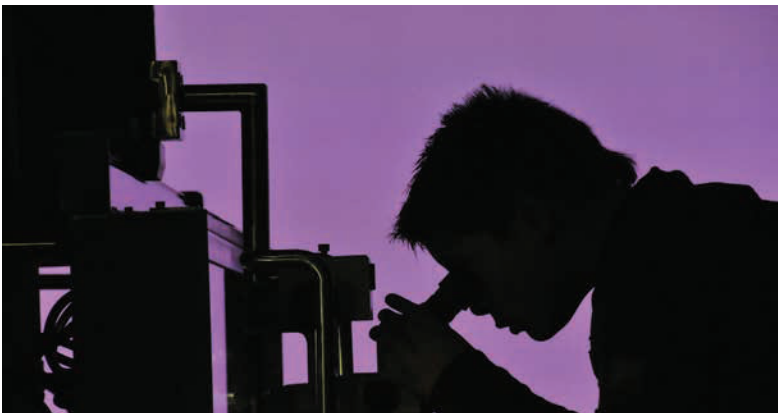




LETTER FROM THE EXECUTIVE DIRECTOR: Expanding the IOCDF Research Grant Program



Dear IOCDF Community,

In this edition of the OCD Newsletter, my Letter From the Executive Director is actually front-page news! I say this because the focus of this letter, which I am extremely pleased to announce to you, is that we will be expanding the IOCDF Research Grant Program to increase our OCD research funding in the next few years. Our ability to do this is because of the generosity of long-time Foundation supporters, who have guaranteed funding for four studies:

- Two OCD research studies at the level of \$500,000 in 2018, and
- Two OCD research studies at the level of \$300,000 in 2019

In fact, this funding comes from the same generous donors who have matched our research donations for the past two years. Their hope is that these increased grant amounts will have a greater impact.

CONTINUED ON PAGE 3

IN THIS ISSUE

FROM THE FOUNDATION

Letter From the Executive Director:
Expanding the IOCDF Research Grant Program
by Jeff Szymanski, PhD 1

Are You Interested In Presenting at the 25th
Annual OCD Conference?
by Stephanie Cogen, MPH, MSW5

Excerpts from Reddit AMA with IOCDF Executive
Director, Dr. Jeff Szymanski.....8

FROM THE FRONT LINES

No Room to Breathe by Clara Irwin, LCSW..... 11

OCD Can Be a Lonely Path. Let's Find Our Way
Together. by Ryan Bernstein 12

THERAPY COMMUNITY

The Body as a Prison: Eating Disorders and Body
Dysmorphic Disorder by Jenni Schaefer with
Katharine Phillips, MD..... 14

Institutional Member Updates 17

RESEARCH NEWS

Sexual Dysfunction and Anti-OCD Medications
by Baris Olten, MD & Michael H. Bloch, MD, MS. 25

Research Participants Sought 28

FROM THE AFFILIATES

Affiliate Updates 29



PHOTOS FROM THE OCD CAPITAL WALK

On Saturday, October 14th, the IOCDF, in partnership with OCD Mid-Atlantic, hosted the first ever OCD Capital Walk in Washington D.C. Led by Grand Marshall, Shannon Shy, the walk brought the community together for OCD Awareness Week and created an exciting new platform to advocate for OCD treatment and resources.

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

President, IOCDF Board of Directors:
Shannon A. Shy, Esq

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

Newsletter Editor-in-Chief:
Jeff Szymanski, PhD

Newsletter Managing Editor:
Meghan Bucu

Copy Editor:
Tiia Groden, MA

Proof Reading:
Sam Bailey

Layout Design: Fran Harrington

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.

CONTACT THE IOCDF:

Phone: (617) 973-5801

Fax: (617) 973-5803

Email: info@iocdf.org

Website: www.iocdf.org

Facebook.com/IOCDF

Twitter: @IOCDF

Instagram: @IOCDF

Mailing Address:

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

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

Copyright 2017 by the International OCD Foundation, Inc.



Letter from the Executive Director *(continued)*

The Need for Funding

This increased support is vitally important due to the fact that there are very few funding agencies for OCD researchers. Currently, the majority of OCD research funding comes from the National Institute of Mental Health (NIMH). However, as you can see below, OCD is unfortunately a lower priority for the NIMH compared to other disorders. Consider the following (taken from www.nimh.nih.gov/funding/funding-strategy-for-research-grants/the-anatomy-of-nimh-funding.shtml):

- Funding for depressive disorders research averages approximately \$250 million each year.
- Funding for schizophrenia and anxiety disorders research each average approximately \$200 million each year.
- Funding for bipolar disorder and autism research each average approximately \$100 million each year.
- Funding for post-traumatic stress disorder research averages approximately \$50 million each year.
- **Funding for suicide prevention, OCD, and ADHD research average approximately \$25-\$50 million each year.**

This funding has not been enough to allow for the level of OCD research that we need.

Here is another example. The Brain & Behavior Research Supports supports, "innovative brain and behavior research today, which will lead to new treatments and eventual cures in the future." **Here is a list of the areas of study they support:** addiction, anxiety, attention-deficit hyperactivity disorder, autism, bipolar disorder, depression, eating disorders, mental illness in general/multiple disorders, obsessive compulsive disorder, post-traumatic stress disorder, schizophrenia, suicide prevention research, other disorders, and psychotic disorders. As you can see below in the summary from their 2016 Annual Report, OCD is again treated as a low priority:

Distinguished and Independent Investigator Awards

- 55 grants awarded
- Each grant approximately \$100,000
- \$5,400,000 awarded in total

Young Investigators Awards

- 198 grants awarded
- Each grant approximately \$70,000
- \$13,700,000 awarded in total

OCD research funded

- 3 grants (or 1.1% of total grants funded)
- 1 \$100,000 grant, and 2 \$70,000 grants
- \$240,000 awarded in total
(or 1.27% of total funding awarded)

What We Are Doing

The IOCDF is one of the few funding agencies truly committed to OCD research. In fact, to date, the IOCDF has awarded over \$3.5 million in OCD and related disorders research. The chart below provides an overview for how these research dollars have been spent:

CATEGORY OF RESEARCH	# OF GRANTS
OCD	65 total
Causes/Understanding OCD 25 total	10 genetics focus 8 physiological focus 6 neurobiological focus 1 psychosocial focus
OCD treatment 38 total	4 general 18 psychosocial (CBT) 8 medication 5 physiological 3 perinatal
OCD Scrupulosity	1
OCD Diversity	1
Pediatric OCD	22 total
Understanding Pediatric OCD 10 total	3 genetics focus 2 general 5 PANDAS
Pediatric OCD Treatment 11 total	3 neurobiology focus 5 Psychosocial focus (CBT) 1 Medication focus 2 General
Pediatric OCD Diversity	1
Hoarding Disorder	10 total
General	4
Neurobiology	2
Treatment 4 total	3 Psychosocial (CBT) 1 General
BDD	5 total
Neurobiology	4
Treatment	1
Tics/Trich	4 total
OCD/Tics Genetics	2
Trichotillomania Neurobiology	1
Tics treatment (Psychosocial)	1
Total Grants Awarded	106 projects funded
Total Monies Distributed	\$3,541,561 awarded

FROM THE FOUNDATION

Letter from the Executive Director *(continued)*

Donations to the IOCDF Research Grant Program in its current form comes from all of you: private donors of the Foundation who have a particular interest in funding research. For the past several years, this support has allowed us to fund three grants per year, ranging from \$35-\$50K each. The projects that are funded by the IOCDF are typically led by junior investigators, who are using this funding to run pilot projects. Upon completing these pilot projects, the junior researchers can then approach a larger funding body (such as the NIMH) and request larger grants, which they will use to investigate their theories at a higher level. While the IOCDF Research Grant Program rewards junior investigators, and helps to encourage them to stay in the field, we need to do more.

The New and Expanded Research Grant Program

The goal of expanding the Research Grant Program is to fund studies large enough to increase the likelihood that we can address even bigger questions — questions about how and why OCD develops, and how we can better treat OCD with the goal of eliminating symptoms completely. With that in mind, here is what the program's new structure will look like:

- **Young Investigator Awards:**

The current IOCDF Research Grant Fund, with our current donor pool, will transition into a yearly award for investigators in graduate school up through five years after finishing their terminal degree.

- We will award three, \$35K-\$50K awards, and each will be paid out over the course of one year.
- Grants would be available for research projects aimed at understanding the causes of OCD, treatment for OCD, pediatric OCD, PANDAS/PANS, BDD research, and hoarding disorder research.

- **Innovator Awards:** Thanks to this new donation, we will be able to award Research Grants for investigators with 5+ years of experience following completion of their terminal degree.

- Two, \$300K grants will be awarded in 2019 and will be paid out in three installments over three years.
- These awards would be given to fund OCD research only. In particular, research investigating a cure for OCD. Note, this

research could focus on topics spanning from prevention (i.e., keeping OCD from taking hold), to treatment (i.e., once symptoms begin, can treatment reduce them as close as possible to zero).

- **Break Through Awards:** These Research Grant Awards will be available for investigators with 5+ years of experience following completion of their terminal degree.

- Two, \$500K grants will be awarded in 2018 and will be paid out in three installments over three years.
- These awards would be given to fund OCD research only. In particular, research investigating a cure for OCD. As noted above, this research could focus on topics spanning from prevention (i.e., keeping OCD from taking hold), to treatment (i.e., once symptoms begin, can treatment reduce them as close as possible to zero).

How You Can Help

We have already begun our call for proposals and the research grant site will be open from the beginning of January to the end of February. Please help spread the word! If you are a current donor to our Research Grant Program, please consider providing ongoing support. And, if you have never been a research donor, we

hope this might motivate you to consider supporting research into the causes and treatment of OCD and related disorders.

All the content on our websites as well as our educational materials are informed by research. Please help us to continue to advance our understanding about how to help everyone affected by OCD and related disorders.

Sincerely,

Jeff Szymanski, PhD



Executive Director
International OCD Foundation

“ We need to develop a program that not only attracts outstanding researchers to the OCD field, but one that keeps them there. ”

To find more information about our Research Grant Program please go to <https://iocdf.org/professionals/research-grants>

2017 IOCDF Research Grant Winners

Lorena Fernandez de la Cruz, PhD

Assistant Professor, Karolinska Institutet
Stockholm, Sweden

Award Amount: \$38,510

Title: The impact of obsessive-compulsive disorder on education, labor market marginalization, and societal costs

Ryan Jacoby, MA

Clinical Fellow in Psychology
Massachusetts General Hospital/
Harvard Medical School

Award Amount: \$35,039

Title: Decision-making impairments in OCD: An integrated behavioral economics model

Thomas Adams, PhD

Postdoctoral Fellow
Yale University School of Medicine

Award Amount: \$48,646

Title: Use of transcranial direct current stimulation to enhance consolidation of therapeutic learning in obsessive-compulsive disorder (OCD)

Are You Interested In Presenting at the 25th Annual OCD Conference?



Submit your proposal beginning January 2, 2018!

In July of 2018, the International OCD Foundation (IOCDF) will reach a milestone — we will be holding our 25th Annual OCD Conference! We cannot wait to celebrate 25 years of learning, training, networking, and socializing with you next summer in Washington, D.C. Before the celebrations can begin, we first need to set the program, and we can't do that without your help and input! That's why we are asking you, our community, to start thinking about proposals for workshops, support groups, and activities for the next year's Conference.

Whether this will be your first time submitting or you are a veteran presenter, we are excited to see what ideas you come up with. This is your chance to shape your own Conference experience. Ask yourself a few key questions. What have you always wanted to see? What do you think we have been missing? What have you been requesting over the years, but still not seen?



Washington Marriott Wardman Park, the location of the 25th Annual OCD Conference

The 25th Annual OCD Conference will take place Friday through Sunday, July 27–29, 2018, at the Washington Marriott Wardman Park in D.C. **We will be accepting submissions through our online proposal system, which opens just after the New Year on Tuesday, January 2, 2018.** Given how competitive it has become to speak at the Conference, we have compiled a list of things you can do (and not do!) to increase your chances of your talk being accepted. These suggestions come directly from feedback we receive from Conference attendees and the Conference planning committee members each 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 popular areas, but not enough for others. Below are topics that have been frequently requested by attendees but may have been underrepresented in previous years:

- Multicultural and diversity issues
- Co-occurring issues with OCD (substance use disorder, intellectual disabilities, eating disorders, autism spectrum disorders, other mental health conditions, etc.)

FROM THE FOUNDATION

Are You Interested In Presenting at the 25th Annual OCD Conference? *(continued)*



- OCD and intimacy (dating, marriage, sex)
- OCD and aging
- Being an OCD advocate at the local, state, and/or national level
- Navigating insurance, disability, and legal rights for those with OCD
- Employment/workplace issues
- Translational talks about turning research findings into clinical practice
- Topics related to "life after OCD"

DO NOT 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 then apply it 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.
- You only have 90 minutes for your presentation, so make sure everyone has enough time to speak!

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 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.

DO NOT OVER- OR UNDERESTIMATE 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 spectrum of difficulty levels when setting the Conference program, so please help us out by being thoughtful about the difficulty level of your proposal.

FROM THE FOUNDATION

Are You Interested In Presenting at the 25th Annual OCD Conference? *(continued)***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. Thus, it is 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.

DO NOT FORGET ABOUT EVENING ACTIVITIES AND SUPPORT GROUPS.

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 and related disorder 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



Sam Foster at an evening activity in 2017

to story hours. A great example of a popular evening activity at the 2017 Conference was a live concert by singer/songwriter, Sam Foster, who performed some of his original songs inspired by his experience living with OCD. Use your imagination and let your creativity run wild.

DO SUBMIT TO OUR REVAMPED YOUTH PROGRAMMING!

Beginning in 2017, we switched up the way we provide programming for youth at the Conference. Instead of a "Kids & Teens Track" and separate art therapy rooms, we combined them both to create integrated programming for three distinct age groups: elementary-aged kids, middle schoolers, and high school-aged teens. Each program spans all three days of the Conference and youth are treated daily to a wide variety of activities in a camp-like structure. This year, we challenge you to come up with engaging activities for kids, middle schoolers, and/or teens. Will you do an art project? Teach them a new skill? Host a dance party? Put yourself in the shoes of a child with OCD or the young relative of a person with OCD, and think of what might be a fun and helpful activity to do. ○

If you have a question that is not answered by this article, the Conference website (ocd2018.org), or the instructions in the proposal system, please feel free to reach out to us by e-mail at conference@iocdf.org or by phone at (617) 973-5801.

Happy proposal writing, and we hope to see you in Washington, D.C.!

SAVE THE DATE!

OCD CONFERENCE

WASHINGTON, D.C. | July 27–29, 2018

July 27–29, 2018

- Proposal System Opens
January 2, 2018
- Registrations Opens
March 2018
- Learn More at
ocd2018.org

FROM THE FOUNDATION

Excerpts from Reddit AMA with IOCDF Executive Director, Dr. Jeff Szymanski



reddit

Over the course of OCD Awareness Week this past October 8-14, 2017, IOCDF Executive Director, Jeff Szymanski, PhD, took to the internet to answer questions on OCD — its presentation, how it compares to related disorders, various treatment options, how it effects family and friends, and more! The Q&A took place via Reddit AMA, which stands for "Ask Me Anything" and was a huge success! Below are a few excerpts from the Reddit AMA, organized by topic.

UNDERSTANDING OCD

Q. What are the common myths about OCD you'd like to dispel?

A. The most problematic myth faced by those in the OCD community is that anyone can be a "little OCD". This is perpetuated by media representations of OCD, but also the general misunderstanding of OCD as a personality quirk. The problem lies with our use of the words obsession and compulsive. In common day use, "being obsessed" means something different from experiencing an "obsession" in the context of OCD. I might be obsessed about my team winning the World Series, but this is very different from experiencing an obsession that myself or someone I care about may get sick and die. Similarly, I might be compulsive about cleaning my office, but that is different from being completely overwhelmed by anxiety and feeling the only way to get relief is to engage in compulsions, or behaviors that are time consuming and get in the way of valued activities.

Q. What's the most common misconception about OCD?

A. People believe that individuals with OCD *want* to engage in these behaviors. This couldn't be further from the truth. Individuals with OCD feel they have no choice but to engage in these behaviors as a way to reduce their anxiety. People who are "compulsive" as a personality trait like and enjoy the time they spend organizing and rearranging things. It is the difference between wanting to do something and feeling that you have to do it "or else".

Q. What is the major difference between having OCD and having just obsessive-compulsive tendencies?

A. The short answer is that the "D" in OCD refers to "disorder". This means that the person is not only experiencing obsessions (intrusive thoughts and images that trigger anxiety), and also compulsions (behaviors the individual engages in to try to make the obsession and/or anxiety go away), but also the obsessions and compulsions are very time consuming and get in the way of the person doing what he or she would really want to do.

RELATED CONDITIONS

Q. What are your thoughts on the compulsive hair-pulling disorder, trichotillomania? Do you see this as an expression of OCD?

A. The Diagnostic and Statistical Manual, or DSM, is what mental health professionals use to diagnose someone with a mental illness. An updated version of this manual came out a few years ago and included a new category: Obsessive Compulsive and Related Disorders. In this category, we have OCD, body dysmorphic disorder (BDD), hoarding disorder (HD), hair pulling disorder (also known as trichotillomania), and skin picking disorder (also known as excoriation disorder). The reason these disorders are in the same "category" is that they share many things, but are also distinct from each other. You can find a quick overview of how they are similar and different at www.iocdf.org/about-ocd/related-disorders.

If you have more questions about hair pulling or skin picking disorder, you can also visit www.bfrb.org/learn-about-bfrbs.

Q. I have well controlled OCD but find that noises really, really bother me. I've read a bit that OCD is similar to autism spectrum disorders in that both have some sensory issues for some people. Is that true? I'm finding it hard to work in an office environment with others who eat, talk on the phone, etc.

Excerpts from Reddit AMA *(continued)*

A. While it is true that this is the case for some individuals with autism, you are more likely referring to misophonia. We are finding that there are a group of individuals with OCD who also have strong negative responses to certain noises. You can learn more in a great article found at www.iocdf.org/expert-opinions/misophonia.

Q. Does the International OCD Foundation help families understand PANDAS?

A. Thank you for bringing this up! PANDAS and PANS are subtypes of OCD, which we have information on on our site here: www.kids.iocdf.org/what-is-ocd/pandas.

We also refer people to the PANDAS Physician Network (www.pandasppn.org) and the PANDAS Network (www.pandasnetwork.org) for more information and resources.

PANDAS/PANS is part of our broader education and awareness campaigns. We go to conferences to exhibit and educate other professionals about them as well as making sure we highlight these conditions at our Annual OCD Conference.

RESPONDING TO OCD SYMPTOMS

Q. I've been battling OCD for a while, and although I've made great progress with some obsessions, another one seems to pop up where the other left. So, my question is, is that a common thing with OCD? To "conquer" one obsession (what I mean is learning to not let the thoughts bother you) and see another take its place?

A. This is very common! And the strategy you have used works the best: note it as an "OCD thought" and move on. Think of it like a headache. While painful, a headache doesn't need to keep you from continuing to do things in your life that matter. Painful, annoying, bothersome, but we can all practice the skill of moving forward with what matters to us while also experiencing discomfort. I am writing this as though this is easy and simple. It is not. I do not have OCD, but I have to practice this same skill in my life over and over again.

So, new obsessions are common. Bottom line: respond the same way (i.e., don't respond). Also, know that OCD symptoms are more likely to increase in times of significant stress, when in notable life transitions, or when physically ill.

Q. I recently just started seeing a new therapist who specializes in OCD. Last week, she started exposure therapy, which definitely exacerbated my OCD. Do you have any tips on how to successfully engage in exposure responsive treatment (ERP) and not let your OCD stop you from recovery?

A. First, you need to tell your therapist this. You should always feel that your treatment is collaborative, your choice, and going at a pace you are comfortable with. And yes, sometimes in the short term your symptoms may get worse. Your job is to watch how your obsessions and anxiety go up and down as you engage in behaviors designed to help you. What are you willing to do in order to have the life you want? It will involve a lot of hard and difficult work. So, make sure you are in touch with why you are doing this. And make sure to have an open and direct conversation with your therapist!

Q. I am an OCD sufferer and I have a few questions:

1) It seems my biggest struggle is dealing with uncertainty. Why is uncertainty so acceptable for some and so difficult for others?

A. When you truly accept that uncertainty is a part of living, then it will become easier. I'm not particularly certain of anything I do, but I choose to do it anyway. My value is to move forward and engage in the world despite my uncertainty. Now, when you have OCD, the volume on your "uncertainty channel" is even louder. Which is why practicing behaving in the world, even when you are uncertain, can be one of the most important lessons you can learn (and is the core of any effective treatment for OCD).

2) It took me several attempts to find a therapist that actually seemed to know what they were doing with treatment (ERP). Why do you think so few therapists are taught about OCD in school/training?

A. Estimates are that the time between onset of OCD symptoms and effective treatment is 14-17 years! That is completely unacceptable. We currently have over 1,400 self-described OCD therapists listed in the Resource Directory on our website. But even then, you have to sift through and look at their backgrounds to ensure that they understand how to do exposure and response prevention therapy or properly prescribe OCD medication. We have an entire training program devoted to getting more therapists trained: www.iocdf.org/professionals/training-institute.

3) What's your most memorable "obsession" that a client has told you about?

A. The obsessions themselves aren't memorable. The intense suffering and the lengths to which people lose their lives to this disorder are. Many people think their obsession is more bizarre or rare than others. This misses the point. The core of the treatment is that we all have "weird" or "strange" thoughts. But thoughts are just thoughts. Again, this is a core of effective treatment.

FROM THE FOUNDATION

Excerpts from Reddit AMA *continued*

Q. I was diagnosed with OCD as a kid and still struggle with intrusive thoughts. I was taught to conceptualize my intrusive thoughts as a bully or a belligerent person who just doesn't want me to be happy. Think "I can beat this," argue with it up to a point, but if the thoughts persist (persistent doubting), then recognize when I've spent too much time arguing with something that won't give up and distract myself. Any other tips for dealing with intrusive thoughts and fears like "I'm/someone I love is about to die?" (for no good reason)

A. I think for the most part you are on the right track. It is helpful to think of your OCD mind as "not you". As such, you can allow a thought or image to come into your mind and you don't actually need to argue with it or distract from it. You can simply let it be and just move on with your life. You are caught in the OCD trap of thinking you have to respond to the thought rather than just letting it float in and float out. Thoughts left alone come and go on their own. Skills talked about in acceptance and commitment therapy (ACT), like acceptance, can be particularly useful in this context.

STRATEGIES FOR FAMILY AND FRIENDS

Q. What is the best thing to do to help relieve the stress of a family member or friend dealing with OCD?

A. What everyone wants to do is to help. But when we try to help, we might end up accommodating. In fact, the best thing you can do is to be supportive, listen, ask questions, and educate yourself. But it's important not to participate in the symptomatic behavior. Encourage your family member to consider treatment. The right treatment for OCD can be quite effective! (For more information visit iocdf.org/families.)

Q. I have contamination OCD, and my family has a very hard time understanding it. What resources can I give them to help them educate themselves? I've made a lot of progress but sometimes I have my relapses and they get angry with me.

A. We have a section on our website for families, and I think just asking them to spend some time on our site in general would be beneficial (you should too!). If possible, they could also accompany you to our Annual OCD Conference, taking place this July 2018 in Washington, D.C. At our Conference, we have people with OCD, hoarding disorder, body dysmorphic disorder, body focused repetitive disorders; their family members; and mental health professionals/researchers. It is a great experience to see everyone in the OCD and related disorders community in the same space at the same time.

Q. My 15-year-old daughter was diagnosed with severe OCD last June and has just come out of 3 ½ months of residential treatment. She has made so much progress over the past few months, but can get down on herself pretty quickly as we continue outpatient ERP therapy. Do you have any recommendations for us as parents to help support her transition home and prevent relapse?

A. Talk with the outpatient therapist about being involved in her treatment. Go on our website and look for online support groups or in-person support groups for parents. You need support along with her. The more you are all plugged into the OCD community the better. Also, encourage her to find online or in-person support groups. The transition home can be very stressful as she was used to day-to-day support and treatment. Using the OCD community at large can help fill in the gap. Also, if possible, see if the outpatient therapist can increase frequency of sessions for a while during the transition. ○

To access the full Reddit AMA and read more question and answers on OCD and related disorders, visit www.iocdf.org/ocdweek.

No Room to Breathe

by Clara Irwin, LCSW

For years, I lived in denial that I had OCD, not wanting to know the truth. Knowing would mean that I would have to accept what I needed to do to heal my life. Knowing would mean that I would have to find the courage to turn and face my fears of disgust and anxiety. Knowing would mean that I would have to feel uncertain about whether the overwhelming feelings would last forever.

My mind was like warm clay in the hands of a potter named OCD, molding obsessive thoughts out of my anxiety. I was seven when I started repeating, over and over, in my mind, "At the count of three, I will do everything right." I was standing under a piñata at a birthday party, candy falling down around me, and while my friends were screaming with excitement, I

was staring at my shoes and counting like Dorothy in *The Wonderful Wizard of Oz*. When no one was

looking, I would click my heels together three times and repeat, "At the count of three, I will do everything right." After all, Dorothy had clicked her heels together three times and landed back in Kansas. Magic had worked for her. I needed magic to work for me.

Over time my OCD symptoms quieted down. Years passed, I went to college, graduated, and married. One day, sitting next to my son in his high chair, a wave of disgust swept over me as I glanced down at the tray smeared with applesauce and peanut butter. I had the overwhelming urge to wipe his hands and face and wash the tray in order to quiet the anxiety swirling inside of me. I became obsessed with thoughts of disgust. OCD whispered in my mind: clean the kitchen counters, wash off the spot on the wall that you brushed against, wipe off the door and door frame. I was constantly washing my hands and asking everyone else to wash theirs. It was an impossible way to live.

I wanted to be different, to not have the obsessive thoughts, not indulge in compulsive cleaning, and not have to plan how to avoid things that brought on anxiety. There were brief moments when I would try to let go — have the children run inside and out, allow shoes in the house, sit down for lunch. However, during these attempts to be different, the obsessive thoughts twisted my mind into a tight ball of twine. Overwhelmed with anxiety, I would give up and spend hours cleaning what I had "let go": wiping off door knobs, washing coats only worn once, cleaning floors where shoes had been. The list to make right all that I had let go was endless. There was no room to breathe.

I started looking for help and found an OCD treatment group. While sitting in the group on a Saturday morning, I watched as

the teacher wrote on the board, "What matters to you in your life?" followed by "What have you lost?" Naming what mattered was easy. My children. Saying what I had lost was hard. Precious time. Time, I could not get back.

In his book *Freedom from Obsessive Compulsive Disorder*, Dr. Jonathan Grayson asks the question, "Are you willing to live with uncertainty?" I had to answer his question. Saying "Yes" would mean exposing myself to situations, over and over, where I would feel a sense of disgust and anxiety. Saying "Yes" would mean I would have to spread disgust throughout my house: from outside to inside, from kitchen to bedrooms, from my hands to everything. Saying "Yes" would mean being uncertain if I could tolerate the feelings of anxiety, if I would be able to function, or even if I could go on. Saying "Yes" would mean not knowing if the feelings would last forever.

On my desk was a leaflet for a Mindfulness Based Stress

Reduction class that I had been considering. I went to the introductory session and signed up for the eight-week course. Pausing to close my eyes and follow my

breath, I began to find a place of stillness inside myself. I became more aware of my obsessive thoughts, the sensations of disgust and anxiety in my body, the urge to run away. I learned to stay in the space of simply noticing it all.

I made a vow to myself. "I want to feel disgust and anxiety. I want to be uncertain if I can tolerate the feelings. I want to be uncertain if the feelings will last forever." I had run from my fears my whole life, and they had followed me everywhere I had gone. I recalled the definition of wisdom that a teacher had offered in a class about difficult emotions. "Wisdom is the insight that leads to less suffering for ourselves and for others." I knew it wouldn't be easy, but I was ready. Ready to commit to being wise, to find the courage to face what I feared, to take a stand in the midst of the storm. I was determined to set myself free.

With the approach of the Winter Solstice, the shortest day of the year with the fewest hours of daylight, I decided there had been enough darkness in my life. I had been to therapy and in several OCD treatment groups. I understood and had worked with CBT and ERP. I had taken several mindfulness classes. I was more aware of my obsessive thoughts and urges to run away. I was determined to practice what I had learned, to turn and face what I feared, and to bring more light into my life.

I wanted room to breathe. ○

Clara Irwin is a clinical social worker in Charlotte, North Carolina. She writes about having OCD since the age of seven and the work she has done to heal in the hopes of helping others.

“ Since my children mattered most in my life, I struggled to understand why I continued to listen to the obsessive thoughts and then react with compulsive behaviors. Why did I not stop what I was doing? ”

FROM THE FRONT LINES

OCD Can Be a Lonely Path. Let's Find Our Way. Together.

by Ryan Bernstein



Looking back, I was surprised I'd survived at all. The summer after third grade I wouldn't eat because I was too anxious. In fourth grade, I spent one hundred and twenty arduous days eating only dried cereal for lunch. In sixth grade, I wouldn't even eat at school. In seventh grade, I was afraid to go to school and needed my mom to stand outside the classroom. By eighth grade, just thinking about being at school made me so nervous that I always covered myself with my hood when I went.

No one seemed to be able to help me, although they tried to lend support by rationalizing my thoughts. "Everyone feels anxious at times", they would say. "It's normal to feel frustrated at times. Maybe it's shyness? Maybe it's moodiness? Maybe it's puberty? Maybe it's stress? Maybe it's just a teenage stage? Maybe it will be over soon?"

These words did nothing to ease my anxiety. However, in ninth grade, the anxiety finally dissipated. I felt great! I had a new school, new friends, new environment, new me. Life was good! I joined the student council. I got top grades effortlessly. I was carefree and felt like nothing could stop me. And nothing did, until after spring break, when my anxiety suddenly returned.

In English class, my mind never quieted down. In Geometry, I would constantly feel worried but often not know why. In Biology, I worried about threats to my own safety, my friends' and family's safety, or the safety of others. My world began to shrink. In order to calm down at home, I had to

perform certain acts, like click the light switch five times, or take the stairs two at a time, or tap my fork twice. But I had no idea why. I felt lost and alone. I was anxious and frustrated.

It got so bad that my anxiety would cause me to visibly shake at just the thought of having to leave my mom. When I started having difficulty simply leaving my house without crying, I knew I had to try something new. It terrified me, but after many weeks I finally got up the courage to talk to the social worker at my high school about an anxiety group she was starting.

It was hard to describe to her what I was feeling. Not only was it difficult to articulate my feelings of anxiety, it was also hard to share these emotions with someone I didn't really know. I remember her being very practical and making me feel like I wasn't abnormal. She talked with me about anxiety and OCD. She put a name to what I was feeling. She even shared with me about how she overcame her personal fears by learning to retrain her mind. I never would have imagined that she had also suffered from unwanted thoughts, just like me.

During one of my panics, I came to see her. She decided we would work together to laminate notecards with different phrases on them that I could carry with me and look at whenever I felt panicked. They were positive statements to make me realize that I had control. Things like: "I can talk to Mom"; "I can talk to Dad." She also told me that jokes sometimes help calm people down. "What did the zero say to the eight?" she asked. I had heard the joke before, but was too busy concentrating on my anxiety to care. "Nice belt!" she smiled, and added that one to the pile as well.

I still have those notecards today. They are stashed on a shelf that holds all of the items I had used to manage my OCD during that time: the notecards, the juggling ball to squeeze if I felt anxious, the mittens. Seeing them reminds me that I can separate my life into pre-OCD, OCD, and post-OCD, where I am right now. Although there are still little bits and pieces of insignificant rituals that I perform — those that would've taken me at least 20, 30, or even 40 minutes to complete — now only take seconds. I still have challenges, but I also have new coping skills.

When I think about how lost I felt back then, I realize that I can also see how far I've come. No matter how much I despised going through my OCD struggles, I think it made me a stronger, more empathetic person. It helped me realize

OCD Can Be a Lonely Path. Let's Find Our Way. Together. *(continued)*

that there are a lot of people just like me, and that I want to help them, just like the school social worker helped me.

I have worked really hard over the last two years to conquer my OCD. I have also begun to see beyond myself and realize that I can make a difference in the world. I want to help others who have OCD as well as help to educate those who don't know about this disorder. In order to do this, I came up with the idea to put together a book called *OCD to Me: An Anthology of Anxieties*.

OCD is a short acronym for something that is so broad and affects so many, and I want to provide a platform for people's unique stories to be heard. I believe that if people could read a collection of first-hand accounts, and understand how diverse as well as debilitating OCD can be, then maybe we can change the image of OCD, and the belief that mental illness only affects certain kinds of people. Because it affects all of us, at one point or another, directly or indirectly. I never want anyone else to have to feel isolated like I did.

This is the story I have shared with you and I invite all of you to help me create *OCD to Me: An Anthology of Anxieties* by sharing your story. All you have to do is answer the four-question survey I created by visiting the link. You may choose to include your name or to remain anonymous. I will then edit the responses for clarity and publish them in the book. By capturing each person's experience with OCD, this book will give hope to those who struggle as well as inform and educate those who want to learn more.

I also believe fundraising for the International OCD Organization (IOCDF) is a perfect way to start changing misconceptions about OCD. All proceeds from the sale of *OCD to Me: An Anthology of Anxieties* will be donated to the IOCDF in order to help to broaden awareness and provide support to the OCD and related disorders community. Let's find our way. Together.

Take my survey here: www.surveymonkey.com/r/8XK6SBC

P.S. Here are a few fun facts regarding my survey:

1. It is for a really great cause — remember, just a few minutes of your time will support IOCDF and help others who have OCD as well as those who want to learn more about OCD!
2. It only takes on average 6 minutes to complete the survey — that is how long it takes to get a cup of coffee!
3. The survey is completely anonymous!
4. We need a minimum of 50 responses to make the book, so if we got five people to complete the survey every day it would take less than ten days to complete! ○

Ryan is a 17-year-old high school student.

Want to have your story featured in the IOCDF's OCD Newsletter?

The IOCDF is looking for personal stories, poems, and research articles to be considered for publication in the 2018 IOCDF Newsletters.

To submit, simply email your contribution to editor@iocdf.org.

For additional information, visit iocdf.org/get-involved/share-your-story.

THERAPY COMMUNITY

The Body as a Prison: Eating Disorders and Body Dysmorphic Disorder

by Jenni Schaefer, with medical expertise from Katharine Phillips, MD

I stared in the mirror and obsessed about whether or not a space existed between my thighs. Commonly referred to as 'thigh gap', I did my best to stand at specific angles that might create such a space. When I couldn't achieve this so-called ideal after a considerable amount of effort, I wore baggy clothes to hide the perceived flaw. Instead of hanging out with friends, I stayed in — again.

— Jenni Schaefer



The description above is just one example of how an eating disorder used to control my life. For many years, my body was a prison.

If your body keeps you from engaging in life, it might be a sign that you have an eating disorder (ED). However, another condition, body dysmorphic disorder (or BDD), can also cause people to feel as if they are imprisoned by their bodies. While these two disorders share many similarities, and sometimes in fact get confused with each other, it is important to understand and recognize how they differ, as the treatment for each can differ.

WHAT IS BODY DYSMORPHIC DISORDER OR BDD?

BDD consists of a preoccupation with perceived defects or flaws in one's physical appearance, which are actually nonexistent or only slight. People with BDD think that the perceived flaws are clearly noticeable and look abnormal to others. This appearance preoccupation causes significant emotional distress (e.g., sadness, shame, or anxiety) and/or impairment in day-to-day functioning (e.g., avoidance of social situations or impairment in one's job or school work). In addition, people with BDD perform excessive repetitive behaviors, such as frequent mirror checking, skin picking, or excessive grooming in an attempt to fix, check, hide, or obtain reassurance about the disliked body areas.

WHAT DOES AN EATING DISORDER LOOK LIKE?

Eating disorders are sometimes life-threatening illnesses in which people experience severe disturbances in their eating behaviors and related thoughts and emotions. People with EDs typically become preoccupied with food and their body size and shape. The DSM-5, the mental health field's diagnostic manual, describes several types of eating disorders:

- **Anorexia Nervosa** is characterized by severe food restriction leading to significantly low body weight and intense fear of weight gain or of becoming fat, or behavior that interferes with weight gain (despite very low weight). There is also a disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on one's self-evaluation, or persistent lack of recognition of the seriousness of one's low body weight.
- **Binge Eating Disorder** is characterized by eating abnormally large quantities of food in a short period of time. Binge eating feels out of control and causes marked distress.
- **Bulimia Nervosa** is characterized by eating abnormally large quantities of food in a short period of time, followed by compensatory behavior (e.g., self-induced vomiting, excessive exercise, fasting) intended to neutralize the impact of binge eating on shape and weight. In addition, self-evaluation is unduly influenced by body shape and weight.
- **Other Specified Feeding or Eating Disorder (OSFED)** is characterized by symptoms characteristic of an eating disorder that cause significant distress or impairment in functioning but don't meet all of the diagnostic criteria for anorexia nervosa, binge eating disorder, bulimia nervosa, or another feeding or eating disorder.

Over a person's lifetime, an individual may struggle with different types of eating disorders. As an example, I battled Other Specified Feeding or Eating Disorder (OSFED), which eventually transformed into anorexia nervosa. I struggled with the anorexia nervosa subtype that includes binge eating and purging as well as the more commonly known behavior of food restriction. All in all, an eating disorder, regardless of the specific diagnosis and behaviors, is a serious illness that may severely impact one's quality of life and health.

HOW DO BDD SYMPTOMS AND ED SYMPTOMS OVERLAP?

Much like with ED, if you battle BDD, negative body image might control your life. You might perform checking

The Body as a Prison: Eating Disorders and Body Dysmorphic Disorder *(continued)*

behaviors, like excessive mirror gazing, or avoidance behaviors, such as not going out with friends. You may feel the need to constantly seek reassurance from friends and family with regard to your appearance. In addition to sharing these similarities, both BDD and ED are also associated with depression and low self-esteem. While these similarities can make BDD and ED difficult to tell apart, there are some key differences.

WHAT'S THE DIFFERENCE BETWEEN AN EATING DISORDER AND BDD?

What I didn't share as part of my story above is one of the key differences between the two diagnoses: I didn't eat that day. In order to be diagnosed with an ED, as indicated in the diagnostic criteria listed above, eating must be significantly impaired. A BDD diagnosis does not require a problem with eating; abnormal eating sometimes occurs as a symptom of BDD but is usually less severe and problematic than in an eating disorder.

In terms of body image difficulties, while BDD tends to be focused more on specific parts of the body (like nose or hairline) the preoccupation with the body in an ED is more generalized to shape and weight concerns. However, BDD can also involve larger body areas such as weight and body shape, which can sometimes make it difficult to distinguish them, as discussed below.

In my case, it was important to look at how body image concerns impacted my life. When I struggled with an eating disorder, I really didn't like my nose and I hated the blemishes on my chin. Because these concerns never caused severe anxiety, shame, or other significant emotional distress, and didn't impact my day-to-day functioning, I didn't meet diagnostic criteria for BDD. Instead, what prevented me from truly living my life were concerns about my shape and weight combined with extreme binge eating and fasting— all accompanied by intense shame, anxiety, and depression.

To sum it up, here are the two main questions to ask when distinguishing between BDD and eating disorders:

1) Is eating impaired?

To be diagnosed with an eating disorder, someone must have substantial difficulty with eating, like restricting food intake, binging, and/or purging that fulfills the definition of an eating disorder in the DSM-5. To receive a diagnosis of BDD, eating does not have to be impaired; if it is, it is not impaired enough to meet the definition of an eating disorder.

2) Where is the body image disturbance?

BDD usually focuses on perceived abnormalities of the skin, face, or head (e.g., "scarred and blotchy" skin, a "huge" nose, or perceived balding). Body image disturbance in an ED is more focused on general shape and weight concerns.

However, to complicate matters, BDD can also involve concerns with body weight, shape, and overall body size. Examples include a preoccupation with one's weight or the belief that one's thighs, arms, or stomach are too fat when this is not actually the case. People with such concerns should be evaluated for an eating disorder. If these concerns fulfill the DSM-5's definition of an eating disorder, that diagnosis takes precedence over a diagnosis of BDD. In other words, an eating disorder, rather than BDD, should be diagnosed.

Again, differentiating between BDD and an eating disorder isn't always clear-cut. If a person's appearance concerns do not qualify for a diagnosis of an eating disorder, yet they are preoccupied with being fat when they actually aren't, and eating behavior is not entirely normal, it can be challenging to determine whether an eating disorder or BDD is the more fitting diagnosis. In such cases, a clinician with expertise in these conditions can determine whether an eating disorder or BDD is the more accurate diagnosis.

CAN SOMEONE BE DIAGNOSED WITH BOTH AN ED AND BDD?

Some people do struggle with both BDD and an eating disorder. *Here's an example:*

A man is preoccupied with both a perceived defect of his nose, believing that it's "huge and crooked," as well as "feeling fat," and he fasts and exercises compulsively to try to lose weight. Both of these body image concerns cause severe distress and make it difficult to socialize with friends or attend class.

While most people with ED strongly dislike, or even hate their bodies, this alone would not qualify them for a BDD diagnosis. As with the example above, for someone with an eating disorder to also be diagnosed with BDD, they must also intensely struggle with one or more perceived appearance defects that do not qualify for an eating disorder diagnosis. The man in the example had an eating disorder as well as BDD surrounding his beliefs about his nose.

IS THERE A RELATIONSHIP BETWEEN BDD AND ED?

More research is needed to identify the exact relationship between BDD and ED. Based on the research that's been

THERAPY COMMUNITY

The Body as a Prison: Eating Disorders and Body Dysmorphic Disorder *(continued)*

done so far, they appear to be separate conditions that also have some overlapping features. One overlapping feature is that people with BDD and anorexia nervosa appear to actually see themselves differently than other people do: people with anorexia nervosa and those with BDD tend to over focus on tiny details when looking at faces, bodies, or other objects and to have difficulty seeing "the big picture."

It is worth mentioning that almost one third of individuals with BDD also struggle with an eating disorder at some point during their lifetime. Conversely, research suggests that the symptoms of BDD may appear in 25 percent of anorexia nervosa sufferers for at least six months prior to the eating disorder entering the picture. When BDD is present in addition to anorexia nervosa, the odds of needing psychiatric hospitalization and attempting suicide are markedly elevated compared to having anorexia nervosa without co-occurring BDD, so it is important to diagnose both conditions when they are present.

WHY DOES THIS MATTER?

Both BDD and eating disorders are complicated, real, and terrifying to those affected. A specific diagnosis cannot measure pain and suffering. Yet, a correct diagnosis points toward the most effective treatment options. Someone suffering with an eating disorder without BDD would follow a different treatment path than a person with an eating disorder plus BDD, or someone with BDD and no eating problems. An individual with an ED needs treatment that helps him or her overcome the disordered eating behavior and incorporates learning how to nourish one's body in a balanced way. Medication and other types of therapy are also often helpful for an eating disorder, although specific approaches differ somewhat for different types of eating disorders. BDD is treated with serotonin-reuptake inhibitor (SRI) medications specifically (other medications are sometimes used in addition to an SRI) as well as cognitive-behavioral therapy that is specific to BDD's unique symptoms.

RECOVERY HAPPENS

Above all, know that healing from both BDD and eating disorders is possible. With treatment, effort, and persistence, people do get better. I did. And, in my work as an advocate, I have connected with countless people who have healed from both BDD and eating disorders. Some had struggled with both. Surprisingly, thanks to the gift of recovery, many of us are now in a place where our attitude about our body is actually healthier than that of the average person! Like many things in life, our struggles made us stronger. If you (or

your loved one's) relationship with their body is a problem, know that treatment is available.

A body doesn't have to be a prison. Instead, our bodies can be precious vehicles for life. Don't quit until you find it. ○

*Jenni Schaefer is a bestselling author, popular speaker, and a National Recovery Advocate for Eating Recovery Center's Family Institute. Her books include *Life Without Ed*; *Goodbye Ed*, *Hello Me*; and *Almost Anorexic*. In partnership with Insight Behavioral Health Centers, Eating Recovery Center provides specialized treatment for eating disorders as well as related disorders, including BDD. To learn more, visit www.jennischaefer.com/seek-help.*

Katharine Phillips, MD, is internationally known for her pioneering research and clinical work in body dysmorphic disorder and related conditions. She has published more than 300 scientific papers, and she has authored or edited nine books on BDD and obsessive-compulsive and related disorders, including a 2017 edited volume on BDD (published by Oxford University Press). She provides evaluation and treatment for patients in her clinical practice in New York City at Weill Cornell Medical College, and she is a Professor of Psychiatry and Human Behavior at the Alpert Medical School of Brown University. Dr. Phillips is also a member of the IOCDF's Scientific and Clinical Advisory Board. To learn more visit www.KatharinePhillipsMD.com.

REFERENCES:

1. Grant, J. E., Lepink, E. W., & Redden, S. A. (2017). The relationship between body dysmorphic disorder and eating disorders. In Phillips, K.A., (Ed), *Body Dysmorphic Disorder: Advances in Research and Clinical Practice*. New York, NY: Oxford University Press.
2. Hartmann, A. S., Thomas, J. J., Greenberg, J. L., Matheny, M. L., & Wilhelm, S. (2014). A comparison of self-esteem and perfectionism in anorexia nervosa and body dysmorphic disorder. *The Journal of Nervous and Mental Disease*, 202(12), 883-888.
3. Li, W., Lai, T. M., Bohon, C., Loo, S. K., McCurdy, D., Strober, M., Bookheimer, S., & Feusner, J. (2015). Anorexia nervosa and body dysmorphic disorder are associated with abnormalities in processing visual information. *Psychological Medicine*, 45(10), 2111-2122.
4. Phillips, K. A. (2009). *Understanding Body Dysmorphic Disorder: An Essential Guide*. New York, NY: Oxford University Press.
5. Rabe-Jablonska Jolanta, J., & Sobow Tomasz, M. (2000). The links between body dysmorphic disorder and eating disorders. *European Psychiatry*, 15(5), 302-305.
6. Ruffolo, J. S., Phillips, K. A., Menard, W., Fay, C., & Weisberg, R. B. (2006). Comorbidity of body dysmorphic disorder and eating disorders: Severity of psychopathology and body image disturbance. *International Journal of Eating Disorders*, 39(1), 11-19.

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

**1650 Moon Lake Boulevard
Hoffman Estates, IL 60169
Phone: (847) 755-8566**

**Email: Patrick.McGrath@amitahealth.org
www.alexianbrothershealth.org/abbhh/ocd-anxiety**

The Center for Anxiety and OCD and the Foglia Family Foundation Residential Treatment Center are pleased to announce new business development liaisons for our programs. If you have questions for partial hospital programming or for intensive outpatient programming for OCD and Anxiety, please contact Jackie Rhew at (847) 668-2842 or email jackie.rhew@amitahealth.org. If you have questions about residential treatment for anxiety, OCD, and/or addictions, please contact Shannon Stowasser at (847) 372-0150 or email Shannon.Stowasser@amitahealth.org. Both Jackie and Shannon are dedicated to helping you navigate into our programs here at AMITA Health. We are also happy to announce that we have met an exciting milestone, admitting our 100th resident into our residential treatment program in October. We continue to be thankful to all of the OCD community for trusting us to be your provider of care.

THE ANXIETY TREATMENT CENTER (ATC) OF SACRAMENTO

**9300 Tech Center Drive, Suite 250
Sacramento, CA 95827**

Phone: (916) 366-0647, Ext. 4

**Email: drrobin@atcsac.net
www.AnxietyTreatmentExperts.com**

As a staff, we had a very active year at the ATC, from reaching out to the community in multiple venues and presentations across the country, to a wide range of individuals seeking education and training for those struggling with anxiety disorders. These include: the Anxiety and Depression Rounds Symposium at the 2017 ADAA

Annual Conference; training for psychiatrists, psychologists, and other mental health professionals at UC Davis Medical Center Grand Rounds; the 24th Annual OCD Conference in San Francisco; Anxiety Disorders: The Basics of Treatment and How to Access Help for The San Juan Unified School District; The Essentials of Treating Hoarding Disorder: Developing a Toolbox to Set Your Clients Up for Success for The 2017 Annual Sacramento Valley Psychological Association; Differentiating Anxiety Disorders and The Application of Effective Strategies that work! for 4th Annual Butte County Mental Health Symposium; and Zap Your Worries with Dr. Zasio, which was presented to over 300 college students at University of the Pacific.

The ATC is also very excited to welcome Mallory Eastman, MFTI, who joins our staff with experience and enthusiasm, to help those struggling with anxiety disorders. Her training in working with personality disorders, complicated cases, and children and adults alike, will bring our patients who are seeking specialized treatment, the continued breadth of well-rounded knowledge they are looking for.

BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON (BTC)

**11227 Lockwood Drive
Silver Springs, MD 20901**

Phone: (301) 593-4040

**Email: info@behaviortherapycenter.com
www.behaviortherapycenter.com**

The Behavior Therapy Center (BTC) of Greater Washington, known as the Mid-Atlantic center for treatment of OCD and related conditions, has some exciting updates! BTC participated in the OCD Capital Walk this past October — it was great to meet so many wonderful and dedicated people and to join them in raising OCD awareness! Also this past October, BTC's director, Charles Mansueto and senior staff clinician Ruth Golomb, along with Fred Penzel, provided a three-day advanced clinical training at the Professional Training Institute (PTI) for body-focused repetitive behaviors (BFRBs; trichotillomania and dermatillomania) in Chantilly, VA. While clinicians received their training, our clinicians Sherrie Vavrichek, Noah Weintraub and David Yood participated in the DC-area workshop on BFRBs for sufferers and their families.

Also, in BFRB news: After developing a manual for Charles Mansueto's Comprehensive Behavioral (ComB) approach for treatment of BFRBs, another research study has been funded

Institutional Member Updates *(continued)*

to determine the efficacy of ComB. BTC will be collaborating with American University on this study. Lastly, BTC's professionally-assisted GOAL OCD support group continues to run strong after over 12 years. If interested, please contact Noah Weintraub at (301) 593-4040, Ext. 239.

BEHAVIORAL WELLNESS CLINIC (PREVIOUSLY LOUISVILLE OCD CLINIC)

**6-D Ledgebrook Drive
Mansfield Center, CT 06250
Phone: (860) 830-7838
Email: jasmine.fairfax@bewellproviders.com
www.bewellct.com**

The Louisville OCD Clinic has relocated to Mansfield, Connecticut, along with our clinical director, Dr. Monnica Williams. We now go by our parent name, the Behavioral Wellness Clinic, where we work with primarily OCD and related disorders.

We are excited to announce the addition of two licensed therapists to our practice. The first is Carole Olderman, MSW. She uses exposure and response prevention (ERP) to treat OCD to individuals of all ages. She also treats Hoarding Disorder with a twice-weekly behavior-based program. Carole's ultimate goal is to give individuals the tools they need to become free of the issues that are compromising their enjoyment of life.

The second therapist new to our practice is Sally Nguyen, MSW who is a licensed clinical social worker. She has the opportunity to work with culturally diverse patients, the knowledge to assist with the conservatorship process, and the ability to coordinate the most appropriate level of care for her patients. In addition, she assists patients and families with end of life issues, grief, depression, adjusting to new illness, and spiritual or emotional crisis concerns.

Carole and Sally are both available to conduct Intensive Outpatient Programs for OCD, in collaboration with Dr. Monnica Williams.

BIO-BEHAVIORAL INSTITUTE

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

The Bio-Behavioral Institute will be offering short-term intensive programs for college students who would like to use their winter or summer break to address recent setbacks in their symptoms or make faster treatment gains in a short amount of time. This program is open to those with OCD-related, anxiety, or depressive disorders and session frequency and duration is based on individual needs. Our staff can help

students transition to the upcoming semester, coordinate with student services at their schools, and offer ongoing treatment during the semester to maintain treatment gains.

We are excited to announce that Dr. Cathy Budman recently joined our team as a consulting psychiatrist and director of educational outreach. She has extensive expertise in the research and treatment of Tourette syndrome and related disorders, including OCD, ADHD, and anxiety. She offers a full range of specialized services including neuropsychiatric consultations, initial and second opinions, as well as ongoing medication management to youth and adults.

CENTER FOR OCD & ANXIETY-RELATED DISORDERS (COARD)

**Saint Louis Behavioral Medicine Institute
1129 Macklind Avenue
St. Louis, MO 63110
Phone: (314) 534-0200, Ext. 407
Email: sue.mertens@uhs.com
www.slbmi.com**

Staff News: We are very pleased to announce a new addition to our psychiatric team, Marc Gunderson, MD. Dr. Gunderson came to COARD from the Medical College of Wisconsin and has a special interest in the integration of pharmacological and behavioral interventions. We are also pleased to announce that Ryan Wilderman, MA, LPC, an outstanding clinician from our outpatient clinic, has joined the clinical team in our intensive program as a primary therapist. His duties include following patients receiving intensive outpatient and partial hospital levels of care.

OCD Awareness Week: COARD was pleased to participate in this important effort to educate the public about OCD and related disorders. The event was featured on our Facebook page and clinicians were available for interviews with the media. In addition, COARD was a co-sponsor of the 3rd Annual St. Louis OCD Mini-Conference on October 21, 2017 at which COARD director, Dr. Alec Pollard, spoke.

Facility Upgrade: Construction and other improvements in the Intermediate Care Program, our IOP and Partial Hospital levels of care, have been completed. Improvements include a new group room, a larger staff room, computer upgrades, user-friendly signage, and more space in general.

Institutional Member Updates *(continued)*

CENTER FOR OCD AND RELATED DISORDERS AT COLUMBIA UNIVERSITY MEDICAL CENTER

Columbia University/NYSPI
1051 Riverside Drive, Unit #69
New York, NY 10032
Phone: (646) 774-8138
Email: Rachel.Middleton@nyspi.columbia.edu
www.columbiapsychiatry.org/ocd

Our research program is dedicated to improving the lives of people with obsessive-compulsive disorder (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 examine to study what causes OCD. Recently, we have expanded these efforts to a global stage. Our director, Dr. Blair Simpson recently traveled to several countries to meet with our collaborators for a new study seeking to identify reproducible brain signature of OCD.

Studies: We are continuing to recruit individuals with OCD for those who are interested in treatment and those who would like to contribute to research. For more information on all of our current studies, see page 28 of this newsletter, call Marissa at (646) 774-8062, or visit us at columbiapsychiatry.org/ocd.

CENTER FOR PSYCHOLOGICAL AND 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 our OCD Boot Camp, we are again offering an 8-week Introduction to OCD group. This group is 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. We hope that you'll be a part of it. Adult and child groups are currently forming. If you're interested in receiving information, visit our sign-up sheet at recoverfromocd.com.

We will also continue to offer free support groups for OCD. Our next adult groups will be held on January 9, February

13, and March 13, 2018, at 7pm in our office. As always, these groups provide ample opportunities to connect with other individuals with OCD in a supportive, healthy setting. Our support groups for children and teens will continue to meet regularly throughout 2018, but these dates are still being determined. See our events calendar for more details. Happy Holidays! We hope to see you in 2018!

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

The Center for the Treatment and Study of Anxiety (CTSA) continues to work on increasing access to effective, empirically-supported treatment for OCD. 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 one of the few specialty clinics in the area offering an intensive program of exposure and response prevention. This program gives patients the opportunity to meet with an expert therapist for daily sessions over the course of 3 to 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 about the intensive program and our other treatment services.

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 recently consulted on *Angst*, a documentary about children and adolescents with anxiety, designed to raise awareness and get people talking about anxiety disorders and treatment. The documentary, which is being screened in schools and community centers across the

THErapy COMMUNITY

Institutional Member Updates *(continued)*

country, features Jerry Bublick, PhD, senior director of the Anxiety Disorders Center, and director of the OCD Service at the Child Mind Institute, as well as prominent figures such as Michael Phelps. If you're interested in hosting a screening of the film in your school or community, visit angstmovie.com.

We are also pleased to report that we've seen great success with our Intensive OCD Program. We offer one and four week intensive programs that feature 3 hours per day of one on one exposure and response prevention therapy, distress tolerance skills and cognitive therapy. We have seen over 30 patients with OCD. One young man who completed our four-week program began treatment with symptoms so severe that he was unable to attend school and faced possible hospitalization. Upon completion of the program he was not only able to return to school but also achieved his goal of attending a sleepaway camp this summer.

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**

As part of the OCD Awareness Week, we did have our first scavenger hunt in Walnut Creek, CA! Here is the highlight: it was a treat to see kids running, having fun, and practicing exposures all over the courtyard. This is what we learned: running shoes are a MUST! And we're already thinking about another scavenger hunt for the holidays in December!

KANSAS CITY CENTER FOR ANXIETY TREATMENT

**10555 Marty Street, Suite 100
Overland Park, KS 66212
Phone: (913) 649-8823
Email: info@kcanxiety.com
www.kcanxiety.com**

KCCAT proudly hosted the festivities for OCD Kansas' 2017 OCD Awareness Week, including a community open house and a screening and Q&A for *Unstuck: An OCD Kids Movie*. KCCAT clinicians and trainees have continued to stay busy throughout the fall, including starting up a new "Homework Club" offering individualized after-school coaching for kids and teens with anxiety or executive functioning challenges. We also have some big news from our research program! KCCAT director Katie Kriegshauser PhD and founding

director, Lisa Hale PhD were recipients of another NIMH SBIR grant with Virtually Better, Inc. for continued development and testing of a family-focused CBT skills app targeting children with emerging anxiety and mood difficulties. We are very excited to be able to work on this project with some of our regional health partners at Children's Mercy and Family Service and Guidance Center, and to welcome Chris Sexton, PhD, MSW to the KCCAT team as study coordinator. Chris will also serve on staff as a clinical trainee while she works towards her Kansas LSCSW license. Look for more updates as we get this fun app up and rolling!

MCLEAN HOSPITAL

**OCD Institute, 115 Mill Street
Belmont, MA 02478
Phone: (617) 855-2776
Email: ocdiadmissions@partners.org
www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute**

The OCD Institute at McLean is pleased to announce that we will be increasing our capacity for Partial Hospital clients beginning in January of 2018. Due to continued high demand for both residential and partial hospital services, we are happy to be able to make this change. As always, please contact our admissions office for information about program admissions at ocdiadmissions@partners.org or (617) 855-2776. The OCDI accepts a variety of insurance plans, as well as Medicare and Massachusetts Medicaid and both our adult and child/adolescent programs.

MOUNTAIN VALLEY TREATMENT CENTER

**2274 Mt. Moosilauke Highway
Pike, NH 03765
Phone: (603) 989-3500
Email: clovejoy@mountainvalleytreatment.org
www.mountainvalleytreatment.org**

Mountain Valley Treatment Center Receives Extensive Coverage from New York Times Magazine & Other Media Outlets. Mountain Valley Treatment Center was featured in the cover article in the October 15, 2017 edition of The New York Times Magazine. The article, "Why Are More American Teenagers Than Ever Suffering From Severe Anxiety?", was almost a year in the writing, and we thank the author, Benoit Denizet-Lewis, for capturing the essence of Mountain Valley, and the photographer, Sasha Rudensky, for the powerful images that accompanied the piece. To access the article,

Institutional Member Updates *(continued)*

visit: www.nytimes.com/2017/10/11/magazine/why-are-more-american-teenagers-than-ever-suffering-from-severe-anxiety.html. By the end of the week, more than 400 readers of the article had responded to the NYT's request to share their own stories of adolescent anxiety, prompting another NYT article entitled "Coping With Teenage Anxiety: Readers Share Their Stories" on October 23, 2017. Soon after the publication of the article, Michael Smerconish, host of The Michael Smerconish Program on SiriusXM's POTUS Channel (124), interviewed Mr. Denizet-Lewis. Later that same day, Mr. Denizet-Lewis was interviewed on NPR's On Point with Tom Ashbrook. Benoit once again talked about the work Mountain Valley does treating adolescents and emerging adults with anxiety and OCD. Joining Benoit on the podcast was another friend of MVTC, Lynn Lyons, author of *Anxious Kids*, *Anxious Parents*.

MOUNT SINAI TICS, OCD, AND RELATED DISORDERS PROGRAM

1425 Madison Avenue
Department of Psychiatry, 4th floor
New York, NY 10029
Phone: (212) 659-8823
Email: ticsOCD@mssm.edu
www.mounsinaiocd.org

The Mount Sinai program continues to offer comprehensive diagnostic evaluations and empirically-supported treatment to children, teens and adults affected by tics, OCD and related disorders. As part of Dr. Dorothy Grice's trans-diagnostic genetic research project, we continue to recruit participants with diagnoses of tic, OCD, and related disorders. We are additionally pleased to welcome two new post-doctoral fellows to our program, Drs. Sara Sweetbaum and Behrang Mahjani.

Dr. Sara Sweetbaum completed her PsyD in combined Clinical-School Psychology. As her doctoral thesis, she studied the role of symptom domain in recognition of OCD. She has significant training and clinical experience treating child psychiatric disorders through cognitive-behavioral interventions, and has specific experience treating OCD, tic, anxiety and related disorders. We are excited to have Dr. Sweetbaum join our clinical team.

Joining our research team, Dr. Behrang Mahjani comes from the Karolinska Institutet in Sweden. Dr. Mahjani joins our genomics research team in investigating the risk architecture of OCD, including the role of maternal effects in the etiology

of OCD. He brings his expertise in solving large-scale problems through statistical and computational methods. This work will lead to enhanced diagnosis and treatment of OCD.

NEUROBEHAVIORAL INSTITUTE

2233 North Commerce Parkway, Suite 3
Weston, FL 33326
Phone: (954) 217-1757
Email: info@nbweston.com
www.NBIWeston.com

Located in beautiful sunny South Florida, the Neurobehavioral Institute (NBI) has recently opened a leading edge supportive-living community for sufferers of OCD and anxiety-related conditions. NBI Ranch is an adult (18 and over) environment located in the residential horse-country town of Southwest Ranches, FL. Patients of NBI's intensive program (ITP) live at NBI Ranch, fully supported by well trained, around the clock residential counselors, while receiving daily treatment at NBI's main offices just a short drive away. The Ranch provides an extraordinary opportunity to work on real-life skills and tools in a caring home-like milieu in addition to formal treatment. Together, NBI and NBI Ranch work in synergy creating optimal settings for change and making the transition back to life more seamless. The Ranch offers many options and advantages that once-a-week in office visits or outpatient alone can't provide. It incorporates many opportunities for residents to benefit from nature based outdoor activities and naturalistic exposures. Additionally, we have created a new office space for our intensive treatment program (ITP) that is specifically tailored for the residents. For more information, visit www.nbweston.com/services/residential-programs/nbi-ranch.

NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital
75-59 263rd Street
Glen Oaks, NY 11004
Phone: (718) 470-8052
Email: apinto1@northwell.edu
www.northwell.edu/ocdcenter

The Northwell Health OCD Center offers evidence-based, comprehensive treatment for OCD and related disorders, including BDD and OCPD and is one of the only specialized OCD facilities in the NY metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group therapy,

THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

as well as medication management. We recently added a full-time licensed psychologist, Aaron Tropper, PhD, to our team. Dr. Tropper brings substantial experience in cognitive behavioral therapies, particularly in the treatment of OCD and related disorders. He previously trained at the OCD Center for three years under Dr. Anthony Pinto. Dr. Tropper's addition has created an opportunity to both accommodate more patients and expand the range of services offered by the Center. We are also pleased to introduce Elliot Kaminetzky, PhD, as our new postdoctoral fellow. Dr. Kaminetzky brings a wealth of interest and experience in the areas of cognitive behavioral therapy and OCD/related disorders. Welcome to Drs. Tropper and Kaminetzky! Please call for more information about our Center and to schedule a confidential screening.

NW ANXIETY INSTITUTE (NWA I)

32 NE 11th Avenue
Portland, OR 97232
Phone: (503) 542-7635
Email: info@nwanxiety.com
www.nwanxiety.com

NW Anxiety Institute (NWA I) in Portland, OR has enjoyed a busy year, embarking on new beginnings and fulfilling goals of greater education and involvement of our local community. In early July, NWA I relocated, opening our doors as a clinic nestled in a beautifully renovated 1906 Portland craftsman home. The move has allowed NWA I to expand the IOP programming (adult & teen track) and group offerings in addition to on-going individual therapy outpatient clinic services.

In the spirit of OCD Awareness Week, NWA I made a commitment to educate fellow healthcare providers in the community on the gold standard treatment of OCD by hosting an evening film screening and post-show discussion. We extend our gratitude to the brave stars in *Unstuck: An OCD Kids Movie* for providing us with the perfect medium to accomplish this goal. We filled the movie theatre room with various disciplines represented, such as mental health counselors, psychologists, nurses, healthcare administrators, and primary care physicians.

Perhaps coincidentally, the NYTimes Magazine published an article on Teens & Anxiety just following OCD Awareness Week. The enlightening article featured statements by NWA I clinical director, Kevin Ashworth, speaking on the complexities of providing support as a parent while being

aware of the effects of accommodating anxiety-driven behaviors. What an exciting opportunity we were offered to contribute, along with other professionals practicing ERP, in this effort of providing a greater understanding of effective anxiety treatment to a larger audience.

OCD & ANXIETY PROGRAM OF SOUTHERN CALIFORNIA

2656 29th Street, Suite 208
Santa Monica, CA 90405
Phone: (310) 488-5850
Email: info@socalocd.org
www.socalocdprogram.org

The OCD & Anxiety Program of Southern California is delighted to welcome our new postdoctoral fellow, Ally Sequeira, PhD, to our team. She is a licensed psychological assistant in California (#PSB94023539) and joins our team as a behavior therapist. Ally received her PhD in Counseling Psychology from Texas A&M University and completed her pre-doctoral internship at Cherokee Health Systems in Knoxville, TN, where she specialized in treating individuals with anxiety disorders and depression using evidence-based treatments in a primary and specialty medical care setting. Ally is fluent in Spanish and provides treatment in both English and Spanish. In addition to seeing outpatients and intensive outpatients at the program, Ally is excited to participate in developing the residential program, planned to open in the Summer of 2018. Welcome aboard, Dr. Sequeira!

THE OCD & 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 is thrilled to announce that the Intensive Outpatient Program (IOP) for youth between the ages of 9–17 has started a second session with 6 additional youth that runs Monday through Thursday from 8:30–11:30am. We now have 12 youth in our program. Leah Jaramillo, LMFT has been running the program for the last year and a half and has a real gift with children and teens. It has been an exciting road getting us to this point. We are currently building out an additional space in our office to accommodate our growth. If all goes well, we anticipate adding the next section of building to our facility by the beginning of December, 2017. We look forward to our

Institutional Member Updates *(continued)*

next additions to our programs, so we can better serve those suffering with anxiety.

The OCD and Anxiety Treatment Center located in 15 minutes from downtown SLC. We continue to stay on top of the most up-to-date research in the treatment of OCD spectrum disorders as well as most other anxiety issues. Our therapists are well trained, compassionate and caring, which significantly adds to overall treatment success.

PALO ALTO THERAPY

**407 Sherman Avenue,
Suite C
Palo Alto, CA 94306**

Phone: (650) 461-9026

Email: info@paloaltotherapy.com

www.paloaltotherapy.com/ocd

The holidays are upon us and at Palo Alto Therapy we have lots to celebrate. Our therapist, Anni Kelley-Day, LPCC, has earned her Cognitive Therapy Certification from the famous Academy of Cognitive Therapy. All of our therapists specialize in Cognitive Behavioral Therapy and have many years of experience in the field of behavioral health helping children and adults overcome anxiety, depression, OCD, and other stress related problems.

Palo Alto Therapy continues to expand and is pleased to welcome both Jenny Estes, LCSW (San Jose) and Rory Cohen, LMFT (Palo Alto) to our practice. We are excited to have both therapists here at Palo Alto Therapy with their unique specialties and training.

Our 8-week Anxiety to Wellness Class will be offered in January and we are open for enrollment. This cognitive behavioral therapy class consists of teaching and practicing anxiety-reducing techniques and group support. It will be offered to teens and adults. Our ongoing Teens to Teens Support Group is also accepting new members. The group will meet every Tuesday from 4:00–6:00pm throughout the school year in our San Jose location.

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

**940 Saratoga Avenue
Suite 104
San Jose, CA 95129**

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

**Division of Strategic Cognitive Behavioral Institute, Inc.
1849 Sawtelle Boulevard, Suite 710**

Los Angeles, CA 90025

Phone: (310) 268-1888

Email: NoahLaracy@renewedfreedomcenter.com

www.RenewedFreedomCenter.com

Renewed Freedom Center is happy to announce a slate of new groups launching in 2018 that will coincide with their new expanded office space.

Social Anxiety Dating Workshop: Forget about futile New Year's resolutions and take real action this year toward overcoming your dating anxiety. The group will be half skills building and role-plays, and half in vivo exposures, and will have you in shape for love by Valentine's Day.

Day: Thursdays, starting January 4th, 2018

Time: 6-8:00pm

Duration: 6 Sessions

Participant: 6-8

Age Group: 19-32

Anxiety Support Group: Join others in the community as we support each other, share stories, and learn practical skills to overcome fear and anxiety. Best of all, it's free!

Day: Wednesdays, starting January 14th, 2018

Time: 7:00-8:30pm

Duration: On-going

Age Group: 18 & up

Teen Assertiveness Workshop: Teens will learn various communication styles, how to say "no" politely, how to ask for help, and much more. This is a fun and engaging experience that uses role-plays and exercises to help your teen become more confident and resilient.

Starts: 2nd Quarter of 2018

Duration: 6 Sessions

Age Group: 13-17

ROGERS BEHAVIORAL HEALTH

34700 Valley Road

Oconomowoc, WI 53066

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

Email: r Ramsay@rogersbh.org

www.rogersbh.org

Rogers Behavioral Health is opening a San Francisco location in early 2018 that will provide day treatment options for

THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

children, teens and adults with OCD. Rogers–San Francisco East Bay will be located at 420 N. Wiget Ln in Walnut Creek and is the first Rogers location on the west coast.

Can a mobile app help with OCD? Rogers is also conducting an OCD clinical research study to determine the effectiveness of delivering treatment through a mobile app. The current phase of research using participants in southeast Wisconsin is expected to be completed this spring.

In honor of OCD Awareness Week, Rogers hosted several events throughout the US. Rogers held three screenings for *Unstuck: A Kid's OCD Movie* that included Q&A panels with OCD experts and people with OCD. In Nashville, the film's producer skyped into the event along with his two daughters who are subjects in the film.

Themed days were also held at various Rogers campuses, such as wearing mismatched socks, and Rogers–Chicago setup a display station to promote awareness. Three OCD experts from Rogers — Bradley Riemann, PhD, David Jacobi, PhD, and Nicholas Farrell, PhD — answered community questions at the OCD Wisconsin Ask the Experts event.

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, in collaboration with the IOCDF Affiliate, OCD SF Bay Area, and the Department of Psychiatry and Behavioral Sciences of Stanford University, organized a free community event during the OCD Awareness Week entitled, "OCD Update: Current and Next-Generation Treatments." The event took place at the Li Ka Shing Learning and Knowledge Center of Stanford University on Saturday October 14, 2017 with Dr. Lorrin Koran as the keynote speaker. Faculty and instructors from Stanford University spoke on current standard of care, novel treatments, and research advances for OCD in children, adolescents, and adults. Afterward, an interactive question and answer session gave a chance for panelists and attendees to discuss ways to advance OCD treatments and research. A highlight of the event were awards presented to Dr. Koran in grateful recognition of his

outstanding contributions to OCD research and to Mr. Peter and Mrs. Mary Weinstein for their enduring commitment to the OCD community.

STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

A-2 Brier Hill Ct.

East Brunswick, NJ 08816

195 Columbia Turnpike, Suite 120

Florham Park, NJ 07932

Phone: (732) 390-6694

Email: sas@stressandanxiety.com

www.StressAndAnxiety.com

Stress & Anxiety Services of New Jersey continues to provide educational presentations on the topic of OCD and offers supervision on the treatment of the disorder. Dr. Charity Wilkinson-Truong recently received the Outstanding Clinic Supervisor award from the Rutgers University Graduate School of Applied and Professional Psychology. This award was given for her work with clinical psychology, doctoral candidates. She provides supervision and training in the use of exposure and response prevention therapy for OCD and Cognitive Processing Therapy for PTSD. Dr. Wilkinson-Truong also presented on the treatment of OCD for the National Association of Mental Illness chapter in Sussex County, New Jersey on November 13th. Both Doctors Cindy Haines and Rob Zambrano have likewise continued their roles as Field Clinical Supervisors for the Graduate School of Applied and Professional Psychology.

WESTWOOD INSTITUTE FOR ANXIETY DISORDERS (WIAD)

921 Westwood Boulevard, Suite 223

Los Angeles, CA 90024

Phone: (310) 443-0031

Email: thewestwoodinstitute@gmail.com

www.hope4OCD.com

The Westwood Institute for Anxiety Disorders is introducing a new program to help treat sexual aggression and addiction. A multidisciplinary team of experts, including a psychiatrist, psychologist and endocrinologist collaborate to address distressing symptoms of hyper impulsivity, addiction and aggression. Testing protocols and evidence-backed treatment methodology are utilized to ensure progress and to provide successful treatment. ○

Sexual Dysfunction and Anti-OCD Medications

by Baris Olten, MD and Michael H. Bloch, MD, MS
Yale Child Study Center and Department of Psychiatry



Sexual dysfunction (e.g., decreased desire, decreased arousal, and difficulty with orgasm) is a frequent and under-reported side effect of medications which are commonly used to treat obsessive compulsive disorder (OCD). In fact, sexual dysfunction is also the most common reason for medication discontinuation in adult patients with OCD, depression, or anxiety disorders.

However, sexual dysfunction is also a common symptom of depressive disorders and anxiety disorders that commonly co-occur in OCD patients, as well as of other medical (e.g., diabetes) and lifestyle factors (e.g., excessive alcohol use). As such, we recommend patients talk with their prescriber about their sexually-related symptoms before simply discontinuing their OCD medications. This is for several reasons, including the fact that the symptoms are reversible (if caused by the OCD medications, they go away when you stop them), and that there are treatment options available to reduce sexual dysfunction if staying on medication is necessary.

SEXUAL DYSFUNCTION CAN BE A SIDE EFFECT OF OCD MEDICATIONS

Sexual dysfunction can involve any phase of sexual functioning including sexual desire (libido), arousal, and orgasm. Medications used to treat OCD, such as selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), and serotonin norepinephrine reuptake inhibitors (SNRIs), can potentially affect any of the phases of sexual functioning in both men and women. While some sexual

Types of Medication & Side Effects

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) THAT HAVE BEEN SHOWN TO BE EFFECTIVE IN TREATING OCD, BUT MAY ALSO CAUSE SEXUAL DYSFUNCTION INCLUDE:

Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, and Sertraline

TRICYCLIC ANTIDEPRESSANT (TCA) THAT HAS BEEN SHOWN TO BE EFFECTIVE IN TREATING OCD, BUT MAY ALSO CAUSE SEXUAL DYSFUNCTION INCLUDE:

Clomipramine

SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) THAT HAVE BEEN SHOWN TO BE EFFECTIVE IN TREATING OCD, BUT MAY ALSO CAUSE SEXUAL DYSFUNCTION INCLUDE:

Venlafaxine, Desvenlafaxine, and Duloxetine

ATYPICAL ANTIDEPRESSANTS THAT HAVE BEEN EFFECTIVE IN TREATING DEPRESSION AND DO NOT CAUSE SEXUAL DYSFUNCTION, BUT ARE NOT EFFECTIVE IN TREATING OCD INCLUDE:

bupropion, trazadone, nefazodone, and mirtazapine

RESEARCH NEWS

Sexual Dysfunction and Anti-OCD Medications *(continued)*

side-effects of SRI medications, such as erectile dysfunction and delayed ejaculation, only affect men, sexual side-effects of SRI medications appear equally common, distressing, and treatable in women. Reduced libido (sexual desire) and anorgasmia (inability to experience orgasm) are common sexual side-effects that affect both men and women.

The challenge is that the increase in serotonin caused by SSRI and SNRI medications, which is believed to cause the sexual dysfunction, is also what is believed to help improve OCD symptoms. Unfortunately, non-SRI anti-depressant medications that do not negatively impact sexual functioning are at the same time not particularly effective in treating OCD. As a result many patients (and prescribers) find themselves in a dilemma.

DETERMINING (AND THEN TREATING) THE CAUSE OF THE SEXUAL DYSFUNCTION

Many individuals jump to the conclusion that the sexual dysfunction they are experiencing is due to the OCD medication, but it is important that these individuals, along with their prescriber, consider all factors that may be contributing to these symptoms. As such, it is important to take a thorough medical, psychiatric, and sexual history. Here are some key points to be kept in mind:

1. Sexual dysfunction is not only a side-effect of SRI treatment, it can be a symptom of OCD, depression, and/or anxiety. Therefore, before starting a medication for OCD, a prescriber should:

- Discuss the risk of sexual dysfunction associated with the medication,
- Assess the baseline level of sexual functioning to ensure what level (if any) of sexual dysfunction is being experienced prior to starting a medication,
- Inquire about sexual functioning regularly in the first couple months after starting SRI medications. Keep in mind that patients are unlikely to spontaneously report problems, as many individuals are embarrassed to discuss sexual functioning, and
- Discuss the possibility of accessing an OCD therapist to consider exposure and response prevention (ERP) therapy.

Regular use of rating scales that assess sexual functioning (e.g. the Arizona Sexual Experience Scale (ASEX) may be used to report and assess a patient's symptoms. (To access the ASEX, visit www.mirecc.va.gov/visn22/Arizona_Sexual_Experiences_Scale.pdf). Again, when assessing sexual dysfunction, it is important to distinguish symptoms which started after taking SRI medication from those which existed prior to taking medication (i.e., verify that the worsening of sexual dysfunction is associated with starting or increasing the dose of the medication).

2. Many other medical conditions and lifestyle choices may

also be contributing to sexual dysfunction, including:

- Several common chronic medical illnesses such as diabetes, cardiovascular disease, obesity, stroke, menopause, or low testosterone,
- Smoking, alcohol and opiate use, and/or
- Commonly utilized medications, including those used to treat hypertension, sleep, allergies, heartburn, high cholesterol, pain, etc.

Treating these health conditions and minimizing substances (whether recreational or prescribed) associated with sexual dysfunction may often be the best option for treating sexual dysfunction, while also allowing to continue the use of the SRIs.

WHAT TO CONSIDER IF THE SEXUAL DYSFUNCTION IS ATTRIBUTED TO OCD MEDICATION

If it becomes clear that the sexual dysfunction is SRI-induced, it is critical to have a frank discussion with the patient regarding their views on the importance of reducing the sexual dysfunction versus improvement in OCD symptoms.

- 1. OCD patients experiencing sexual dysfunction as a result of SRI medications should be encouraged to discuss the sexual dysfunction with their partner.** Sexual dysfunction is a side effect not only experienced by the patient but their partner. Additionally, sexual dysfunction is often not discussed in relationships. However, encouraging an open discussion between both parties may allow the partner to serve as a valuable source of support for the both the patient and prescriber as they work to reduce/resolve the symptoms. In our clinical experience, the patient is typically much more distressed by their sexual dysfunction than their partner (e.g., a man might be distressed by a delayed orgasm, but his partner is not). Creating a dialogue and having partner support can greatly improve patient adherence to OCD medication and increase their willingness to try other strategies that may reduce symptoms.
- 2. Treatments exist for Sexual Dysfunction Associated with SRI medications.** It is critical that patients and their prescribers discuss the sexual side effects associated with SRI medications. There are several evidenced-based strategies that can improve sexual dysfunction associated with SRI medications. These treatments are discussed in more detail below.
- 3. Sexual dysfunction associated with SRI medications is not permanent and is reversible.** If the patient stops the SRI medications, the increase in sexual dysfunction typically goes away on its own.

TREATMENT STRATEGIES FOR SRI-INDUCED SEXUAL DYSFUNCTION

First, it is important to keep in mind that the sexual side-effects of SRI medications occur early, while the benefits

Sexual Dysfunction and Anti-OCD Medications *(continued)*

(i.e., **OCD symptom reduction**) occur later. Sexual side-effects associated with SRI medications typically occur soon after starting medications or increasing the dose. By contrast, it typically takes 2-3 months to experience the full benefits of SRI medications in reducing OCD symptoms (or, depression/anxiety symptoms). If the sexual dysfunction does not lead to significant and immediate problems, generally it is best to wait until 2-3 months after starting the SRI medication to make an informed decision regarding the trade-off between reduce sexual functioning and improved OCD symptoms.

It is also important to note that sexual dysfunction is typically worst immediately after starting or increasing the dose of an SRI medication. Therefore, generally waiting a couple weeks for a patient to adjust to the medication is reasonable. However, there is minimal evidence that "watchful waiting" beyond the first two weeks after medication initiation is likely to lead to further improvement in sexual dysfunction. In a patient with severe sexual dysfunction who is requesting to discontinue the medication after two weeks of treatment, we generally advise honoring this request as it is unlikely sexual functioning will improve on the medication.

Unfortunately, switching to another SRI medication is very likely to cause similar sexual side-effects. A prescriber may instead recommend reducing the dosage of the medication within (but not below) the FDA recommended therapeutic range. Prescribers may also consider adding low-doses of non-serotonergic antidepressants (e.g. bupropion) to an SRI medication to improve co-morbid depression and anxiety symptoms, but there is little evidence that this is effective for reducing sexual dysfunction (unless a lower dose of an SSRI can be achieved) or reducing primary OCD symptoms.

Phosphodiesterase inhibitors (e.g. Viagra and Cialis) have also been demonstrated to reduce SRI-induced sexual dysfunction in both men and women, and should be considered a treatment option in patients who are unable to stop or reduce SRI medications for OCD.

Finally, some clinicians use "drug holidays", instructing the patient not to take their SRI medication a day or two before planned sexual activity, as another treatment option for sexual dysfunction. This treatment approach has not been evaluated in clinical trials but is most likely to be effective when utilizing antidepressants with short half-lives (e.g. paroxetine, fluvoxamine, venlafaxine). However, there is a significant risk of worsening OCD symptoms if this strategy is used too often, or of inducing withdrawal symptoms if the medication is not taken for too long. Due to these risks, we only advocate utilizing this strategy as a last resort.

“ The bottom line is that sexual dysfunction is a common, reversible, and often treatable side-effect of the SRI medications used to treat OCD ”

KEY TAKEAWAYS

The bottom line is that sexual dysfunction is a common, reversible, and often treatable side-effect of the SRI medications used to treat OCD. Patients and their prescribers should discuss sexual functioning before and throughout SRI treatment. Remember that assessment of sexual functioning might be best achieved through rating scales. In many cases, waiting for individuals to spontaneously report problems can be problematic, as many individuals are embarrassed to discuss sexual functioning.

TREATMENT STRATEGIES TO KEEP IN MIND:

1. Sexual dysfunction may not be due to the medication! Make sure that you assessed for sexual dysfunction before prescribing medication and treat other conditions known to affect sexual functioning.
2. Discuss the option of non-pharmacologic treatment, including exposure and response prevention (ERP) therapy.
3. Related to the above, switch to non-serotonergic antidepressants (e.g. atypical antidepressants) if an individual is experiencing significant depression (which can affect sexual functioning), keeping in mind that this will treat the depression but not OCD symptoms.
4. Consider using the minimal effective dose of SRI medications to treat the OCD symptoms but minimize the impact on sexual functioning.
5. Use additional medications such as phosphodiesterase inhibitors (e.g. Viagra, Cialis).
6. Encouraging conversations between the patient and their partner about sexual functioning.

Further research is needed to help identify additional pharmacological treatments for OCD that do not primarily act through serotonin reuptake inhibition. This would help both to give patients and their prescribers a treatment option for OCD not associated with sexual dysfunction, as well as to help patients whose OCD do not respond to SRI medications. ○

Baris Olten, MD is a Visiting Research Scientist and Research Fellow at Yale University. Michael H Bloch, MD, MS is the chief resident at the Clinical Neuroscience Research Unit in the Yale Department of Psychiatry and the associate training director of the Child Study Center's innovative psychiatry residency program.

RESEARCH NEWS

Research Participants Sought

The IOCDF is not affiliated with any of the following studies, although we ensure that all research studies listed on this page have been reviewed and approved by an Internal Review Board (IRB). The studies are listed alphabetically by state, with online studies and those open to multiple areas at the beginning.

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

CALIFORNIA

Stanford Hoarding Disorder Research Study

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 18-70 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, M.D, Ph.D., Stanford Medical Center

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

Funding: National Institutes of Mental Health (NIMH)
Stanford IRB# 36788

NCT02843308

For more information contact:

clutterhelp@stanford.edu

(650) 724-8912

<https://rodriguezlab.stanford.edu>

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

CONNECTICUT

Do you live in the Connecticut area and have OCD?

Are you interested in trying to control your own brain patterns while participating in cutting-edge research? Using functional magnetic resonance imaging (fMRI) to produce real-time reports of brain activity, this Yale research study for adults can help train you to regulate an area of your brain relevant to OCD while also offering compensation of up to \$460! For more information on this study, please visit <http://ocd.yale.edu/patients/treatment.aspx> or contact us by email at OCDnfResearch@yale.edu; by phone at (203) 737-6055.

NEW YORK

Cannabinoid medication for adults with OCD

We are currently recruiting for a treatment research study for adults 18-60 years old diagnosed with OCD. If you or someone you know have patients who might benefit from this, please see below for more details.

Goal: To investigate the effects of Nabilone medication in the treatment of OCD. Nabilone is a synthetic cannabinoid that mimics tetrahydrocannabinol (THC), the primary psychoactive compound in marijuana.

Study Procedures: Participants are randomized to either 4 week Nabilone treatment or 4 week Nabilone + Exposure and Response Prevention.

Impact: Data will inform treatment guidelines for patients with OCD.

For more information, contact: Dr. Ivar Snorrason:

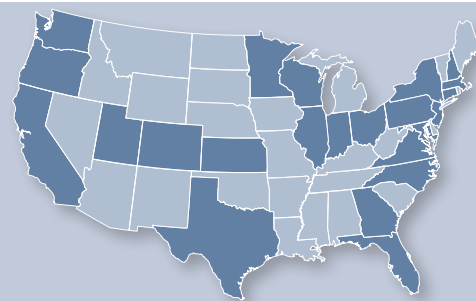
(646) 774-8118 or snorras@nyspi.columbia.edu. ○

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 CONNECTICUT

ocdct.org

OCD Connecticut's event for OCD Awareness Week included an educational session called "OCD: Basics and Beyond." Two events were held and our goal for the year is to continue to present throughout the state, in each county. Please check out our website for the next event, including date, time and location. Thank you to all who attended! Volunteers and input are welcome to assist with planning for the future of OCD CT. Please check out our website for upcoming events and information.

OCD MASSACHUSETTS

ocdmassachusetts.org

OCD Massachusetts is off to a successful new season! The OCD & Related Disorders Lecture Series kicked off in September with new schedules of speakers at our three locations across the state: Belmont, Worcester, and Northampton. During OCD Awareness Week, we partnered with Massachusetts State Senator John F. Keenan at the State House to present on hoarding disorder to a full audience of political staffers. Our speakers were Jordana Muroff, PhD from the Boston University School of Social Work, who gave a clinical overview of the disorder; Jesse Edsell-Vetter from the Metropolitan Boston Housing Partnership, who spoke about his program's multidisciplinary intervention program; and Patty Underwood from Riverside Community Care, who spoke to case management and issues around the limitations in resources for care. OCD MA urged our audience to pass on what they had learned at the session to others, all in an effort to dispel myths about hoarding disorder. Also in October, OCD MA co-hosted a symposium for professionals with Mountain Valley Treatment Center in New Hampshire. Finally, at our recent meeting, the board elected new officers: Carla Kenney, LMHC as president and Nathaniel Van Kirk, Ph.D as vice president.

OCD MID-ATLANTIC

ocdmidatlantic.org

"A grand success!" That was the conclusion of all who participated in the first annual OCD Capital Walk: Step Up, Speak Up event, co-hosted by OCD Mid-Atlantic and the IOCDF. At this inaugural event, grand marshal, Shannon Shy, led over 150 participants around the National Mall and past the Washington Monument. The Mall provided an ideal backdrop for our advocacy across the District of Columbia, Maryland, and Virginia. We learned much in this effort and enthusiastically, are looking ahead to next year's walk. Thanks to IOCDF for their invaluable support and assistance for this important event.

OCD Mid-Atlantic's board members and program committee are planning a number of other exciting events for 2018. If you are interested in getting involved with our affiliate chapter, please reach out to us at midatlanticocd@gmail.com. Visit our website (ocdmidatlantic.org), our Facebook page or our Twitter feed ([@midatlanticocd](https://twitter.com/midatlanticocd)), to keep current with our activities.

OCD MIDWEST

ocd-midwest.org

OCD-Midwest is getting ready for an OCD Walk next summer in Chicago. Calling all volunteers to join us. Please contact Patrick McGrath at Patrick.McGrath@amitahealth.org or (847) 758-1625. We will start our monthly meetings in December. So far, we have done some background work and have secured the assistance of a consultant who can help us with the permits we need to get a location in the Chicago area. Our meeting locations and times are TBD, once we have the names of the people who want to be on our Committee. Please contact us and we can get the ball rolling!

FROM THE AFFILIATES

Affiliate Updates *(continued)*

OCD NEW HAMPSHIRE ocdnewhampshire.org

On October 5th, OCDNH, OCD Massachusetts, and Mountain Valley Treatment Center sponsored the 2nd Annual Seacoast Anxiety Symposium. Topics centered on enhancing EX/RP with Acceptance and Commitment Therapy and included a client and therapist discussing successful treatment of OCD using Exposure and Ritual Prevention. OCDNH is expecting to assist in promoting a new support group for sufferer of OCD in early 2018 to take place in Hanover, NH.



OCD NEW JERSEY ocdnj.org

In recognition of OCD Awareness week, OCD New Jersey hosted 3 separate screenings of *Unstuck: An OCD Kids Movie* in 3 different parts of the state. Showings in Florham Park and East Brunswick included free pizza and soda, and the showing at the Mt. Laurel area also served refreshments. Discussions about the movie followed. Each of the screenings had some kids with their families, which was very exciting!



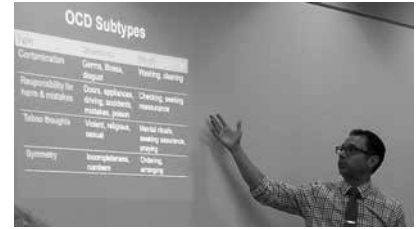
Back in September, OCD New Jersey had a table at the East Brunswick Community Fair. Five volunteers tested fair goers on their knowledge of OCD with a series of questions, and those that knew their stuff were able to spin the wheel for a selection of prizes. We also disseminated quite a bit of information on OCD, OCDNJ and IOCDF. Our goal has been to continue this effort as an ongoing project, and in early November, we did the same at a local school fair.

Our most recent quarterly presentation was held in East Brunswick on December 11th, with several of our Board members serving on an Ask the Experts panel and taking questions from attendees. The expert panel presentations, which we have traditionally run for our December meetings, are our most popular and very well attended.

We are making plans for our annual conference, which will take place on Sunday, March 4th, with our keynote speaker, Dr. Marty Franklin, and our annual Living With OCD panel. It's our big event for the year and always a great opportunity for the community of those who live with or treat OCD to come together.

OCD NORTH CAROLINA ocdnc.org

OCD North Carolina was thrilled to be able to host three events during OCD Awareness Week this year. Drs. Jon Abramowitz, Annette Perot, Jeff Sapyta, and Aureen Wagner held the 8th Annual Evening with Experts in Raleigh where they shared information regarding current developments in the treatment of OCD and answered questions about OCD in children, teens, and adults. A similar event was also held by Bob Milan, LCSW in Greensboro. Additionally, an event co-sponsored with NAMI was held at Duke in Durham. Literary scholar and filmmaker Jon Lance Bacon spoke about the history of OCD on the big screen and what various movies reveal about our culture's understanding of the disorder. The event was fortunate to include a screening of Bacon's award-winning short film, *Oh Crappy Day*, which sprang from his own experience with OCD.



OCD OREGON ocdoregon.org

OCD Oregon commemorated OCD Awareness Week with a full schedule of activities! We kicked off the week in downtown Portland at Pioneer Courthouse Square, spreading awareness by providing information and outreach to the community. This fun event was certainly a success at increasing the public's understanding of OCD and reaching those affected by the disorder. There were many who appreciated learning about our affiliate, the IOCDF, and becoming more informed about OCD. Several board members also provided talks and discussions to groups of professionals throughout the week. Jill Davidson-Rupp presented to the Oregon Psychological Boards and Shel Seaver led a presentation and discussion with doctoral nurse practitioner students at Washington State University. Additionally, the NW Anxiety Institute invited OCD Oregon to participate in a screening of the movie *Unstuck*, and OCD Oregon board member Adam Brown led an informative discussion following the screening of the movie. Looking ahead to 2018, OCD Oregon plans to continue providing outreach and education to the



Affiliate Updates *(continued)*

public and those affected by OCD, along with guidance for professionals. We are currently looking for volunteers to help make 2018 a success! If you're interested, we'd love to hear from you — please contact us via our website or connect with us on Instagram ([@ocdoregon](#)).

OCD RHODE ISLAND

[ocdri.org](#)

OCD Rhode Island is pleased to reveal our official logo, displayed below. Special thanks to talented graphic designer, Karyn Jimenez-Elliott, a Rhode Island resident for volunteering her time.



We would also like to announce the appointment of Maria C. Mancebo, PhD, to our Scientific Advisory Board. Dr. Mancebo is the program manager of the OCD and Anxiety Disorders Intensive Outpatient Program at Butler Hospital in Providence, RI and an assistant professor of research in the Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University.

Thanks to Dr. Mancebo, OCD Rhode Island, in conjunction with Butler Hospital will be offering a monthly lecture series of preeminent speakers in the field of OCD and related disorders the first Wednesday of each month starting on January 3rd, 2018. Please visit our website for a full list of lectures.

OCD SACRAMENTO

[ocdsacramento.org](#)

This was a great year for OCD Sacramento! In celebration of OCD Awareness Week, Cookie Kipp, MFTI, presented "Conquering Your Clutter: An Introduction to Hoarding Disorder," which covered CBT and ERP principles and helped those who attended to learn ways to curb acquisition and begin the purging process.

Our 2017 Annual Therapist Networking Event held in support of OCD Awareness Week also proved to be a great success. Over 50 mental health organizations and providers attended to support OCD Sacramento's mission to promote awareness into proper treatment for OCD and anxiety disorders, with a candid conversation on the importance of obtaining proper training prior to working with this

population. Sponsored by The Anxiety Treatment Center of Sacramento, Roseville, and El Dorado Hills, the Eating Recovery Center, and Arcadia Healthcare, this memorable event once again proved to raise continued awareness.

Our board met in November to discuss the coming year and continued efforts to reach out to the community. Our monthly presentation line-up, which is free to the community, continues to thrive and we are pleased to have Valerie Andrews join our board. Exciting new projects are in the works, and we are looking forward to sharing them with the community!

OCD SF BAY AREA

[ocdsfbayarea.org](#)

We had OCD Awareness Month in the SF Bay Area and sponsored five events with more than 200 attendees throughout the month:

- Living Fully and Freely with OCD facilitated by Marisa Mazza, Psy.D, co-sponsored by the San Francisco Bay Area chapter of Association for Contextual Behavioral Science;
- Scavenger hunt for kids! Presented by Patricia E. Zurita Ona, PsyD, this program was about discovering and exploring skills to overcome OCD while having fun;
- OCD Update: Current and Next-generation Treatments, facilitated by the Rodriguez Lab at Stanford University with Lorrin Koran, MD as the keynote speaker;
- Oreo Carrot Danger: A Play of Rituals, reading done by the actors of the original production and discussion led by Joan Davidson PhD;
- When Helping is Hurting: Family Accommodation and OCD, facilitated by staff of the San Francisco Bay Area Center for Cognitive Therapy, Emily Berner, LMFT.

At the Stanford University program the OCSFBA and Rodriguez Lab of the Stanford University School of Medicine presented Lorrin Koran with an award recognizing him for his longstanding service to the OCD community and his 21 years as director of the Obsessive-Compulsive Disorder Clinic and research program. The Rodriguez Lab thanked the OCD SF Bay Area and presented us with an award in recognition of our "enduring commitment to the obsessive compulsive community."

FROM THE AFFILIATES

Affiliate Updates *(continued)*

OCD SOUTHERN CALIFORNIA

ocdsocal.org



OCD Southern California would like to thank the members of the OCD community in our area for coming out and supporting our OCD Awareness Week functions. Our association screened two OCD themed films, *Oh Crappy Day* and *Unstuck: An OCD Kids Movie*, to attendees at events held in Los Angeles, Orange County, and San Diego. The events started with a community building mingle over breakfast, and after the films concluded, a panel of experts and individuals with OCD answered questions from the audience. Over 300 people with OCD, their loved ones, and professionals in the field attended and the OCD SoCal board is thankful to all who joined, making the events a success!

OCD SoCal is also very excited to announce that we will be sponsoring an upcoming Behavior Therapy Training Institute (BTTI)! With the generous financial support of a number of Southern California OCD treatment centers, OCD SoCal is proud to be directly addressing the need for trained ERP providers in our catchment area and will be sponsoring a BTTI in Dana Point, CA being held December, 1–3, 2017. The BTTI is an in-depth three-day intensive training for mental health professionals who are treating individuals with obsessive-compulsive disorder (OCD) and related disorders. Sponsoring the BTTI will further OCD Southern California's mission to increase awareness and improve access to treatment of OCD and related disorders throughout Southern California.

We have already begun planning our annual conference to be held in the spring of 2018. Last year's conference included Dr. Jonathan Grayson and Ethan Smith as keynote speakers as well as breakout sessions educating the attendees on the latest information on OCD and related disorders. We are looking forward to another successful conference this spring.

Our organization has also been expanding our services to our local communities. Committees have been formed for OCD in schools, pediatrics, and OB/GYN outreach and education. OCD Southern California was also an exhibitor at a mental health resource fair held by Recovery International, an association that uses a cognitive-behavioral, peer-to-peer, self-help training system to treat mental illness. To be informed on what events and resources OCD Southern California is providing, or if you are interested in becoming a volunteer, please contact us at info@OCDSoCal.org and visit our website.

OCD TEXAS

ocdtexas.org

OCD Texas would like to thank everyone that was able to join us for our 7th Annual OCD Awareness Week Conference. This year's conference was hosted in Austin, TX and the theme of Living Fully with OCD was a huge success! Our keynote speaker, Sara Casselberry, shared a moving address, attesting to both the struggles and success she has experienced in her OCD story.

Mark your calendars for Saturday, June 2nd to join us for Houston's third year participating in IOCDF's 1 Million Steps 4 OCD Walk. In 2017, we were joined by virtual grassroots walks in Austin and Dallas. We look forward to adding more Texas walks to our list in 2018. If you would like to chair a virtual site in Texas, please reach out to info@ocdtexas.org.

OCD Texas has experienced amazing and much needed growth this year, adding several new team members. Our latest addition, Bobby Kane, has joined us in the role of Marketing Chair. His diligent and skillful efforts have bolstered our website and social media presence. Opportunities for getting involved or learning more about resources offered by OCD Texas are available on our website and social media pages: Twitter, Instagram, Facebook.

OCD WASHINGTON

ocdWASHINGTON.org

This quarter we hosted a meet and greet education table during OCD Awareness Week. Additionally, we have had interest from therapists Katherine Yost and Michele Loewy, in starting a support group (or the like) just east of Seattle in Bellevue, Washington. We co-sponsored with them a supportive information gathering event and the first showing of the movie *Unstuck* in Washington State. If you have questions about their potential meet-up/support group please reach out to eastsideocd@gmail.com. Check us out on Facebook @OCDWashington and/or at ocdWASHINGTON.org. We'd love to hear from you! ○