psy.sdsu.edu/>

Understanding How Ketamine Brings About Rapid Improvement in OCD

NCT02624596, IRB-34622

PI: Carolyn Rodriguez, MD, PhD

The Stanford Translational OCD Research Program is looking for adults, 18-55 years old, with OCD, to take part in a study providing these possible benefits:

- Free Diagnostic Evaluation
- Free Picture of Your Brain
- Free Test of Your Memory and Attention
- Compensation of up to \$400 after study completion
- Your choice of free OCD psychotherapy or pharmacology after study completion

Purpose: To understand how a new drug brings about rapid improvement in OCD symptoms

Contact: (650) 723-4095 or ocdresearch@stanford.edu

RHODE ISLAND

Neurocircuitry of OCD: Effects of Modulation

Project STIM – Transcranial Direct Current Stimulation (tDCS) in OCD

Researchers at Butler Hospital and the Alpert Medical School of Brown University are conducting a research study to learn more about the effects of transcranial direct current stimulation (tDCS) in people with Obsessive-Compulsive Disorder (OCD). tDCS, a non-invasive form of brain stimulation, delivers a weak electrical current to the brain via electrodes placed on the head. Project STIM is testing whether this type of brain stimulation affects parts of the brain thought to be involved in OCD, and its effects on OCD symptoms.

If you are between the ages of 18 and 65 and have symptoms of OCD, you may be eligible to participate. The study involves a diagnostic evaluation, 10 sessions of tDCS with the option for an additional 10 sessions, study assessments, and two MRI scans over the course of 9-11 weeks. There is no cost to participate and participants will be compensated for their time.

To learn more, please contact our research team at (401) 455-6366.

WISCONSIN

Research Opportunity in Southeastern Wisconsin: Test App on a Smartphone for Adult OCD Sufferers

Principal Investigators: Dr. Bradley Riemann, PhD and Dr. Nader Amir, PhD

Rogers Behavioral Health is currently recruiting individuals (aged 18-65) with OCD symptoms to participate in testing a computer-based treatment program. The treatment, delivered on a smartphone in a controlled setting, is aimed at reducing the anxiety associated with the disorder.

After participants complete a clinical interview, researchers will individualize the program to specifically target their OCD symptoms. Study details:

- Participants cannot be currently enrolled in treatment, but can be medicated for OCD.
- Nine visits, twice a week for approximately 4 weeks, in our Brown Deer or Oconomowoc, WI locations
- Participants will receive compensation up to \$250

If interested please contact us at:

researchstudies@rogershospital.org

414-865-2600

rogershospital.org/research ○

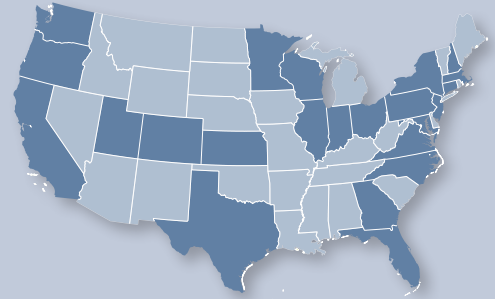
FROM THE AFFILIATES

Affiliate Updates

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



Roadtrip Stop!



OCDGA had a wonderful event for OCD Awareness Week! IOCDF spokespeople, Elizabeth McIngvale and Ethan S. Smith, completed the OCD Road to Recovery Road Trip in Atlanta. We started the morning with a training presented by Kasey Brown, LCSW (OCDGA president) and Dr. Josh Spitalnick (OCDGA's Board of Directors) for clinicians who were interested in gaining a better understanding of OCD and its treatment. Clinician attendees were able to receive core CEs.

The afternoon session was open to all sufferers, families, and therapist. The topic and discussion focused on OCD and substance use disorder (SUD), implications for treatment, and misconceptions plaguing the treatment model for this dual diagnosis.

The featured speaker was Patrick McGrath, PhD, director of the Center for Anxiety and OCD at Alexian Brothers Behavioral Health Hospital and the future executive director of their OCD and substance abuse residential program opening in spring 2017.

Additionally, Elizabeth McIngvale and Ethan S. Smith shared their personal stories, which covered the topic of the hidden side of mental health including depression, suicide, and addiction. They also shared their inspirational stories of living with OCD and how they continue to live a successful life. Our sponsors included IOCDF, OCDGA, Peace of Mind and Riley's Wish.

OCD MASSACHUSETTS

www.ocdmassachusetts.org



Roadtrip Stop!



OCD Massachusetts had another great OCD Awareness Week in 2016 with free OCD screenings as well as events at the Massachusetts State House, UMASS Medical School, and Charles River Community Health. We would like to especially thank the IOCDF and Peace of Mind Foundation for helping us to make these events possible!

If you were unable to attend one of our Awareness Week events, join us at one of our monthly lectures in Belmont, Worcester, and Northampton. Kicking off 2017, our January topics will include perfectionism, mindfulness, and OCD in the classroom. Visit our website for more details!

OCD MID-ATLANTIC

www.ocdmidatlantic.org

As our offering in support of OCD Awareness Week, OCD Mid-Atlantic hosted a community outreach at the National Presbyterian School in Washington DC. Over 30 attendees heard a series of presentations relevant to the disorder. Dr. Ozge Gurel provided an overview of cognitive behavior therapy for OCD, Dr. Gloria Mathis addressed issues specific to helping children and adolescents overcome OCD, and parent, Amey Upton, spoke about the impact of her daughter's OCD on the family and their role in her recovery. Participants then broke into smaller discussion groups that were facilitated by clinicians drawn from the Mid-Atlantic board. Topics addressed in the smaller discussion groups included OCD in adults, OCD in children, medication, family accommodations, hoarding, and scrupulosity.

FROM THE AFFILIATES

Affiliate Updates *(continued)*

In other OCD Awareness Week programming, OCD Mid-Atlantic collaborated with California Pizza Kitchen for a weeklong fundraising effort at a number of locations in Washington DC, Maryland, and Virginia.

Other news: Mid-Atlantic Board elections were held in September. Charley Mansueto, Carter Waddell, and Gloria Mathis were elected for additional terms as president, treasurer, and secretary, respectively. Elspeth Bell was elected as our new vice president, replacing Shannon Shy who remains on the Mid-Atlantic's board, but who now serves as president of IOCDF's Board of Directors.

Jon Hershfield, the new programming chair, is working with the rest of the OCD Mid-Atlantic board members to plan some exciting events for 2017. If you're interested in volunteering or getting involved, please reach out to our new membership chair, Carrie Holl, at midatlanticocd@gmail.com. Visit our website, Facebook page, and Twitter feed (@midatlanticocd) to keep current with all our goings-on!

OCD NEW JERSEY

www.ocdnj.org

OCDNJ continues with our quarterly speaker series with an Ask the Experts panel held on Monday, December 12th in East Brunswick featuring OCDNJ board members, Drs. Allen Weg, Marla Deibler, Rachel Strohl, and Robert Zambrano. Both professional and layperson attendees were able to ask questions about OCD, its treatment, and resources. As always, we videotape all our presentations and have them available for purchase. To see the DVDs and a review of the above panel, please visit our website where you can also find information on our upcoming annual luncheon/conference scheduled for Sunday, March 5, 2017. Dr. Carol Hevia of the OCD Institute at McLean Hospital will give a presentation entitled Killing your mom, going to hell, sex with a camel, and more: Treating OCD obsessions that generate guilt, shame and disgust.

OCD SACRAMENTO

www.ocdsacramento.org

In support of OCD Awareness Week, OCD Sacramento hosted a networking event for therapists to help better inform mental health providers in the community of the importance of proper treatment for OCD and anxiety disorders. Given that OCD is the most common anxiety disorder, a discussion surrounding reducing stigma and promoting awareness was held with over 30 providers. Since OCD can co-occur with other conditions, this event was supported and co-hosted by Azure Acres, Timberline Knolls, and the Eating Recovery Center. OCD Sacramento has also

completed their monthly presentation line-up for the year, and the board met in November to plan the 2017 calendar year. Some of the topics will include: helping loved ones better understand how to help someone struggling with OCD; a panel of experts who will talk about what to expect when entering into treatment for OCD; individuals who will share their journey through treatment of OCD; and three separate presentations will be held on the complex nature of hoarding disorder, trichotillomania and excoriation disorder.

OCD SF BAY AREA

www.ocdsfbayarea.org

**Roadtrip Stop!**

A very busy OCD Awareness Week in the Bay Area, starting with 2016 Road to Recovery Tour at UC Berkeley, sponsored by the Peace of Mind Foundation and the IOCDF. About 50 community members attended this program that was like a mini OCD conference—and it was fantastic! The program began with talks by Joan Davidson, PhD and Michael A. Tompkins, PhD, co-directors of the San Francisco Bay Area Center for Cognitive Therapy. Dr. Tompkins gave a presentation entitled "Understanding and Treating Pediatric OCD," and Dr. Davidson talked on "Understanding and Treating Adult OCD." These talks were followed by two panel discussions by eleven Bay Area therapists on pediatric and adult OCD. After a break for lunch, IOCDF Spokespeople, Elizabeth McIngvale, PhD, Jeff Bell, and Ethan S. Smith, told their very moving stories and then led support groups for family members or people with OCD.

The following weekend we held two programs:

- An intensive treatment workshop for 5 participants, held by Marisa Mazza, PhD
- A great talk by Heidi Hartston, PhD on "OCD in the Family: 10 Tips to Avoid Enabling and Start Truly Helping" attended by 30 people. This program opened with a Q&A session with Scott Granet. Heidi's talk was followed by another lively Q&A session. A very interactive afternoon!

These programs were recorded and are on our website!

Continued on next page >>

FROM THE AFFILIATES

Affiliate Updates *(continued from page 27)*

OCD SOUTHERN CALIFORNIA www.ocdsocal.org



Roadtrip Stop!



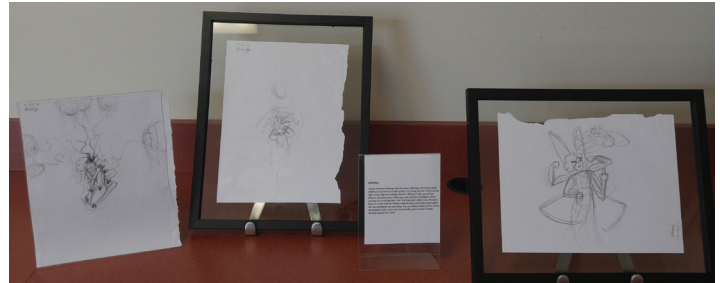
OCD Southern California held two OCD Awareness Week events on the Road to Recovery Tour sponsored by the IOCDF and Peace of Mind Foundation on October 9—one in LA (hosted by USC) and one in Irvine (hosted by the Gateway Institute). Combined, we had approximately 150 attendees and the feedback has been extremely positive! We thank the IOCDF spokespeople, Liz McIngvale, Ethan S. Smith, and Jeff Bell, for their time and dedication to increasing awareness about OCD, reducing stigma, and for their amazing courage telling their personal stories! Also, a special thanks to Dr. Jon Grayson for his engaging talk at the LA event!

OCD SoCal also sponsored a free Speakers Series in La Jolla on November 5th! Dr. Jon Grayson, Dr. Sanjaya Saxena, Ethan S. Smith and Chris Trondsen gave presentations and the USC OCD genetic research team was available to answer questions for any interested in enrolling in their genetic study.

OCD Southern California would like to announce the transfer of presidency from Jim Sterner, LMFT, to Barbara Van Noppen, PhD. Our goal continues to strive towards greater expansion into all regions of Southern California, promoting OCD awareness, advocacy, education and services.

Please visit our website for further details! You can register on the website and 'Like' us on Facebook to receive regular announcements about upcoming events!

OCD WASHINGTON www.ocdWASHINGTON.org

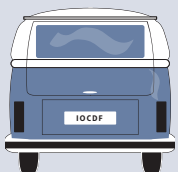


During OCD Awareness Week, OCD Washington sponsored an art gallery meet and greet, which showcased art inspired by OCD. It was a delightful afternoon! We had submissions from individuals with OCD, their family members, and professionals with and without OCD. This quarter we will sponsor a professionals meet and greet event for OCD and related disorders specialists in Washington. We are hoping this networking event will promote community, referral sources for patients seeking care, and consultation groups for providers. Visit our website for more information!

OCD WESTERN PA www.ocfwpa.org

We are excited to announce our continuing education conference "Treating OCD in the Autism Community" on Thursday, April 27, 2017 at the Westin Hotel Convention Center in Pittsburgh, PA. We believe it will be the first conference on this emerging field presented in the US. The morning curriculum will cover recognizing and evaluating OCD in the autistic community, strategies for modifying exposure based treatment to accommodate the unique challenges faced with treating these individuals, as well as medication strategies. The afternoon sessions will offer participants to choose from variety of topics presented in greater depth. The faculty includes Rebecca Sachs, PhD, Jonathan Hoffman, PhD, Benjamin Tucker, MS, Joshua Nadeau, PhD, Frederick Penzel, PhD, Charles Mansueto, PhD, Katherine Cody, PsyD and Robert Hudak, MD. Rooms are available at a special rate for Wednesday and Thursday night for anyone travelling from out of town. This conference is designed to provide clinicians with the latest information on this subject. Individuals from outside the clinical fields are invited to attend with the understanding that some of the information may be technical in nature as we feel that informed patients and their families are better able to participate in their treatment plan. For additional information and registration, please visit our website. ○

#OCDWeek Roadtrip to Recovery Tour



For OCD Awareness Week this year, the IOCDF Spokespeople — Elizabeth McIngvale, PhD; Ethan S. Smith; and Jeff Bell — went on a tour around the U.S. to raise awareness and fight stigma with the help of the IOCDF Affiliates. Look for the symbol (left) to learn about each of their stops, or visit iocdf.org/roadtrip/.