



2022 OCD Awareness Week



This year's OCD Awareness Week (October 9–15, 2022) was exceptional, as our dedicated group of IOCDF Advocates took the lead in planning, organizing, and participating in the week-long events. Programming included a mix of panel-based livestreams, social media live takeovers, and interactive Zoom events, with livestreams totaling over 8,000 views across all platforms this week alone — the most yet!

Everyone came together to kick off the project at the Advocate Quarterly Meeting earlier this year, which included brainstorming a theme to guide us through the week. "The Road to Reclaiming Your Life" was the throughline theme that rallied the OCD community each day as we spotlighted the journey of those with OCD, along with their family, friends, and caregivers.

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

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

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

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online **March 4–5, 2023**

HOARDING DISORDER

conference

For individuals impacted by hoarding disorder and professionals who work with HD.

More info → iocdf.org/HDcon

Looking Forward to Online OCD Camp?

Camp is open February 4–5, 2023.

Created especially for youth between the ages of 6 and 17, OCD Camp will feature two days of interactive sessions and activities for three age groups. In addition, the program will include sessions for parents/guardians and opportunities for fun and socialization with other families.

Learn more:
iocdf.org/camp



President's & Executive Director's Letter

by Susan Boaz & Jeff Szymanski, PhD

Dear IOCDF Community,

Happy Holidays! We hope this holiday season is full of joy, health, love, and peace for you and your loved ones.

What an exciting year this has been for all of us! We had a stellar return to our in-person Annual OCD Conference this July in Denver, and hosted a fantastic Online OCD conference in November (please see page 5 for details). Our OCD Awareness Week livestreams set a new record of over 8,000 views (and counting!) across all of our social media platforms. Two awareness campaigns have begun to spread awareness of what OCD is *really* like to broad audiences — the nationally broadcast *WHAT IF* commercials (produced and directed by our very own National Advocate Ethan Smith) and GIF-powered *Escape the Loop* (made in partnership with Ogilvy Denmark). And, most importantly, we reevaluated our overall mission with the amazing help of the consulting group, Blue Beyond, to articulate our vision for the future, and update our Mission Statement. These will serve as our beacon of light, hope, and determination — all to continue advocating, spreading awareness, and providing support for you. (Please see these statements in the margin on page 2!)

And so, we enter the new year working with a new round of Conferences and events that you may want to attend — you will see ads for these on page 2: We'll kick things off with our first Online OCD Camp on February 4-5, a virtual event just for youths with OCD and their families. We're excited to have two days full of sessions, activities, and fun just for kids, teens, and their loved ones. There will be parent and caregiver sessions as well. Our Online Hoarding Disorder Conference will run virtually on March 4-5, dedicated to people with HD, their loved ones, and the professionals who do such a brilliant job to study and treat it.

We have many more Conferences and events coming your way next year (especially our Annual OCD Conference in San Francisco), and we're excited to see you again, meet new faces, and keep on fighting for awareness and care for all.



As always, we're continuing to promote and fund brilliant new research. The 2023 Research Grant Program opens on January 3, 2023, and we are thrilled to sponsor new studies that would lead to stronger understanding of OCD and related disorders — and improved treatments. To submit for a grant, please check the Request for Proposals on page 28. If you want to help move the research forward, there is compelling evidence out there, and new treatments are being developed — but we encourage you to spread the word, donate, and help us bring desperately needed help and hope to our community.

And finally, we have launched a new initiative this Fall — the IOCDF Parent and Family Academy. While this is in the early stages of development, there will be more to come in 2023. Our hope is to build a comprehensive resource for parents and families who need support, community, education, and guidance.

We hope that you have a wonderful start to 2023, and take care of yourself and those who may find this time of transitions stressful and overwhelming. Remember that you are never alone, and that we are always here for you.

Warmly,

Susan Boaz, IOCDF Board President

Jeff Szymanski, IOCDF Executive Director

FROM THE FOUNDATION

OCD Awareness Week 2022 Recap *(continued from front cover)*

The week included activities focused on specific topics throughout the journey of one reclaiming their life. Two family-friendly events launched the line-up of programs. IOCDF Lead Advocate, Rev. Katie O'Dunne, hosted "Children's Story Time Live" featuring four authors of OCD & related disorders children's books. IOCDF Advocate, therapist, and yoga teacher, Krista Reed, followed up with an hour of dancing, creativity, and fun, telling OCD who's boss.

"OCDWeek 2022 was by far my favorite OCD Awareness Week yet!" remarked Katie.

"Everywhere I turned... on social media, during livestreams, in SIG meetings, and at the One Million Steps for OCD Walks...amazing OCD advocates were talking about what it meant to travel down the road to reclaiming their lives."

Not only were there unique daily events, but several Advocates also created recurring events throughout the week. Lead Advocate Valerie Andrews led the charge to paint nails teal to fight stigma with her campaign #UnTealNoStigma. IOCDF Advocate, Melanie Lefebvre, hosted daily yoga challenges mixed with information that coincided with the IOCDF's theme of the day. She remarked, "One of the participants of the #OCDAwarenessAsanas told me it was the most meaningful challenge she's ever participated in, adding that she never fully understood what OCD is before the challenge. It's feedback like this that shows that what we are doing truly makes a difference."

Video clips and original artwork from our Creative Advocacy Group highlighted each day's topic on the website. Grassroots Advocate and group member Lisa Y. said, "This is my first time getting formally involved with IOCDF, and I'm looking forward to participating more in the future."

Discussing the stigma and shame around mental health in athletics, professional tennis player Kevin Anderson and Lead Advocate Tom Smalley of Anxiety in Athletes joined hosts Dr. Liz McIngvale and Chris Trondsen, AMFT, APCC, during the "Ask the Experts" livestream. A "Young Adult Meet Up: Special Edition" followed that evening and included guest speakers, therapists, and candid conversation on the daily theme of "Life after Treatment."

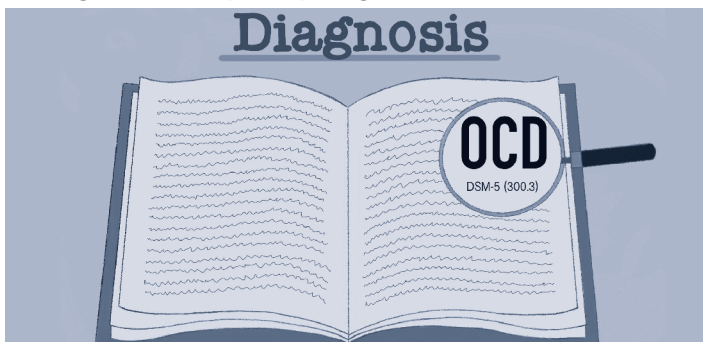
Katie O'Dunne and the IOCDF Advocates met on Instagram for a lively conversation about their passion projects and what's next in their advocacy journey. Katie said, "I witnessed people share their stories for the first time or support one another using their unique gifts/talents surrounding the common theme. You could, quite literally, feel a tangible sense of

community across advocates, individuals with OCD, family members, clinicians, and beyond. This OCDWeek reminded me that we are not alone and that there is so much hope in this amazing community!"

In addition to the events planned by our Advocates, the IOCDF Affiliates hosted a wide range of virtual and in-person events, including Professional Networking, Panel Discussions, and Fundraisers. For a complete list of 2022 events, and to watch the recorded livestreams, check out iocdf.org/ocdweek.

None of this would have been possible without the generous support of our entire community, advancing the IOCDF mission by sharing their talents, hosting events, creating artwork, writing articles, sharing online, tweeting, and spreading a message of help, healing, and hope. Thank you so much to everyone who participated in the 2022 OCD Awareness Week — we will continue to focus on offering a supportive community year-round. We look forward to seeing you back again next year for another incredible OCD Awareness Week! 🕒

“OCDWeek 2022 was by far my favorite OCD Awareness Week yet! Everywhere I turned... on social media, during livestreams, in SIG meetings, and at the One Million Steps for OCD Walks...amazing OCD advocates were talking about what it meant to travel down the road to reclaiming their lives.”



Lisa's artwork illustrated Monday's focus: Diagnosis.

FROM THE FOUNDATION

2022 Online OCD Conference: Kind Words from Our Community

The Online OCD Conference, held November 4–6, 2022, returned for its third edition, with a total of almost 1,800 attendees from over 30 countries and 50 US states and territories. Over the course of three days, people with OCD and their loved ones, clinicians and researchers, and students and trainees watched insightful talks, engaged with speakers, and built incredible connections.

The program truly had something for everyone, and was packed with presentations that focused on lived experience, parents and families, comorbidities, diversity, and many more topics.

One attendee gave us a list of what made the Conference so much worth it: “The authenticity of presenters who have OCD; The chance to interact with others in the live Zoom meetings; The respect and emphasis that all attendees are part of a community; Having the sessions available for 60 days so I can visit the ones I was unable to attend!”

On TikTok (@kalistadwyer), mental health social media influencer Kalista Dwyer said, “Can we have a conference every weekend, please? What a resourceful, community-driven weekend @iocdf permitted this year. As someone who has endured OCD for nearly fourteen years, I learned years of new information at the 2022 #OCDcon. I was skeptical about attending an online conference. Yet, now, I am confident in the power of technology and the offering it allows to those who cannot travel to the in-person conference. I even received DM’s from y’all who were in attendance—how cool! The conference was engaging, easy-to-navigate, and restored continued hope in destigmatizing this disorder. I can’t wait for next year. Will I be considered a conference veteran, then?”

We will indeed be back next year, not only with an Online OCD Conference in Fall 2023 but with a host of others, including the:

- Online OCD Camp for kids and teens (February 4–5, 2023)
- Online Hoarding Disorder Conference (March 4–5, 2023)
- Faith and OCD Conference (May 8, 2023)
- Annual OCD Conference in San Francisco (July 7–9, 2023)

Visit iocdf.org/conferences to stay updated. Whether you’ll be a “Conference veteran” like Kalista or a fresh face, we can’t wait to see all of you! 📍

“I was able to interact with other people that have OCD during the Zoom sessions; this was VERY cool to be around others that have similar battles with this illness.”

“Thank you SO MUCH to each and every individual who made this Conference possible. It was such an informative, empowering, and healing event for me. I LOVED getting to connect with other people with lived experience with OCD. That was the highlight for me. The community groups and After Hours programming made this possible. I walked away from this Conference with +3 new connections with others living with OCD with whom I plan to stay in touch...We even had a little social Zoom hang out after the conference programming last night to all connect further! :) It helps me feel so much less alone to see all of the amazing people who also struggle with this disorder, and hear about their tips for treatment/recovery.”

“So glad to see all of the sessions on perinatal OCD. A bit overdue, but very welcomed. I also loved all of the community chats. The facilitators for these chats did great, too. I was impressed with all the good young therapists, some of whom I hadn’t known.”

“The After Hours games were awesome and so much fun! It honestly kind of felt like going to summer camp and I can’t wait to attend the in person conference in SF this next year. The session content was also really useful and informative. I walked away feeling like I have concrete info, resources, and strategies to utilize in my OCD recovery journey. Thank you, thank you, thank you to the organizers. I feel lucky that my mental health condition is associated with such a strong community and such vibrant educational programming.”

PUBLIC POLICY CORNER

Winter Public Policy Update



Happy holidays to our policy advocates! This past quarter, we were proud to join our fellow Mental Health Liaison Group (MHLG) member organizations in response to a Request for Information (RFI) they put out by the Centers for Medicare and Medicaid Services (CMS) entitled "Make Your Voice Heard: Promoting Efficiency and Equity Within CMS Programs." This RFI was seeking comments specifically around healthcare access, health equity, and healthcare system efficiency.

Led by the MHLG's Diversity, Equity, and Inclusion (DEI) Workgroup, our comments made several recommendations to CMS for each area of the RFI, which are summarized below:

- Incentivize and increase reimbursement for mental health care, including ensuring parity compliance.
- Expand Medicare coverage to include more mental health services and the full continuum of care.
- Expand upon current telehealth services and access, and commit to continuing flexibility beyond the COVID-19 public health emergency.
- Improve mental health care through increased review/reporting.
- Support provider wellbeing by reducing administrative burden, standardizing care, and providing guidance on how to help patients.

We also joined our MHLG colleagues in calling for the integration of mental health and substance use disorders into the new Administration for Strategic Preparedness and Response, a new division within the Department of Health and Human Services (DHHS). The COVID-19 pandemic is only the most recent example of the toll public health emergencies take on our mental health, and preparation for any public health emergency should also involve public health responses for mental health and mental healthcare systems.

In addition to the CMS comments and DHHS call to action, the IOCDF added our voice to several other pieces of legislation around similar themes, with great potential impact for the OCD and related disorders community. These bills had to do with telehealth expansion (the Advancing Telehealth Beyond COVID-19 Act, H.R.4040), workforce capacity-building (Health Care Capacity for Pediatric Mental Health Act, S.4472), and treatment access (Primary and Behavioral Health Care Access Act, H.R.3550).

TAKE ACTION TODAY

We invite you to visit the IOCDF Action Center at iocdf.org/take-action and to contact your Congresspeople directly about legislation of great importance to the OCD and related disorders community. Advancements are made possible in large part by your advocacy, so please don't hesitate to reach out to your elected representatives today!

Also, please be sure to visit the IOCDF Public Policy Advocacy page at iocdf.org/public-policy to sign up for email notifications about upcoming public policy events, action alerts, and other ways to get involved! 🗨️

IOCDF's Anxiety in Athletes & Galea Health Team Up for OCD Support



We're excited to announce a new team effort: IOCDF's Anxiety in Athletes (AiA) program and New York-based Galea Health have agreed to an official partnership to address OCD and related disorders in the sports community! Together, they will collaborate to provide and disseminate a broad array of resources for and about OCD and related disorders — tailored not just for athletes, but also their families and team staff.

ANXIETY IN ATHLETES (AiA) OVERVIEW

Athletes of all ages and sports face unique challenges and stresses, and having OCD, anxiety, and related disorders can put an additional strain on training and competing. Unfortunately, there is still much stigma and lack of understanding surrounding mental health in these environments. To address these issues, AiA provides useful information, resources, and materials about anxiety, OCD, and related disorders as they relate to sports and athletics. It offers specific tools and information to athletes, their families, and team staff (coaches, managers, trainers, etc.) to help them navigate their lives with anxiety/OCD, advocate for themselves, and join the effort to reduce the stigma of mental health in athletics. AiA co-founder and IOCDF Lead Advocate, Tom Smalley, MS, CSCS, says, "The negative stigma around mental health in athletics is apparent. It is our mission to decrease that stigma, and provide the right resources to all populations in athletics to help cultivate an environment where mental health is talked about in the same light as physical health."

GALEA HEALTH PARTNERSHIP

Galea Health connects athletes, parents, coaches, and sports organizations with mental health resources and support. Galea Health is home to the largest network of athlete-aligned therapists and mental performance providers in North America, and is passionate about helping athletes access tailored support. The organization also partners with sports organizations to provide sport-specific mental health resources, peer advocacy programs, and mental health training for parents and coaches. Co-founders of Galea Health, Rachel McMahon and Annie Christman, added, "We are so excited to team up with Anxiety in Athletes to provide athletes and the sports community with mental health resources and a network of athlete-aligned therapists and sports psychologists. AiA has been a true leader in the athlete advocacy and mental health space, and we are thrilled to work together to destigmatize mental health and ensure that sport is a positive, empowering space for athletes of all ages."

Through this strategic partnership, AiA and Galea Health will collaborate to increase education and training about OCD and related disorders for athletes, coaches, and families, and generate awareness of each other's resources to new audiences. To achieve this — and to decrease the stigma about mental health in athletics — they will provide a platform for people in this sphere to speak and write about the different challenges they face, develop educational and training opportunities, and create new resources to address areas of need in this community. This collaboration will also host virtual and in-person "Mental Health in Sports" conferences and summits, as well as create mental health coaching certification courses to better address the unique needs of athletes. AiA aims to create an Athlete Ambassador program, which would provide athletes with the opportunity to share about their own mental health journeys, and connect with other athletes to keep fighting against stigma. Galea Health will offer a network of treatment providers specifically for athletes who are struggling with OCD and related disorders.

This collaboration is not only an exciting and much-needed step to aid athletes, but will also serve to expand the knowledge base of OCD and related disorders in this community and beyond. We are thrilled to see what this team effort brings in the future, and encourage you to visit anxietyinathletes.org to learn more and get involved.

Ready, Set, Break Stigma! 🧠

GLOBAL PARTNERS SPOTLIGHT

Welcome to Our New Global Partner: The Institute of Counseling in Nigeria!



ICN Executive Director Tolulope Oko-Igairé, PhD, supporting World's Menstrual Hygiene Day at Child's Will High School in Lagos, Nigeria

Institute of Counseling in Nigeria.... Changing lives, building dreams!

The opportunities to collaborate and share resources with the global community are endless in today's world. As the IOCDF strives to apply the principles of the new Impact Statement (please see page 2) and create meaningful community engagement worldwide, we welcome a new partner to help support the mission of help, healing, and hope on the global stage.

The Institute of Counseling in Nigeria (ICN) is a not-for-profit organization leading the crusade for a mentally healthy society by training professionals to treat mental health disorders — including OCD and related disorders — promoting mental health awareness, and providing support services to individuals and organizations.

According to Executive Director Tolulope Oko-Igairé, PhD ("Dr. Tolu"), professional counseling is nonexistent in Nigeria and discussing mental and sexual health issues is still considered taboo. Dr. Tolu leads the organization with training in cognitive behavioral therapy (CBT), treatment of depression and PTSD, human sexuality, and family and couples counseling. ICN's overall goals are to increase awareness and eliminate the stigma associated with mental health in Africa.

In addition to professional training courses and referrals, ICN offers a free counseling program, Dream from Slum, for teenage girls living in slums, as well as Unbutton, a quarterly free mental health session for individuals who cannot afford treatment.

In line with the IOCDF's focus on school settings, ICN develops evidence-based, integrated, comprehensive programming and services aimed at schools. The "You're Not Alone" campaign promotes positive school culture, supports those dealing with grief, anger, anxiety, and depression, and develops suicide and substance use prevention activities.

ICN prioritizes cooperative efforts and interaction for the common good. Partnering with the Nigerian Correctional Service (NCoS; a government agency of Nigeria that operates prisons), they provide counseling and intervention for inmates. The Family Crisis Intervention Program, in collaboration with the Lagos State Judiciary Family Court, is a free counseling intervention for families in crisis. The ICN Domestic and Sexual Violence Intervention Program helps victims of abuse in partnership with the Domestic and Sexual Response Team in Lagos, Nigeria.

The IOCDF looks forward to fostering a new relationship with ICN and their international community by collaborating and sharing resources, and helping to provide educational materials to those affected by OCD and the professionals who treat them. Together, we can increase access to effective treatment and end the stigma associated with mental health issues in Nigeria and worldwide. 🌐

Hold On Tight: A Parent's Rollercoaster Journey with Her Son's OCD

by Jan Stewart



Jan Stewart

As young parents, my husband and I had great hopes for the future. With our rose-colored glasses on, we assumed that our children's lives would fall into the same successful pattern as ours had. However, as our son grew up, we were shocked to discover that our son had multiple serious mental health disorders. Words like obsessive compulsive

disorder, Tourette syndrome, autism, and attention deficit disorder (ADD) had never entered our vocabulary before.

Imagine my horror when, for no apparent reason, my nine-year-old son Andrew suddenly started engaging in compulsive rituals day and night. He couldn't walk through doors without going back and forth twelve times. He tapped people's shoulders repetitively, hoarded garbage under his bed, rubbed his head against shrubs, and tried to gnaw doors.

Within just one month, the rituals had escalated and become more bizarre. He licked the filthy subway floor. He put knives in his mouth in order to "feel" them. Distressing, intrusive thoughts invaded his mind, screaming at him to engage in rituals or else he would be killed or his sister would be kidnapped. The rituals seemed to change weekly. He knew they made no sense but he couldn't stop and they took over his life. He was in deep emotional turmoil. I felt like I was in *The Twilight Zone* and desperately wanted to make his pain disappear.

We were fortunate that Andrew's symptoms were so severe that he was quickly diagnosed with OCD. Oftentimes, families with less severe symptomatology are not so lucky, many facing years of misdiagnoses and incorrect medication prescription. This is because many of the symptoms in neurodevelopmental disorders can appear similar to one another. Andrew's psychiatrist started him on 50 mg of Luvox, a selective serotonin reuptake inhibitor (SSRI) antidepressant used for OCD that changes the brain's chemistry. She also asked him to give his OCD a name (he chose "Howie") to try and separate himself from the disorder.

We started reading every book we could find about OCD — particularly Judith Rapoport's *The Boy Who Couldn't Stop Washing* — and we watched videos like IOCDF's *The Touching*

Tree. There were no parent support groups in Toronto at the time, so I started one with Andrew's psychiatrist that was well attended for years.

Thankfully, after three months of adjustments, the Luvox started to work! Andrew's urges to perform rituals still remained strong but no longer consumed every minute of his life. We crossed our fingers and began to have hope. But the picture wasn't all rosy. Luvox put Andrew in such a deep sleep that he started wetting his bed. We had to get up and change his sheets nightly, sometimes twice a night.

Still, the Luvox gave him enough relief to allow him to turn to therapy. We found a psychologist who specialized in OCD and practiced a type of cognitive behavioral therapy called exposure and response prevention (ERP). The treatment involved slowly exposing Andrew to his fears and helping him learn to let his obsessive thoughts pass without responding to the overwhelming urge to perform compulsive rituals. For example, the psychologist helped Andrew control his fear of germs by having him gradually move closer and closer to a pile of dirt each week without having to run to the sink to wash his hands. Andrew learned that while he couldn't get rid of or control his disturbing thoughts, he could reduce his distress by letting his fears "wash over him" and not respond to them.

Andrew wasn't the only person involved in his treatment. As a family, we had to learn not to enable his rituals. Frustrating situations arose, like when we planned to meet friends but he couldn't walk out the door because he had an irrational fear that someone was waiting to hurt him. It would have been so much easier to push him through the door. I wanted to scream. Instead, we called our friends and met them 45 minutes late. Andrew also constantly asked for reassurance. While giving in would have given him temporary relief, it would have done nothing to lessen his OCD. We learned visualization techniques to help him place an unwanted thought in an imaginary balloon and watch the balloon slowly float away.

Complicating Andrew's progress were his other mental health disorders. It was often difficult — and still is today — to tell if he was engaging in a ritual from his OCD or a tic from his Tourette syndrome. His anxiety heightened whenever there was a lack of clarity or closure on an issue. For example, if he had been unable to sit still in the classroom due to his ADD, he would become so stressed that he would start engaging in rituals until his teacher told him that she understood and he was not in trouble. He also constantly rubbed the top of his

FROM THE FRONTLINES

Hold On Tight: A Parent's Rollercoaster Journey with Her Son's OCD *(continued)*

head in circles and massaged his shoulders; we later learned that these are common "stimming" behaviours associated with his autism, rather than his OCD, that help keep him calm.

As he matured, Andrew learned to largely control his OCD. He also became a mental health advocate, writing numerous articles and participating in the award-winning Canadian documentary *OCD: The War Inside*. Today, his impulsivity, anxiety, and cognitive deficits loom larger. He still has obsessive thoughts and feels the urge to perform rituals from time to time, such as reformatting his computer over and over again. After his OCD reared its head again last summer, his psychiatrist prescribed a new tricyclic antidepressant to give him a greater cushion, which helped significantly. He continues to see a psychologist but no longer focuses only on his OCD symptoms. And while he cannot control his disturbing thoughts, he has become adept at controlling his actions.

Andrew's mental health disorders have sent my husband and me on a rollercoaster journey that continues today. However, this journey taught us important life lessons that I wish someone had gifted me as I started on it. I detail these, as well as seven additional key insights, in my book *Hold On Tight: A Parent's Journey Raising Children with Mental Illness* (available March 8, 2023):

- **Trust your gut as a parent.** You know your child better than anyone else. If you think something is wrong, it generally is. If what your doctor is saying doesn't resonate with you, keep looking. Be tenacious. Find specialists who are qualified and experienced in OCD and your children's disorders. Don't settle for less.
- **Talk openly with your child.** OCD is terrifying for both children and parents. Your child may not understand what is happening. Discuss their feelings with them, listen, validate their fears, and let them know that you understand and will find help. This includes discussing their medications with them and involving them in age-appropriate decisions. This will empower them to become increasingly active in their own treatment as they mature.
- **Embrace the power of research.** Knowledge is key to understanding, finding the right resources, and being an effective advocate. Read everything you can, participate in support groups, look into the benefits and risks of each medication being considered. And as your child grows, remember that new findings and treatments may emerge, so try and stay current. The Internet is a crucial source of research, but verify the information with experts and learn what to ignore.
- **Embrace needed medications and therapy.** If the OCD is mild, perhaps your child only needs one or the other. For

most other children, however, medications and therapy go hand in hand. Medications attack the chemical imbalances in the brain to facilitate improved functioning, and therapy gives your child the tools to learn to control their OCD. Be aware of the side effects and delicate interactions between medications that must be carefully monitored and weighed. Both medications and therapy involve trial and error. Don't be afraid to make mistakes on the path to finding what works.

- **Be kind to your spouse/partner.** Children's mental health disorders play havoc with marriages and partnership. True partnership means reaching informed decisions together. Trust your partner, give them the benefit of the doubt, and believe that they are trying their best. The strain of having a child with severe OCD can be debilitating, but don't blame or undermine one another. Maintain open communication and move forward together.
- **Take care of yourself.** It seems obvious to say, but if you are not healthy, you cannot take care of your children, much less yourself. When we parents are under stress, it is so easy to forgo eating healthily and getting enough exercise or sleep. I try to forgive myself for my mistakes and remind myself of how strong I am. Rest also helps me regain perspective, whether it's through reading a book, getting my hair done, or having a massage. It isn't always possible to lessen the stress in your lives caused by your child's OCD, but once a crisis lifts, take time for yourself.

Each day brings new challenges. But be encouraged: There is help. There is hope. Persevere. Don't give up. And look at Andrew: while he will always battle adversity, he is no longer dominated by his OCD. He faces life with determination and joy. I am in awe of him. 🕒

Jan Stewart is a highly regarded mental health governance expert and author. As the parent of two children living with multiple mental health disorders, she has been involved with OCD advocacy over the past 25 years. She served on the Board of Trustees of Canada's Centre for Addiction and Mental Health, co-founded Toronto's SickKids Hospital's OCD Parent Support Group, and served on the Board of Directors of the former Ontario OCD Network and on the Parent Advisory Council at Massachusetts General Hospital's Department of Neuropsychopharmacology. She currently chairs the Board at Kerry's Place Autism Services, Canada's largest autism services provider.

*Jan is the author of the upcoming memoir *Hold on Tight: A Parent's Journey Raising Children with Mental Illness*, to be published by Barlow Books in March 2023. You can find her website, Instagram and Facebook pages at janstewartauthor.com.*

Are Eating Disorders Obsessive Compulsive Disorder? Let Us Discuss.

by Jonathan Hoffman, PhD, Dee Franklin, PsyD, LMHC, Ciana Mickolus, PsyD, & Myriam Padron, PsyD



Eating disorders (ED) and obsessive compulsive disorder (OCD) appear in separate chapters of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (American Psychiatric Association (APA), 2022) and are generally regarded as different conditions that often co-occur and share common symptoms, such as obsessional thinking, compulsions/rituals, avoidance behaviors, doubting, perfectionism, disgust, and personality factors (Palmer & Jones, 1939; Kaye et al., 2004; Simpson et al., 2013; Sternheim et al., 2017; Levinson et al., 2019; Brown et al., 2022). However, given so many shared characteristics, some researchers have believed that ED belongs in the OCD spectrum (e.g., Yaryura-Tobias and Neziroglu, 1983). We, the authors, agree and further argue from several perspectives that ED is fundamentally OCD with eating-related symptoms, focusing on factors such as feeding, shape, size, weight, and fatness.

Before diving in, we do not imply that reconsidering ED in an OCD framework would be a universal solution; even with expert treatment, there are many with OCD who make limited or no progress (Fineberg et al., 2020). Using OCD concepts and modalities would be just one component of a comprehensive ED treatment plan, just as OCD treatment is more than ERP and medication, encompassing parent and family therapy (Demaria et al., 2021), attention to sociocultural factors (Abramowitz, 2013), therapeutic skill, and other modalities. In addition, we recognize well that EDs are highly complex and heterogeneous, and that not all may neatly fit into the OCD model — differentiating which do and do not and designing effective treatments for individuals in the “gray area” between ED and OCD is a crucial clinical and research challenge. We trust it is clear that we are not advocating that anyone being treated for ED should immediately run to an OCD treatment center. Every individual experience is unique, and must be addressed with attention, care, and integrity.

Returning to the issue at hand, does it make a difference if the focus of an obsession is limited to ED characteristics (e.g., feeding, shape, size, weight, or fatness), or something like contamination, as in OCD? OCD is not defined by its obsessional content but by its process — obsessions (discomforting, unwanted and repetitive thoughts, images or sensations), compulsions (avoidance behaviors done to neutralize them), at the negative cost of these on functioning and quality of life (APA, 2022). Neuroscientific research stresses commonalities between ED and OCD (Gershkovich, Pascucci & Steinglass, 2017) but even if it did not, this type of research is not yet advanced enough to rely upon to make differential diagnoses (García-Gutiérrez et al., 2020).

When it comes to medication, considering ED and OCD as separate diagnoses might be appropriate if high-dose selective serotonin reuptake inhibitors (SSRIs) — the first-line medication for OCD — were ineffective for ED. To our current knowledge, we just do not have any studies to determine this precisely. Perhaps because it is not thought of as OCD, the eating-related obsessions of ED are often not treated with high-dose SSRIs. Yet, in one review, 4 out of 9 guidelines for the treatment of ED consistently recommended the cautious use of antipsychotics (a different class of medication not used as a primary OCD treatment) for treating obsessional thinking in patients with anorexia nervosa (Hilbert et al., 2017). OCD specialist Steven Poskar, MD, notes that if ED is a form of OCD, targeting eating-related obsessional thinking with antipsychotic monotherapy would not be indicated. He adds that in treatment-resistant OCD, low-dose antipsychotics are only used to modify high-dose SSRIs but are never used on their own (Personal Communication, September 2022). On a related note, a lack of response to high-dose SSRIs would technically not disqualify ED from being classified as an OCD spectrum disorder; excoriation

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disorder (skin picking) and trichotillomania (hair pulling) are related disorders for which high-dose SSRIs lack efficacy evidence (Grant & Chamberlain, 2015).

Some argue that ED is different from OCD because it is more related to sociocultural pressures, primarily on girls and women (Anderson-Fye & Becker, 2004). This argument is problematic because the notion that ED is caused by as opposed to influenced by these pressures is scientifically inaccurate, and OCD can be influenced by sociocultural factors such as religion (Nicolini et al., 2017). ED was also present in past

societies lacking contemporary pressures regarding weight; a connection between ED and sociocultural factors was not made until a few decades ago (Shambag, 2020). From our view, utilizing a feminist perspective as a treatment modality for eating-related obsessions and rituals (Holmes et al., 2017; Maine & Samuels, 2017) would only make sense if particularly deemed relevant in a specific case presentation and not as a substitute for evidence-based treatments (EBT).

Does ED's association with trauma and posttraumatic stress disorder (PTSD) (Vanzhula et al., 2019) differentiate it from OCD?

Anorexia Nervosa	
Diagnostic Criteria	OCD Language
Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as weight that is less than minimally normal or, for children and adolescents, less than minimally expected.	<ul style="list-style-type: none"> • Obsessions about the correct amount/types of food, relative to a standard or a set of rules determined by the individual. • Avoidance of food. • Consequences of avoidance.
Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.	<ul style="list-style-type: none"> • Obsessions related to just-right appearance or number. • Obsessions about symmetry, perfection, a kind of nutritional scrupulosity. • Disgust and fear regarding weight, fat, or a number outside of perfection or just-right range. • Compulsions to prevent weight gain/fatness/sustain low weight. • Compulsions to maintain and sustain a just-right appearance of particular body parts.
Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.	<ul style="list-style-type: none"> • Obsessions related to appearance, just right feelings, perfectionism, overvalued ideation. • Pathological disgust followed by compulsive attempts to neutralize it with ritualized behaviors such as exercise, vomiting, and enema. • Poor insight.
Restricting type: During the last three months, the individual has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is done primarily through dieting, fasting, and/or excessive exercise.	<ul style="list-style-type: none"> • Avoidance of food due to obsessions about the effects of certain food types/amounts on the body. • A kind of nutritional scrupulosity about the frugality of limited eating. • Compulsive self-limiting related to just-right feelings of control, purity, frugality, cleanliness, or emptiness. • Compulsive behavior (restricting, dieting, exercise).
Binge-eating/purging type: During the last three months, the individual has engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).	<ul style="list-style-type: none"> • Compulsive behavior. • Pathological disgust and fear followed by compulsive attempts to neutralize with ritualized compensatory behaviors such as exercise, vomiting, and enema.

We do not think so. Trauma and PTSD are also found in OCD (Dykshorn, 2014). Similarly, while many individuals with ED have problems with emotional regulation (Thompson-Brenner et al., 2018; Lappanen et al., 2022), Vahidpour (2022) noted that difficulties in emotional regulation are present in OCD.

ED is associated with an array of medical risks such as malnutrition and bone damage, as well as a high rate of mortality compared to other psychological disorders (van Hoeken & Hoek, 2020). This should not serve as an obstacle to conceptualizing ED as a manifestation of OCD because of these risk factors and the specific treatments to address them (e.g., nutritional guidance, refeeding). Medical risks are found throughout psychological conditions (Moen et al., 2020) and in OCD specifically (Witthaur et al., 2014). Although suicidal risk is the second leading cause of death in ED (Smith, Zuromski, & Dodd, 2018), this risk is also present in OCD (Bowen et al., 2021).

Level of insight does not distinguish ED from OCD. People vary in and toggle back and forth in the level of insight whether diagnosed with ED (Kostantakopolos et al., 2011) or OCD (de Avila et al., 2019) due to a variety of circumstances ranging from what symptom and stress triggers they are presently experiencing to cultural pressures. In some severe cases of ED, loss of insight may be a medical consequence of being cognitively compromised due to caloric restriction and weight loss, not a distinct factor that conceptually sets it apart from OCD (Guarda, 2015). For those who may think that ED is different because some patients glorify their symptoms, we offer this response: we suspect that many OCD clinicians treat individuals who may

also glorify certain OCD symptoms, viewing them as having superior or special knowledge.

As the tables below illustrate, when we translated the DSM-5-TR (APA, 2022) criteria for all the current diagnoses within the ED category into diagnostic language used for OCD, ED appears to match up very well with OCD. (Please note that these tables do not include diagnoses such as orthorexia, diabulimia, exercise bulimia, and other similar conditions; although they are valid conditions, they are not presented in the DSM-5-TR.)

Bulimia Nervosa	
Diagnostic Criteria	OCD Language
Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:	<ul style="list-style-type: none"> • Compulsive/impulsive behavior to minimize distress caused by an internal or external trigger.
Eating, in a discrete period of time (e.g., within any two-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.	<ul style="list-style-type: none"> • Compulsive behavior (often carefully planned and ritualistic, but sometimes compulsive) aimed at alleviating experiential distress.
A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).	<ul style="list-style-type: none"> • Disgust, distress, fear of weight gain.
Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.	<ul style="list-style-type: none"> • Pathological disgust followed by compulsive attempts to neutralize resulting distress with ritualized compensatory behaviors.
The binge eating and inappropriate compensatory behaviors both occur, on average, at least one week for three months.	<ul style="list-style-type: none"> • N/A
Self-evaluation is unduly influenced by body shape and weight.	<ul style="list-style-type: none"> • Obsessions related to body shape, weight, and size.
The disturbance does not occur exclusively during episodes of anorexia nervosa.	<ul style="list-style-type: none"> • N/A

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Binge-eating disorder	
Diagnostic Criteria	OCD Language
Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:	<ul style="list-style-type: none"> • Compulsive behavior.
Eating, in a discrete period of time (e.g., within any two-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.	<ul style="list-style-type: none"> • Compulsive behavior to minimize situational distress.
A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).	<ul style="list-style-type: none"> • Compulsivity with a corresponding difficulty in harnessing these responses.
The binge eating episodes are associated with three (or more) of the following: Eating much more rapidly than normal. Eating until feeling uncomfortably full. Eating large amounts of food when not feeling physically hungry. Eating alone because of feeling embarrassed by how much one is eating. Feeling disgusted with oneself, depressed, or very guilty afterward.	<ul style="list-style-type: none"> • Compulsive behavior does not represent normal eating behaviors, natural physiological needs and limits. • Compulsive behavior as avoidance of distress and discomfort.
Marked distress regarding binge eating is present.	<ul style="list-style-type: none"> • Distress.
The binge eating occurs, on average, at least once a week for three months.	<ul style="list-style-type: none"> • N/A
Binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.	<ul style="list-style-type: none"> • N/A

Pica	
Diagnostic Criteria	OCD Language
Persistent eating of nonnutritive nonfood substances over a period of at least 1 month.	<ul style="list-style-type: none"> • Compulsive behavior.
The eating of nonnutritive, nonfood substances is inappropriate to the developmental level.	<ul style="list-style-type: none"> • N/A
The eating behavior is not a part of a culturally supported or socially normative practice.	<ul style="list-style-type: none"> • Compulsions are generally not culturally/socially normative.
If eating behavior occurs in the context of another mental disorder [...], it is severe enough to call for further attention.	<ul style="list-style-type: none"> • N/A

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Avoidant/Restrictive Food Intake Disorder (ARFID)	
Diagnostic Criteria	OCD Language
An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) associated with one (or more) of the following:	<ul style="list-style-type: none"> • Obsessions related to eating only preferred foods (regardless of availability) and complete avoidance of all other foods due to pathological disgust. • Tendency to eat food that involves just-right obsessions, sensory issues, or fear of harm. • Avoidance of food related to beliefs about feared outcomes (nausea, pain, disgust).
<p>Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).</p> <p>Significant nutritional deficiency.</p> <p>Dependence on enteral feeding or oral nutritional supplements.</p> <p>Marked interference with psychosocial functioning.</p>	<ul style="list-style-type: none"> • Consequences of avoidance.
The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.	<ul style="list-style-type: none"> • N/A
The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.	<ul style="list-style-type: none"> • N/A
The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and calls for added clinical attention.	<ul style="list-style-type: none"> • N/A

Rumination Disorder	
Diagnostic Criteria	OCD Language
Repeated regurgitation of food over a period of at least 1 month. Regurgitated food may be re-chewed, re-swallowed, or spit out.	<ul style="list-style-type: none"> • Obsessions regarding sensory challenges (e.g., textures), choking, swallowing sensations. • Ritualized and compulsive eating behaviors (e.g., "food rules").
The repeated regurgitation is not attributable to an associated gastrointestinal or other medical condition [...].	<ul style="list-style-type: none"> • N/A
The eating disturbance does not occur exclusively during the course of [another eating disorder].	<ul style="list-style-type: none"> • N/A
If in the context of another mental disorder [...], they are sufficiently severe to warrant additional clinical attention.	<ul style="list-style-type: none"> • N/A

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Although OCD has not been of much interest in ED treatment centers in the past, the landscape seems to be changing. Exposure-based therapies adapted from OCD and anxiety treatment are now featured in some ED treatment facilities and studies (Reilly et al., 2017; Thompson-Brenner et al., 2018; Butler & Heimberg, 2020). Is this an implicit recognition of the pertinence of OCD to ED? We hope this pattern continues, as the prevalence and toll of eating-related symptoms on individuals, families and society is high (Streatfeild et al., 2021).

Now, let's consider why ED might not be OCD. Equating the ED focus on body image (Miyake et al., 2010) with OCD's fear/anxiety-based obsessions is complicated. Some research suggests that individuals with anorexia nervosa have perceptible body distortions (e.g., Dalhoff et al., 2019) like those associated with body dysmorphic disorder (BDD) (Wong et al., 2022), corresponding to body-related self-critical cognitions or mental models. However, how much of the body image focus and dissatisfaction in ED is a form of just-right experience OCD? Perhaps it is also true that obsessive body image concerns, and rituals surrounding them, do not have a degree of fear/anxiety associated with them, but that the driving factor is disgust — a factor that plays a role in some forms of OCD (Bhikram, Abi-Jaoude & Sandor, 2017). Persistent qualities of contemporary culture (such as "selfie culture") further complicate a solid clinical understanding.

Another point about ED being its own category relates to the role of negative reinforcement — are ED rituals (e.g., counting calories, checking food labels, ordering and arranging in food preparation) driven by it as much as OCD compulsions? Walsh (2013) attributed the persistence of anorexia nervosa more to initial positive reinforcement for weight loss followed by habit formation, like in an addiction. However, following this train of thought, while positive reinforcement followed by habit formation characterizes the early stages of addiction, negative reinforcement plays a role as well: over time, the addiction often shifts from seeking the "high" to avoiding the "low" (e.g., Baker et al., 2004). We should also consider experiential avoidance (seeking to not have distressing thoughts, feelings, memories or sensations) in ED, or negatively reinforcing behavior that corresponds to avoidance in OCD (Espel-Huynh et al., 2019). Future research is needed for a more definitive understanding and comparison between ED rituals and OCD compulsions.

Finally, some therapists believe that individuals with ED can "grow out of it," whereas those with OCD do not. From our experience as clinicians, we do see that some people with ED report that their symptoms resolve with maturation, but

with the following caveat: For many individuals with ED whose primary/severe symptoms are resolved, subclinical worries about food (such as in orthorexia) or "white knuckling" through triggering situations can persist. Some have simply learned how to be more secretive. Anecdotally, we have had clients with OCD who were earlier diagnosed with ED but no longer had eating-related symptoms; they seemed to think less that they had grown out of ED and more that their obsessional focus had shifted over time.

Nonetheless, we advocate thinking more about ED from an OCD perspective. Whether ED is ever reclassified as OCD or a related disorder in the DSM awaits future research, but the evidence is hard to ignore. In any event, placing eating-related symptoms in an OCD framework could serve to:

1. Spur more thorough assessment of OCD symptoms in patients with eating-related problems, and promote the use of EBTs, such as exposure and response prevention (ERP), the gold standard treatment for OCD (Hezel & Simpson, 2019). There may be modifications of ERP that are necessary to make to effectively treat eating-related OCD symptoms. Those for whom ERP is not effective may benefit from other OCD treatment modalities such as acceptance and commitment therapy (ACT) (Soondrum et al., 2022).
2. Focus more on reducing ED-associated rituals/compulsions and avoidance behaviors as the primary treatment targets, as well as increasing tolerance of distress and uncertainty, instead of trying to stop or "explain" obsessions — all established recommendations for OCD.
3. Better inform medication selection and dosage for targeting eating-related obsessive and compulsive symptoms (e.g., high-dose SSRIs) and encourage relevant research.

We hope that this article stimulates further discussion and sharing of ideas among ED and OCD practitioners. It would be interesting to collect data from individuals who have had both ED and OCD and see how similar they think they are and investigate whether using an OCD framework in an early intervention protocol for eating-related symptoms would improve outcomes.

We would like to end this by referencing a saying: "If it looks like a duck, and quacks like a duck, then it probably is a duck." When it comes to ED and OCD, there are quacking sounds that need to be reckoned with more fully. 🦆

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Institutional Member Updates

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

ANXIETY TREATMENT CENTER OF AUSTIN

8701 Shoal Creek Blvd., Suite 404
Austin, TX 78757
(512) 879-1836
diana@anxietyaustin.com
anxietyaustin.com

The Anxiety Treatment Center of Austin (ATCA) celebrates its ten-year anniversary this fall. We are excited to share about several new additions to our practice! We have made changes to our website and logo, better integrating our mission of celebrating the totality of humans, while providing evidence-based care to support the growth and well-being of all our clients. Our Self-Compassion group is back by popular demand, run by Dr. Marianne Stout and Dr. Whitney Wheeler! This weekly group is for adults who struggle with self-judgment and shame related to their anxiety and OCD. Finally and most importantly, we have added a new clinician to our practice, Katy Rothfelder, LPC-Associate. Katy brings with her a passion for Acceptance and Commitment Therapy, as well as expertise in treating Selective Mutism and Tourette Syndrome, and supporting neurodiverse populations. Welcome, Katy!

ARCHWAYS CENTRE FOR CBT

460 Springbank Dr., Suite 205
London, ON, Canada N6J 0A8
(519) 472-6612
info@archways.ca
archways.ca

Greetings from your neighbours in the (soon to be) Great White North!

Based in Canada, Archways Centre for CBT is a private psychology clinic focused on delivering evidence-based treatment to help individuals with OCD get well and stay well. Our OCD & BFRB Clinic is one of only three sites in Canada recognized by IOCDF as delivering specialized assessment and treatment for OCD and related disorders.

We continue to offer a "hybrid" treatment model, meaning that some clients are seen in-person, and some are seen virtually. This new model enables clients from across Ontario to access our OCD and BFRB Clinic.

We have recently added a psychiatrist to our program. Dr. Przysiezny offers psychiatry consultations to assist with starting, ending, or changing medications. We will soon be adding an additional full-time psychologist to our OCD & BFRB

Clinic. Hoping to expand our programming further in 2023!

Wishing everyone in the OCD community a wonderfully wintery season!

BAYLOR COLLEGE OF MEDICINE

BAYLOR COLLEGE OF MEDICINE OCD PROGRAM

1977 Butler Blvd., Suite 400
Houston, TX 77030
(713) 798-4857
(713) 798-3080

powerocdstudy@bcm.edu

ocdprogram@bcm.edu

bcm.edu/healthcare/specialties/psychiatry-and-behavioral-sciences/obsessive-compulsive-disorder-program

bcm.edu/research/faculty-labs/eric-storch-lab

Baylor College of Medicine is starting a new study on the treatment of pediatric OCD. The purpose is to examine whether cognitive-behavioral therapy (CBT) can be helpful for children with OCD to discontinue their medication without relapse over 24 weeks. With your help, we hope to better understand how to effectively treat pediatric OCD while reducing the risk of long-term medication use. The study offers free online CBT sessions across 24 weeks with trained specialists in addition to medication management. Children can be randomized into two groups. In the first group, children will continue receiving the same dose of medication. In the second group, children will slowly receive smaller doses of their medication over 12 weeks. Children may be eligible to participate if they are between the ages of 7 and 17, have a primary diagnosis of OCD, and are currently taking an SRI medication for OCD.

If you are interested in participating, please contact Dr. Alyssa Hertz at PowerOCDStudy@bcm.edu or (713) 798-3080.

BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON

11227 Lockwood Dr.
Silver Spring, MD 20901
(301) 593-4040

info@behaviortherapycenter.com

behaviortherapycenter.com

Behavior Therapy Center of Greater Washington (BTC) enjoyed attending the IOCDF's 3rd annual Online OCD Conference! Our clinicians really enjoyed presenting and meeting so many wonderful people! Topics included Dr. Lisa Levine's "When It's All in Your Head: Using Non-Engagement Responses to Manage Compulsive Reasoning" and Dr. Charley Mansueto and Dr. Fred Penzel's "Advice for Newbies by a Couple of Old Hands."

THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

We are pleased to welcome our newest addition, Dominique Abunassar, who received her Master of Science degree in Clinical Professional Counseling from Loyola University Maryland.

BTC's professionally-assisted GOAL OCD support group continues to run strong after 17 years via telehealth. If interested in our GOAL group or therapy groups offered at BTC, please contact

jordanizzo@behaviortherapycenter.com.

CBTEAM

81 Hartwell Avenue, Suite 310

Lexington, MA 02421

(781) 918-6860

info@cbteam.org

cbteam.org

CBTeam is a behavioral health clinic specializing in the treatment of children and adults with OCD, OCDs, and/or anxiety disorders. Our behavioral therapists and exposure coaches provide ERP to clients seeking care through weekly outpatient therapy or daily treatment via the Intensive Outpatient Program. CBTeam provides research-supported interventions with compassion and creativity in a collaborative and comfortable clinical setting. The backbone of CBTeam is the dedicated staff who support our clients and each other to change lives. Read more about us at cbteam.org.

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

1910 Route 70 E, Suite 7

Cherry Hill, NJ 08003

(856) 220-9672

mail@thecenterforemotionalhealth.com

thecenterforemotionalhealth.com

The Center for Emotional Health of Greater Philadelphia (CEH) welcomes Postdoctoral Fellow, Ashley Pallathra, PhD, a graduate of Catholic University with specialized training in working with children and families, and Postdoctoral Fellow, Sheila Rouzitalab, PsyD, a graduate of Rutgers University, with specialized training in OCD and related disorders. Each brings a wealth of knowledge and enthusiasm to their work and we are excited to welcome them to the CEH family.

Fall 2022 was a busy time for our clinical staff. Drs. Samantha Deana, Marla Deibler, Jayme Jacobs, Anton Shcherbakov, and Jason Silverberg presented at IOCDF's Online OCD Conference. Dr. Deibler co-presented "Ask the Experts," in recognition of OCD Awareness Week. CEH staff

members participated in OCDNJ's walk for IOCDF's 1 Million Steps for OCD. And, CEH hosted continuing education webinars, increasing access to affordable, evidence-based programming for psychologists, social workers, therapists, and counselors, as an approved sponsor of continuing education by APA, ASWB, NYSED, and NBCC.

As we usher in 2023, we look forward to continuing to offer accessible, online professional education programming for clinicians and to continuing to provide excellence in specialized outpatient mental healthcare.

Best wishes to everyone in the new year ahead!

CENTER FOR OCD AND RELATED DISORDERS AT MASSACHUSETTS GENERAL HOSPITAL

185 Cambridge Street, Suite 2000

Boston, MA 02114

(617) 726-6766

CORDClinic@mgh.harvard.edu

mghocd.org

The Center for Obsessive Compulsive Disorder (OCD) and Related Disorders (CORD) at the Massachusetts General Hospital/Harvard Medical School is located in Boston, Massachusetts. We specialize in the research and treatment of Obsessive Compulsive Disorder (OCD), Body Dysmorphic Disorder (BDD), Body Dysmorphic Disorder by Proxy (BDD by Proxy), Tourette Syndrome (TS) and Chronic Tic Disorder (CTD), Hoarding Disorder, Hair Pulling and Skin Picking, Olfactory Reference Syndrome (ORS).

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

This year we welcome our new staff psychologist to CORD, Dr. Natasha Bailen.

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

CHILD MIND INSTITUTE: INTENSIVE OCD PROGRAM

101 East 56th Street

New York, NY 10022

(212) 257-9436

info@childmind.org

childmind.org/care/areas-of-expertise/anxiety-disorders-center/intensive-treatment-ocd/

The Child Mind Institute Intensive OCD Program offers children and their families an immersive, holistic experience that can make an extraordinary difference in a short period of time. While typical or traditional treatment demonstrates

THERAPY COMMUNITY

that patients make significant progress during weekly sessions spread out over three to four months, the intensive treatment program condenses those sessions into one to four weeks, making evidence-based treatment of OCD available three hours a day, five days a week. The program is open to children up to college/young adults. Families from outside the New York City area are welcome to reach out for treatment. We include parents and family members in every stage of a child's treatment. OCD intensive services are available in English and Spanish. The Child Mind Institute offers a financial aid program to help families with the cost of services. We are excited to welcome Sydney Kirsch, LMSW, who provides individual exposure therapy to children and adolescents in the Intensive OCD Program.

KANSAS CITY CENTER FOR ANXIETY TREATMENT, P.A.

10555 Marty Street, Suite 100
Overland Park, KS 66212
(913) 649-8820
info@kcanxiety.com
kcanxiety.com

The Kansas City Center for Anxiety Treatment (KCCAT) is delighted to announce that Dr. Kristin Gallaway has completed her two-year specialty clinical fellowship at KCCAT this past October and has joined us as a Staff Psychologist! In addition to her ongoing clinical work with patients at our center, she will be working on offering an array of educational and professional services for our local Kansas City area community with the goal of disseminating information about obsessive compulsive and related disorders to ensure individuals dealing with these conditions are better understood and served by our community.

KCCAT continues to provide both in person and virtual services for individuals with anxiety, obsessive compulsive, and related disorders across the entire lifespan. Our team-based specialty center approach allows us to offer flexible, tailored treatment protocols to address mild to severe levels of symptom severity, all with an emphasis on utilizing evidence-based treatment approaches.

MCLEAN HOSPITAL OCD INSTITUTE

115 Mill St.
Belmont, MA 02478-1064
(617) 855-2776
ocdiadmissions@partners.org
mcleanhospital.org/ocd

The OCDI at McLean Hospital is excited to have had many of our talented clinicians take part in the recent virtual Conference. It's always a highlight to be involved in these wonderful educational opportunities for patients, families and other clinicians and researchers. We are proud of all of our team members who participated!!

The adult OCDI continues to provide in-person residential services and virtual PHP services to our patients. We are anticipating a return to in-person PHP at some point, but are not sure of the exact date. In the meantime, we are continuing to provide virtual services to many patients who otherwise could not take advantage of our program!

OCDI Jr. is excited to launch in-person partial services to expand their programming. The partial program provides in-person services 5 days a week to support children/adolescents and families who are seeking intensive OCD treatment services. The partial program runs in tandem with our residential program, which also allows for transitions between programs based on clinical necessity.

MCLEAN OCD INSTITUTE HOUSTON

708 E. 19th St.
Houston, TX 77008
(713) 526-5055
info@houstonocd.org
mcleanhouston.org

McLean OCD Institute Houston is here to serve the OCD and anxiety community in our outpatient program, partial hospitalization program, and residential program. Each of our programs uses proven treatment methods based in scientific research. Our evidence-based treatment protocols are effective in treating severe OCD, obsessive compulsive spectrum disorders, anxiety disorders (such as social anxiety, panic disorder, and generalized anxiety disorder), and other coexisting conditions.

As we help patients achieve maximum benefit from our care, we adhere to the following principles:

1. We use state-of-the-art evidence-based cognitive-behavioral and medication treatment modalities.
2. We encourage normalization by patient participation in decision-making about treatment and by providing treatment in a caring environment.
3. We design and provide services in a way that supports, educates, and empowers the patient.
4. We attend to the individual's physical, emotional, social, and economical problems.
5. We are dedicated to the long-term goal of establishing healthy functioning for individuals and their families.
6. We have openings in all levels of care. For any inquiries, please call us at (713) 526-5055 to speak with a member of our admissions team!

THErapy COMMUNITY

Institutional Member Updates *(continued)*

NEUROBEHAVIORAL INSTITUTE (NBI) & NBI RANCH

2233 N. Commerce Parkway, #3
Weston, FL 33326

NBI Coral Gables
2695 LeJeune Rd., Suite 201
Coral Gables, FL 33134

(954) 217-1757
info@nbweston.com
nbweston.com

NBI is currently in the process of further expanding its clinical and administrative staff to support our growing intensive treatment programs and NBI Ranch residential setting. Our team continues to present both nationally and internationally on many clinical topics. Dr. Katia Moritz recently spoke in Brazil on utilizing visual support for the treatment of OCD in autistic individuals.

Due to the pandemic, we delayed celebrating the opening of our Coral Gables location, but we're coming out of our shells for some long overdue festivities in November 2022. Congratulations to our Dr. Wilfredo Rivera and his team on spearheading NBI's services for individuals and families impacted by OCD, anxiety, and related conditions in the Miami area!

In other NBI news, we also want to recognize Dr. Katia Moritz for creating the now-award-winning documentary film, "Undiagnosed," which is now being screened at numerous film festivals around the country and aiming for general release in the near future.

NEW ENGLAND CENTER FOR OCD AND ANXIETY

1734 Massachusetts Avenue
Cambridge, MA 01238
(781) 517-7554
info@newenglandocd.org
newenglandocd.org

612 Main Street
Melrose, MA 02176
(860) 966-1973
jkrompinger@gmail.com

The New England Center for OCD and Anxiety is rapidly expanding in order to provide top quality, cutting-edge care to individuals across the developmental spectrum. In the past year, we have hired a new training director, several new clinicians, new administrative professionals, and postdoctoral fellows. We are offering multiple levels of care, ranging from 1:1 weekly outpatient to our four week-long daily intensive outpatient program. We have extended our reach into the local school systems in order to augment socio-emotional learning for anxious youth. Finally, we are actively expanding our geographical reach and currently offer services in Massachusetts, New York, California, and Ireland. We continue to develop our continuing education program and offer didactic instruction and case consultation on treating OCD/anxiety using exposure and response

prevention, applying ACT and process-based therapy, and how to effectively work with neurodiverse populations.

NEW ENGLAND OCD INSTITUTE

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Tolland, CT 06084
(860) 830-7838
admin@behavioralwellnessclinic.com
ocdtypes.com

We are always looking to expand and keep up to date with current OCD treatment standards and research. First, we would like to congratulate our most recent round of graduates for completing our 2022 OCD Training program for therapists taught by OCD specialist Dr. Simone Leavell-Bruce! We have successfully graduated a diverse group of 13 more clinicians who can now expand their treatment experience and specialize in treating OCD, making treatment more accessible to those who are in need.

This fall, we would like to highlight our newest addition to staff, Karsten Hultquist, MS, LAC, who has quickly become an essential part of the team. He completed our 2022 OCD Training program with ease and has been a part of several of our OCD Intensive Outpatient Programs (IOPs). Karsten primarily focuses on treating anxiety-related disorders as well as depressive disorders for children, adolescents, and adults! He holds high the importance of seeing each client as an individual who holds their own individual beliefs and values and actively applies this standard to his practice. He has also become very involved in our psychedelic-assisted therapy programs, including Ketamine-assisted psychotherapy for OCD. Welcome Karsten!

NOCD

225 N Michigan Ave., Suite 1430
Chicago, IL 60601
(312) 766-6780
care@nocdhelp.com
nocd.com

"My OCD Journey:" Real-life experiences of people with OCD
We know from personal experience that living with OCD can feel isolating, but shared journeys of struggle, recovery, and healing can connect us. That's why each week, NOCD highlights stories right from the OCD community through "My OCD Journey:" a safe space for people with OCD to share their experiences and shed light on what living with OCD is like. "My OCD Journey" shows those with OCD that they're not alone, and lets everyone struggling know there is hope. Learn more at treatmyocd.com/my-ocd-journey

THE THERAPY COMMUNITY

Check out our upcoming complementary continuing education courses for healthcare professionals through The NOCD Academy at www.nocdacademy.com.

NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital
Glen Oaks, NY 11004
(718) 470-8052
ocdcenter@northwell.edu
northwell.edu/ocdcenter

The Northwell Health OCD Center offers evidence-based, comprehensive outpatient treatment for OCD and obsessive-compulsive personality disorder (OCPD). It is one of the only specialized OCD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group cognitive behavioral therapy as well as medication management. The OCD Center offers both in person and video-based individual sessions and we currently offer ten virtual therapy groups (e.g., ERP practice, ERP skills-building, OCPD treatment, family education/support without accommodation, DBT skills, and weekly/monthly maintenance of improvements).

Drs. Pinto and D'Urso enjoyed participating in the Online OCD Conference. Of note, Dr. D'Urso and former OCD Center intern Adir Pinchot led an information session for graduate students interested in careers specializing in OCD. Dr. Pinto and colleagues published two practice-focused reviews of OCPD. This fall, our team also began a new research study on the efficacy of transcranial magnetic stimulation (TMS) for OCD when administered with ERP. We are grateful to be continuing to expand clinical services, participating in research, and helping facilitate treatment access. Please email us at ocdcenter@northwell.edu for more information or to schedule a confidential screening.

OCD NORTH

11 Sophia Street West
Barrie, ON, Canada L4N 1H9
(705) 243-9923
info@ocdnorth.com
ocdnorth.com

OCD North strives to create a community filled with action, support, and hopefulness about overcoming OCD, taking every opportunity to raise awareness of the impacts of OCD and un-shame the disorder. Here's how OCD North made this a reality in 2022:

Exhibiting at the Canadian Psychiatric Association Conference in Toronto — Here, we had the opportunity to raise awareness on ERP treatment for OCD, and do some exposures. It was a hit!

Launching our Pay What You Can (PWYC) Exposure and Response Prevention (ERP) group — Several individuals are now making strides toward OCD recovery without the financial barrier.

Cultivating peer support relationships — The Mentorship Support Program continues to be a resource for those starting a recovery journey. Mentors highlighted the impact of cheering someone on as they beat OCD, and how the program helps normalize the OCD experience. The monthly Caregiver Support Group continues to grow, offering a needed safe space.

Launching OCD Kids — We launched OCD Kids this fall to advocate for early detection and effective treatment of obsessive-compulsive disorder, while making recovery fun and meaningful! Visit ocdkids.com for updates.

We look forward to the year ahead and many more chances to educate, advocate, and conquer OCD Canada-wide.

PALO ALTO THERAPY

407 Sherman Avenue,	940 Saratoga Avenue
Suite C	Suite 240
Palo Alto, CA 94036	San Jose, CA 95129
(650) 461-9026	
info@paloaltotherapy.com	
paloaltotherapy.com/ocd	

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

Our Newest Additions: We are happy to introduce our newest members in both office locations: therapists Jennifer Hays, LMFT; Kitte Anderson, AMFT; Amanda Bautista, AMFT; and Cathryn Gaty-Delia, LCSW. We are excited to have them join our practice with their experience and backgrounds!

Parent OCD Support Group: This group connects parents of children of all ages with OCD who are struggling with similar situations. Living with someone with OCD can be challenging, so this group helps provide strength and community for you! This group will run the last Saturday of each month via video.

We Are Hiring! We are hiring new therapists to create a quality team that will match the success of the incredible therapists that we already employ. If you happen to be, or know of any good candidates, please send them our way!

For more information on our individual, couples, family, and group or video or in-person therapy; please feel free to contact us.

THErapy COMMUNITY

Institutional Member Updates *(continued from page 13)*

POTOMAC BEHAVIORAL SOLUTIONS

1901 S. Bell St., Suite 1125
Arlington, VA 22202
(571) 257-3378
info@pbshealthcare.com
pbshealthcare.com

Potomac Behavioral Solutions has some exciting new updates to share with you for the winter of 2022! We currently have openings in our Anxiety/OCD intensive program and encourage everyone to reach out to us today to learn more! We have launched our class for parents with anxious children (CPAC) that runs Wednesdays from 12pm–1:30pm. This is OCD/anxiety-specific focused for parents with anxious children and adolescents who need help learning skills to abstain from accommodating and need help implementing parent based interventions.

PBS welcomed our new training director, Lauren Moody. In addition, we welcomed a new postdoctoral fellow to our program, Alexa Weatherly. We also welcomed two new clinical doctoral interns to our program, Simon Stauber and Susan Ritchie. Furthermore, we welcomed three new assessment doctoral interns, Jayne Snisky, Sahar Deghani, and Natalie Simpson from the Chicago School of Professional Psychology. We also welcomed three new clinicians, Elyse Bryman, Lauren Moody, and Margarita Zwisler. We continue to expand our comprehensive DBT programs and anxiety-related programs offered. Come check us out!

ROGERS BEHAVIORAL HEALTH

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

In October, Rogers Behavioral Health opened a new clinic in the Denver area. The new location marks Rogers' first in Colorado and the twenty-first community served nationwide. The clinic offers partial hospitalization care for children, adolescents, and adults with OCD and anxiety, as well as depression and other mood disorders. Leadership in Denver includes: Julia Carbonella, PhD, clinical director; Sonia Izmirian, PhD, clinical supervisor; and Lani Healey, MSW, LCSW, director of operations.

Also in October, Rogers employees nationwide participated in events to mark OCD Awareness Week. These included awareness walks, community events, and team-building activities at each Rogers location. Additionally, a free webinar, "Intensive CBT telehealth for pediatric OCD during

COVID-19: Comparison with a matched sample treated in person" was presented by Dr. Martin Franklin, PhD, clinical director at Rogers' Philadelphia location. A recording of the 90-minute presentation as well as previous webinar recordings can be viewed at rogersbh.org/resources.

STANFORD TRANSLATIONAL OCD PROGRAM — RODRIGUEZ LAB

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

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

For OCD Awareness Week 2022, in collaboration with OCD SF Bay Area, we hosted our first in-person fair with a dozen clinical research groups, treatment practices, and other agencies participating. In conjunction with IOCDF, we also hosted an OCD Experts Fireside Chat livestream on 10/12/2022 (a recording can be viewed at: <https://www.youtube.com/c/IOCDF>). Experts Lorrin Koran, MD; Scott Granet, LCSW; Liz McIngvale, PhD, LCSW; Chris Trondsen, MS, AMFT, APCC; and Carolyn Rodriguez, MD, PhD, discussed treatments for OCD and lived experiences; moderated by Radhika Shah, Stanford University Class of 2024.

STRESS AND ANXIETY SERVICES OF NJ, LLC

A-2 Brier Hill Ct. 195 Columbus Tpke., Suite 120
East Brunswick, NJ 08816 Florham Park, NJ 07932
(732) 390-6694
info@stressandanxiety.com
stressandanxiety.com

Fully 8 of our licensed psychologists on staff are now certified by PSYPACT and can provide remote services to 33 other states in the country. In addition, several of our therapists can also provide treatment online to New York, Florida, and South Carolina.

Our webinar series has continued with Dr. Jennifer Kennedy who presented in October on Health Anxiety, and Dr. Cindy Haines' presentation on School Avoidance in November. Also, Dr. Devora Scher, will be presenting on Selective Mutism on Dec. 16th. Please feel free to go

THErapy COMMUNITY

to our website and click “Live & Recorded CE Webinars” to register for the upcoming webinars and for the ones you missed, see our growing catalog of APA-approved CE offerings that are On Demand.

In other news: We were thrilled for Dr. Devora Scher, previously one of our postdoc fellows, who recently received her NJ psychology license. Three of our therapists served on the Expert Panel for OCD New Jersey’s OCD Awareness Week event, and many other presentations were made by SASNJ staff this Fall, including the NJ Center for Tourette Syndrome, NJ Education Association, New Jersey Psychological Association, and, lastly, at the Online OCD Conference in November.

WESTWOOD INSTITUTE FOR ANXIETY DISORDERS

921 Westwood Blvd., Suite 223

Los Angeles, CA 90024

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thewestwoodinstitute@gmail.com

hope4ocd.com

Using empirically proven scientific methods, we diagnose and treat the most serious cases of obsessive compulsive disorder, obsessive compulsive spectrum disorders, trauma

related disorders, eating disorders, adjustment disorders, complex comorbidity disorders, and other anxiety disorders at our clinic in Los Angeles. We open the gates of life to young adults who are leaving the nest and provide them with the skills, resiliency, and structure to overcome a range of obstacles including depression, social, focus and attention, communication, separation, adaptability, and transitional issues. Dr. Eda Gorbis has created an effective and integrative treatment, combining Dr. Edna Foa’s Exposure and Response Prevention Therapy (ERP), Dr. Jeffrey Schwartz’s Four Steps Method for mindfulness, and Dr. Gorbis’s own writing component. Treatment is tailored to meet each individual’s specific needs and also includes individualized therapy, psychoeducation for the individual and/or parents, prescription medication as needed, as well as a multidisciplinary team of expert psychologists, physical trainers, psychiatrists, public speaking coaches, UCLA medical physicians, clinicians, and staff assigned specifically to each case. 📞

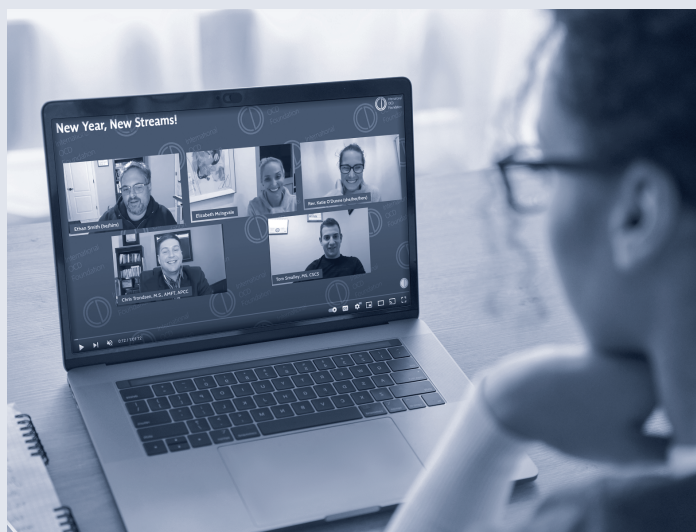
Peace of Mind Virtual Community — LIVESTREAMS!

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

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

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

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



THErapy COMMUNITY

10 Tips for Treating Academic Perfectionism

by Kayla Zebrowski, LCSW and C. Alec Pollard, PhD

In the Fall of 2021, the OCD Newsletter featured an informative article by Fred Penzel, PhD, on the nature and treatment of academic perfectionism. In this follow-up article, Kayla Zebrowski and C. Alec Pollard share their recommendations for therapists working with students impaired by this form of OCD.

“Perfectionism” is a term used in many different ways. It can be a compliment applied to someone thought of as conscientious or fastidious. It has also been identified as a set of traits by psychologists studying personality. In this article, however, we discuss a type of perfectionism involving clinically significant impairment. According to Shafran, Egan, & Wade (2010), dysfunctional perfectionism is: “the setting of, and striving to meet, very demanding standards that are self-imposed and relentlessly pursued despite...causing problems.”

The application of demanding standards to schoolwork is called dysfunctional academic perfectionism (DAP). Students with DAP may stay up all night trying to perfect their homework or put it off indefinitely because completing the task to their standards feels too overwhelming. People with DAP struggle with indecision and procrastination and, as a result, schoolwork is often turned in late. They are highly self-critical and often seek reassurance, which leads to family conflict. DAP can also lead to social isolation and depression.

Evidence suggests that DAP is more prevalent today than ever before. Researchers have identified a steady rise in perfectionism among college students over the past several decades (Curran & Hill, 2019), a finding consistent with our clinical experience. In fact, DAP is the primary treatment focus for at least 25% of the patients in our Intensive Outpatient Program. Though not officially listed as a subtype of OCD, DAP can be reasonably conceptualized as an obsessive compulsive problem. Perfectionistic obsessions typically involve themes similar to those found in OCD, like intolerance of uncertainty and not-right feelings. Similar to people with OCD, students with DAP engage in avoidance and compulsions. When presented with an academic task, they either avoid it by procrastinating or attempt the task while performing perfectionistic compulsions like over-researching, over-editing, over-studying, mental checking, re-writing, and re-reading.

Viewing DAP as a form of OCD has important treatment implications. It has been our experience that evidence-based interventions for OCD, especially exposure and response prevention (ERP), can be successfully used to treat DAP. Other clinicians report similar findings (Hood & Antony, 2015). Nonetheless, DAP presents special challenges for which some therapists are unprepared. We believe a therapist’s ability to address these challenges is crucial in determining whether or not treatment will be effective. Here are 10 tips we hope will assist students, parents, and therapists contending with the challenges of DAP:

1. Provide the student with a healthy alternative to perfectionism.

Many perfectionists believe the only alternative to striving for perfection is to become irresponsible and unproductive. It is therefore helpful to show students a functional alternative and how it differs from perfectionism. At our clinic, we use the pursuit of excellence as the alternative to perfectionism. The table below highlights the differences.

A Pursuer of Excellence...	A Perfectionist...
Sets high but flexible standards, that can be adjusted based on experience	Sets excessively high, rigid standards that are not adjusted regardless of experience
Focuses on the process and the outcome	Focuses only on the outcome
Is driven by positive motivation	Is driven by fear
Can be satisfied by a range of outcomes	Can only be satisfied by one improbable outcome
Views mistakes as inevitable learning opportunities	Views mistakes as unacceptable failure

2. Help the student establish realistic expectations.

Students with DAP underestimate the amount of time and effort necessary to meaningfully change how they approach academics. It is common for them to expect therapists to get them caught up on incomplete homework from prior classes, avoid getting further behind in current classes, and recover from DAP all at the same time. When presented with such unrealistic goals, the therapist must be the voice of reason. This means establishing realistic expectations and timelines, including the amount of time the student is willing to reserve for therapy. It may also mean discussing unwelcome topics like taking medical leave, attending summer school, scheduling time on the weekends to catch up, and the possibility of being placed back a grade in school.

3. Get the parents on board.

Parents often come with the same unrealistic expectations as their perfectionistic son or daughter. As a result, they should be included in at least some of the discussions mentioned in Tip #2 so that their expectations are realistic as well. Furthermore, parents who actively accommodate avoidance (e.g., doing the student’s homework) or who do things that increase the student’s anxiety (e.g., pressuring or lecturing) may need guidance from the therapist regarding how best to support recovery.

4. Get the school on board.

The ability of schools to respond effectively to DAP has improved since passage of the Americans with Disabilities Act (ADA) of 1990. Even so, some teachers, school counselors, and administrators struggle to understand DAP. Failure to turn in homework, for example, may be interpreted as laziness or

THE THERAPY COMMUNITY

irresponsibility. The therapist should educate school personnel about DAP, establish realistic expectations, and advocate on behalf of the student for temporary accommodations to address the limitations imposed by DAP.

5. Look for organizational skill deficits.

Although some students with DAP appear highly organized, many are not. Common deficits include underestimating the time it takes to complete tasks, difficulty establishing priorities, trouble developing and following a schedule, and difficulty organizing an academic project into manageable steps. Therapists should routinely assess the student's ability to manage and organize study time and address any deficits identified. Many of the strategies used in Behavioral Activation, especially the practice of following a daily schedule, can be helpful for students with DAP. However, the focus here is less on activation and more on completing a planned task (exposure) within the specified time period (response prevention).

6. ERP is more than doing schoolwork quickly.

Students with DAP are inefficient because of their efforts to avoid the distress of uncertainty and not-right feelings. ERP is an opportunity to learn how to tolerate those feelings, not a race to get something done. An example of ERP instructions given to one of our students may help illustrate the point: "Read until you get the urge to re-read a passage in the book, then close the book so you are unable to re-read. Turn on the script we recorded that helps you focus on the feeling of doubt, that you might not have understood the words perfectly. Sit with the doubt while listening to the script for 10 minutes, or until you are confident you will not try to re-read the passage that triggered you. Then resume reading until you are triggered again."

7. Start ERP with low-challenge, non-academic tasks.

A common mistake in treating DAP is targeting schoolwork as an exposure task before the student has demonstrated the ability to follow response prevention guidelines under less challenging conditions. This is an understandable error given the pressure often exerted by everyone involved. However, some students cannot email a friend without repeatedly deleting and re-writing, much less write a whole term paper. Going too far up the exposure hierarchy at the expense of response prevention adherence risks creating the illusion of progress without the requisite learning needed for real progress to occur. Therapists should ensure the student is able to first resist compulsions during low-challenge, non-academic tasks before incorporating schoolwork into ERP.

8. Consider incorporating basic start-stop practice.

If a student struggles adhering to time limits in ERP or has difficulty following a study schedule, it may be helpful to assess the student's fundamental ability to stop and start tasks. For students who have difficulty transitioning between even simple, non-anxiety provoking tasks, basic start-stop practice can be helpful. For example, a student might be instructed to engage in a non-aversive activity (e.g., drawing

a picture) for 5 minutes and then practice moving rapidly to the next non-aversive task (e.g., a video game). An alarm or therapist prompt is used to signal the time to move between tasks. Multiple sets of tasks may be included in one practice session. Once the student demonstrates the ability to transition effectively between non-aversive tasks, the therapy can incorporate the more challenging tasks involved in ERP.

9. Diversify the student's sources of self-worth.

Students with DAP derive their self-worth disproportionately from academic achievement, which further magnifies the threat of doing poorly in school. It is helpful to encourage students to look beyond academics when determining their self-worth. This includes helping them clarify their non-academic values, recognize other interests and talents, and increase their participation in non-academic activities (e.g., social interaction, hobbies, paid or volunteer work, etc.).

10. Encourage more flexible long-term goals.

It is common for students with DAP to view certain goals as the ultimate goal, for example, fixating on only certain universities, one professional role, or a specific occupational title. Anything short of that is perceived as failure. It is easy to see how goals like this contribute to academic anxiety. The narrower the definition of success, the greater the chance for "failure." It is therefore helpful to encourage students to broaden their options. Interventions like cognitive restructuring, values clarification, and motivational interviewing can help students expand their list of acceptable options and develop realistic contingency plans in case their preferred options do not materialize.

DAP is a potentially disabling condition, but in the hands of a skilled OCD therapist, it is highly treatable (Szymanski, 2011). We hope we have encouraged more therapists to work with DAP and that the information we have shared improves the quality of the care they provide.

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RESEARCH NEWS

2023 Research Grant Program Call for Proposals

Since 1994, the IOCDF has awarded almost \$11 million to researchers through our Research Grant Program. To continue improving scientific and clinical understanding of OCD and related disorders, we are pleased to announce the start of the 2023 Research Grant Program cycle on Tuesday, January 3, 2023. Researchers will have the opportunity to apply for the following grants:

- **Innovator Awards:** Two \$300,000 grants for senior researchers pursuing high-risk, high-reward OCD research. Innovator Awards are three-year grants paid in annual installments. Applicants must have at least five years of research experience following the completion of their terminal degree. Eligible research projects must investigate topics in the field of OCD, with a focus on finding a cure for OCD. These may include prevention (i.e., keeping OCD from taking hold) and treatment (i.e., effectively achieving significant reduction in symptoms or remission).

The Innovator Awards are made possible through the generosity of an anonymous donor to the IOCDF.

- **Young Investigator Awards:** Grants up to \$50,000 for early-career researchers pursuing OCD, BDD, hoarding disorder, and related disorders. These awards are disbursed over the course of one year in quarterly installments. These awards are only available to graduate students and researchers with less than five years of research experience following the completion of their terminal degree. They are intended to support career development while making innovative research possible.

One area of particular interest this year (tied to the Research Appeal) is expanding our knowledge of the relationship between neuroinflammation and the sudden onset of OCD, as found in PANDAS/PANS.

Young Investigator Awards are made possible through the generosity of our many community donors of the IOCDF.

Every grant application that we receive will be evaluated through a peer-review process led by a panel of expert researchers. Through this rigorous method, we ensure that every dollar contributed by donors is directed to the strongest possible research with potentially groundbreaking impact.

Applications will be accepted beginning Tuesday, January 3, 2023 at iocdf.org/research/apply. Complete application instructions, guidelines, and the official 2023 request for proposals (RFP) are now available. The deadline to submit a proposal is Monday, February 27, 2023.

These grants are supported entirely through the generosity of our research donors. Please consider joining them in supporting the next breakthrough in OCD and related disorders research with a financial contribution to our Research Grant Program. Every dollar given is a step forward—please visit iocdf.org/donate-research to help unlock the science behind OCD.

2023 EVENTS CALL FOR PROPOSALS


Online Research Symposium: A Hybrid Event July 6, 2023

Following its success in Denver, the 8th Annual IOCDF Research Symposium will once again be hybrid — a virtual and in-person event! The in-person Symposium will take place in San Francisco, CA, and will be live-streamed to an online audience. We invite researchers of all backgrounds and experience levels to submit a proposal related to OCD and related disorders for a chance to speak at the Symposium.

For more information and to submit your proposal, please visit iocdf.org/2023-iocdf-research-symposium. The deadline for proposals is Wednesday, March 1, 2023.

Poster Sessions: IOCDF Research Symposium & Annual OCD Conference July 6–9, 2023

The IOCDF Research Symposium and the Annual OCD Conference in San Francisco will both feature poster session opportunities for researchers. These will allow researchers of all experience levels to share their findings to new audiences, network with leaders across all specialties in OCD and related disorders, and meet with potential future collaborators. Posters submitted by students and trainees will be judged by an expert panel of scientists, and authors of outstanding posters will be awarded cash prizes and honors.

For more information and to submit your proposal, please visit iocdf.org/research/research-posters. The deadline for proposals is Wednesday, March 1, 2023. 

Latin American Trans-Ancestry Initiative in OCD (LATINO) Genomics Project: Information and Getting Involved

by Eric A. Storch, Renee Fredrick, Carol Cappi, Paola Giusti, Karen Martinez, Olivia Morris, Pablo Moya, Humberto Nicolini, Marcos Ochoa, Michelle Pato, the LATINO Study Team, and James J. Crowley

The LATINO Study Team covers multiple countries, and includes the following people:

<https://tinyurl.com/LATINOproject>

Obsessive compulsive disorder (OCD) is a common condition affecting approximately 1-2% of the world population. Characterized by distressing intrusive thoughts, images or impulses and unwanted repetitive behaviors, OCD can have wide-reaching implications for both individuals with OCD and their families. While the impacts of this condition are well-studied, what causes OCD remains less clear.

While current evidence suggests that genetics play a role in the development of OCD, the exact genes and biological mechanisms contributing to OCD remain elusive. Studying this is crucial because identifying factors contributing to OCD might lead to the development of more effective and personalized treatments. While genomic studies of OCD have made exciting discoveries and are beginning to reveal information about risk, more than 95% of the people involved in these studies are of European ancestry. Unfortunately, this poses a significant problem, as OCD is not limited solely to this population. If not addressed, this Eurocentric bias would likely result in OCD genetic findings being more accurate for individuals of European ancestry than other ancestries, like those who are Latin American, Asian, or Black. This would further contribute to already existing health disparities, making potential future applications of genomics and precision medicine less reliable for people of non-European ancestry.

Recently, an interdisciplinary team led by Drs. James Crowley (University of North Carolina at Chapel Hill) and Eric Storch (Baylor College of Medicine) was funded by the National Institute of Mental Health (NIMH) to carry out an ambitious project to address this lack of diversity. This group spent much of the past two years assembling a network of over 50 sites in Latin America, the US, and Canada that treat a large number of ancestrally diverse OCD patients (see Figure 1).

We have come together with experts in OCD genetics and the genetics of diverse admixed populations for this NIMH-funded study called the Latin American Trans-ancestry Initiative for OCD Genomics project (LATINO, latinostudy.org). The primary goal of LATINO is to collect clinical information and DNA through saliva from at least 5,000 Latinx adults and children with OCD. We will compare these results to those of people without OCD which are collected by other Latinx psychiatric genetics projects. All results (from over 10,000 Latinx individuals) will be used to



perform a novel trans-ancestry genetic analysis in collaboration with other groups working on the genetics of OCD. We will also use these data to inform ways of determining risk of having OCD using polygenic risk score analysis, which estimates the genetic probability of a person having a condition. Overall, this study will highlight the importance of including all major ancestral groups in all kinds of genomic studies, representing all people who may be affected with OCD, understanding the causes of OCD across individuals of all races and ethnicities, and reducing disparities in future applications of genomics in precision medicine.

Studying complex genetic traits such as those in OCD requires a large and diverse sample of participants. As noted, we have put together a multidisciplinary team across North, South, and Central America to fulfill our goal. As shown in the map, our team includes over 50 specialty OCD clinics and expert clinical settings in Latin America, including teams from Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, El Salvador,

RESEARCH NEWS

Latin American Trans-Ancestry Initiative in OCD (LATINO) Genomics Project *(continued)*

Guatemala, Honduras, Mexico, Paraguay, and Peru, as well as multiple cities/regions in the US (e.g., Rio Grande Valley, TX, San Diego, CA, Tampa, FL, New York City, and San Juan, Puerto Rico) and Canada.

While studying genetics is very exciting, LATINO is also much more than a genetic study. OCD is under-recognized, under-diagnosed, under-treated and under-studied in Latinx individuals. Many individuals go too long (if ever!) before receiving help. Therefore, in addition to decreasing the Eurocentric bias in OCD genetic samples, LATINO is working with other stakeholders and patient-centered organizations to increase awareness of OCD in Latinx individuals and improve their access to evidence-based treatments such as cognitive behavioral therapy. First, LATINO plays a central role in executing social media-based awareness campaigns with groups such as ALTOC and TalkTOC, and providing hands-on training for psychologists, therapists, and psychiatrists interested in treating OCD. Second, in partnership with ALTOC, we held the first Latin American Congress for OCD in Cartagena, Colombia in 2022, and will host our next meeting in Lima, Peru (June 16-17, 2023). Third, LATINO facilitates OCD research in Latin America by translating key instruments into Spanish and Portuguese, validating them through Latinx individuals, and providing a genomics training program. Fourth, clinical training opportunities are being held, including consultation groups on psychotherapy and training in treatment, genetics, and assessment. Finally, LATINO is aiding Latin American OCD researchers with identifying funding opportunities and establishing mutually beneficial collaborations and mentoring opportunities, with the goal of decreasing disparities across multiple levels.

Given that LATINO aims to collect saliva samples and analyze DNA from at least 5,000 Latinxs with OCD, accomplishing our recruitment goals will take a broad, multipronged effort, including a grassroots effort by people directly affected by this condition. Thus, it is important to spread the word and encourage Latinx individuals with OCD (or who had OCD in the past) to become involved. One way of doing so is to actually participate! The project involves a video conference interview (about 2.5 hours) where you would be asked about OCD and related concerns and afterwards provide a saliva sample that is mailed to you. Another is just to spread the word in your community (see box insert).

HOW TO GET INVOLVED IN THE LATINO PROJECT?


One option is to actually participate. Access this link for more information. <https://redcap.link/latino>

Spread the word in your community. This can involve reaching out to leaders in your community such as clergy, community leaders, and educators. Contact latinostudy@bcm.edu for flyers and more information.

**To participate, you must:**

- be between the ages of 7-89.
- have current or past symptoms of OCD (no formal diagnosis is needed).
- have Latin American or Hispanic ancestry (yourself, a parent, or grandparent must have been born in Latin America or the Caribbean, or your family descends from Latin America).

If you believe you are eligible and want to join the study, you can take a short survey by visiting redcap.link/latino or by scanning the QR code. If you live in one of the participating countries outside the US and would like to participate, please email us at latinostudy@bcm.edu.

Please feel free to reach out to the project team at latinostudy@bcm.edu to learn more about our research and to find out how you could become involved. We have also created an interactive website with additional information in English, Spanish, and Portuguese, available at latinostudy.org. 

Research Participants Sought

The IOCDF is not affiliated with any of the following studies, although we ensure that all research studies listed on this page have been reviewed and approved by an Institutional Review Board (IRB). The studies 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 Boris Litvin at blitvin@iocdf.org or visit iocdf.org/research.

Neural underpinnings of sequential decision making in OCD

Do you want to contribute to research on OCD? Participate in a study and earn up to \$100.

Study Information: Many people with OCD find that they struggle to complete tasks. The purpose of this study is to better understand how the brain works to allow people with OCD to make decisions and accomplish goals. We are interested in how the brain works when you make a decision to accomplish a goal. In this study, we use fMRI, or functional magnetic resonance imaging, to take pictures of the brain while a person is completing a task or while resting. Using fMRI, we hope to learn more about the brain networks involved in decision-making behavior in OCD.

See if you qualify today:

Adults with OCD: <https://www.butler.org/studies/neural-underpinnings-of-sequence-processing-in-ocd-clinical-population>

Healthy adults: <https://www.butler.org/studies/neural-underpinnings-of-sequence-processing-in-ocd-control-population>

NYU OCD and Depression Study

Do you have Obsessive Compulsive Disorder? If so, you might be eligible for a research study looking at clinical symptoms, behavior, and brain function in the disorder at NYU Langone Health. You must be between the ages of 18 and 55 and in good physical health. If eligible, we will ask you to participate in 1-3 separate appointments (some may be done remotely) for a total time commitment of approximately 6 to 12 hours. You will be reimbursed for your participation at a rate of \$25 per hour. Approved For Period: 7/7/2022 - 3/20/2023

During this research study you will be asked to complete some computer tasks while having your brain activity measured using functional magnetic resonance imaging (fMRI). We will also ask you about your health and to fill out some questionnaires about your emotions. If you want us to contact you to tell you more about the study, please fill out our study interest form: <https://redcap.link/PNCLab>

Investigational Treatment for Obsessive-Compulsive Disorder (OCD)

Participants needed for a Research Study

We are looking for males and females with obsessive-compulsive disorder (OCD), ages 18-35, with typical bedtime of 1:00am or later to participate in a study at the University of Colorado-Boulder Sleep and Chronobiology Laboratory.

Compensation up to \$750.

Go to <https://redcap.link/hjsuk01f> for study details and to apply.

A study researching "The barriers to treatment for individuals with obsessive compulsive disorder (OCD)"

Description of study: Hi! My name is Robyn, and I am currently a third year Psychology and Counselling student at the University of Sunderland. This year I need to complete my Research Project, where I have chosen to research the barriers to treatment for individuals with OCD. To be able to do this and gather relevant data, the aimed participants are those participants who have an OCD diagnosis, or who believe they suffer from OCD.

What are the objectives of the study and why?

Obsessive-compulsive disorder (OCD) is a mental health disorder which is mainly characterized by obsessions and/or compulsions. These obsessions and compulsions are often clustered into various groups, depending on the content and behaviours the person experiences. These obsessions and compulsions can have a big impact on an individual's day to day and life.

Different types of pharmacological and psychological treatment, such as Cognitive behavioural therapy, are available for those with OCD. However, studies report a big delay from the first appearance of symptoms to seeking treatment (the average is of 10 years!). Various possible causes of this delay have been found; these are considered barriers to treatment. Examples of these barriers are "not knowing where to seek help", feelings of shame and stigma, and problems with booking appointments and getting to appointments.

RESEARCH NEWS

Research Participants Sought *(continued)*

The present study aims to explore these barriers to treatment. Furthermore, the study will also investigate the relationship between certain types of obsessions/compulsions and barriers to treatment, alongside taking into consideration how demographic details (such as ethnicity, religion, and economic status) also impact the barriers.

*The questionnaires contain content related to obsessions, compulsions, symptoms and barriers to treatment which some individuals may find distressing; if you believe you could find participation in this study to be distressing, please do not take part. *

If you have any further questions or need any more information, please contact Robyn Jones via the following email:

Bh55hv@student.sunderland.ac.uk

Thank you!

Transcranial Direct Current Stimulation (tDCS) in Pediatric Obsessive-Compulsive Disorder (OCD)

Does your child suffer from OCD?

We are actively recruiting for a study at Massachusetts General Hospital to investigate the effect of transcranial direct current stimulation (tDCS) on neurocognitive functioning in pediatric OCD. tDCS is a non-invasive, painless, and safe form of brain stimulation.

We aim to discover new non-medication treatment approaches for children with OCD using targeted and safe delivery of a weak current to the scalp. Please note that this is an investigational study, not a treatment study. This means that while we are not expecting benefits to you directly, we plan to use what we learn to inform future treatments.

The study consists of 4 total visits:

- One remote/virtual screening visit
- Three in-person visits, approximately 2 hours long each.
 - Each visit will include computer tasks, questionnaires, electroencephalogram (EEG) and tDCS.
- Compensation of up to \$120

Please visit our study website or reach out to our team if you are interested in learning more!

Study website: <https://rally.partners.org/study/tdcs>

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Mathijs Van Der Drift, Study Coordinator

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Daniel Geller, M.D., Principal Investigator

E: dan.geller@mgh.harvard.edu

Please contribute to knowledge about well-being in mental health professionals!

Hello,

The last two years of the COVID-19 pandemic have been a particularly challenging time for health care workers, including mental health care providers. The Evidence Based Treatment Centers of Seattle (EBTCS) is conducting a research study on factors associated with wellbeing in licensed mental health professionals who provide therapy services, with a particular focus on experiences of telehealth and potential changes in practice during COVID-19.

Study participation involves completing an online survey via SurveyMonkey. Most individuals take between 10-15 minutes to complete the survey. All data is completely anonymous. Names or other unique identifiers are not collected.

The study survey includes the following types of items: demographic data, information about work settings and activities, questions about well-being, ways of coping, and experiences of delivering services via telehealth. Additionally, for licensed therapists who provide dialectical behavior therapy (DBT), the survey also includes questions assessing perceptions of telehealth with high-risk clients and behaviors.

Risks for participating in the study are minimal. There is no compensation for participation.

Interested licensed therapists can click below to be taken to the study consent form and survey, or can contact Ariel Ravid, PhD, at aravid@ebtseattle.com.

Survey: <https://www.surveymonkey.com/r/EBTCSwellbeing>

Survey Password: wellbeing

Thank you for considering participating in this study!

Ariel Ravid, PhD and Travis Osborne, PhD

Co-Directors of Research

Evidence Based Treatment Centers of Seattle (EBTCS)

RESEARCH NEWS

TMS Study for Teens with OCD

Do you have a teen, ages 13-18, with OCD? If so, you and your child may be eligible to participate in a study examining the effect of Transcranial Magnetic Stimulation (TMS) on brain functioning in youth with OCD. In TMS, a magnet is used to stimulate the brain from outside the head. TMS is non-invasive and is generally well-tolerated in children. The goal of this study is to test whether TMS can improve the connections between areas of the brain that are responsible for stopping unhelpful behaviors. If successful, we hope this may improve teens' ability to resist OCD compulsions and eventually lead to a new treatment option for teens with OCD.

Participation will consist of:

One remote visit for a screening interview (approximately 1.5 hours)

Two in-person visits for TMS, electroencephalogram (EEG), and computer tasks (approximately 2 hours each)

After each visit, your child will be asked to complete brief electronic surveys sent via text message

Compensation will be provided for each study visit

Please visit our website at <https://www.anxiouskids.org/tms-study> or call us at 401-432-1469 for more information.

Contamination OCD Study at McLean Hospital

Adults with contamination OCD wanted for a research study at McLean Hospital.

We are examining the effects of a brain stimulation method called repetitive transcranial magnetic stimulation (rTMS) in individuals with contamination-based OCD.

Eligibility: We are seeking men and women between the ages of 18 and 55 who are currently experiencing symptoms of contamination-based OCD.

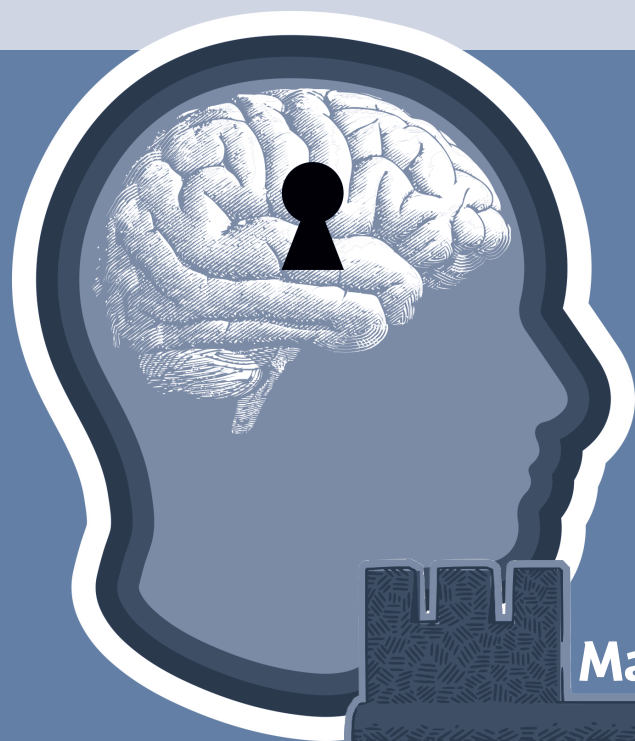
What's Involved: Participants will be asked to attend up to 32 office visits involving MRI, TMS, and psychological evaluation

Benefits: Participants will receive free psychological evaluations and MRI scan.

Compensation: Participants will receive compensation of up to \$1,800.

Contact Person: Please call Rosie at (617) 855-2911 for additional information. Please mention the "OCD study" when you call.

rally.massgeneralbrigham.org/study/tmsocd ⓘ



**You can help
unlock the science
behind OCD.**

Make your gift today!

iocdf.org/donate-research



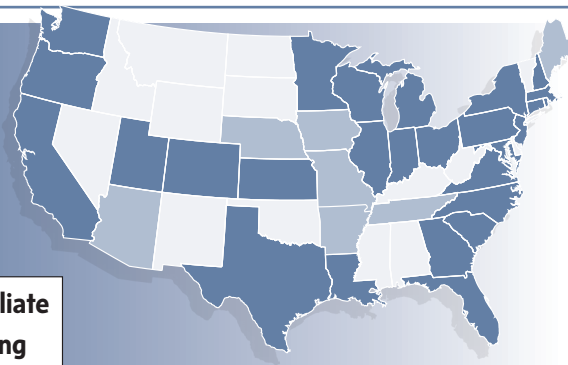
FROM THE AFFILIATES

Affiliate Updates

Affiliate Updates

Our affiliates carry out the mission of the IOCDF at the local level. Each of our affiliates is a non-profit organization run entirely by dedicated volunteers. For more info, visit:

iocdf.org/affiliates



■ State with Affiliate
■ Affiliate Forming

OCD ARIZONA ocdaz.org

We are pleased to announce that Arizona officially has an affiliate, OCD Arizona. Arizona continues to grow in population, and there is much need for awareness, community, and support for those with OCD. Cofounders Kristin Mervich and Bridget Henry are looking forward to the opportunity to bring together OCD providers in Arizona and support our community of those struggling with OCD.

OCD CONNECTICUT

Ocdct.org
[@ocdct](https://www.facebook.com/ocdct)
[facebook.com/ocdct](https://www.facebook.com/ocdct)

OCD Connecticut held two major events to celebrate OCD Awareness Week 2022:

An estimated 150 individuals attended a colloquium entitled "OCD: Getting Help and Support for Recovery" on Thursday evening, October 13, at Sacred Heart University (SHU) in Fairfield, CT. It was led by SHU professor emeritus and OCD CT clinical board advisor, Dr. Christina Taylor. Panel members included OCD CT and Fairfield County OCD Support Group members. The discussion focused on OCD symptoms, diagnosis, and treatment — as well as audience questions.

A grassroots community walk was held on Saturday, October 15, at Jennings Beach in Fairfield, CT. The walk was designed to promote increased awareness and a supportive community for the IOCDF and our affiliate. It also enabled us to raise \$1,164 for the OCD/related disorders community. Attendees enjoyed the beautiful outdoor weather and the opportunity to meet and greet each other and exchange information while embracing life's uncertainty, one step at a time.

In the Spring and Fall of 2023, we intend to hold more events. Virtual as well as in-person sessions will be considered to optimize our statewide mission of education and outreach.

We are happy to welcome our new Secretary, Audrey Medd, to our board.

OCD CENTRAL & SOUTH FLORIDA

ocdcsfl.org
[@OCDCSFL](https://www.instagram.com/OCDCSFL)

OCD Central & South Florida is excited to share that we have rescheduled our "One Million Steps for OCD Walk," for Saturday, January 14th, 2023 at St. Petersburg College. This family-friendly event will include refreshments, music, a bounce house, raffle, and a variety of awareness-building activities.

On Saturday, January 21st, 2023, from 9am-12pm, we are hosting an event at Evelyn Greer Park in Pinecrest, FL, on "Treatment Options for OCD." This event seeks to provide guidance to individuals affected by OCD, their family members, and professionals on treatment options and different levels of care, and it will include a variety of speakers, as well as networking opportunities for clinicians. All are welcome!

Later in Spring 2023, we will be hosting a presentation in Orlando, FL, in collaboration with Rogers Behavioral Health, called "Common OCD Comorbidities: Anxiety with a Chance of Depression," presented by Dr. Josh Nadeau and Dr. Katie Merricks. Stay tuned for further details!

We are also looking for more people to get involved on our board! We are specifically looking for individuals with lived experience, either as an individual or as a loved one of someone affected by OCD. Please contact us if you are interested!

OCD JACKSONVILLE

ocdjacksonville.com

OCD Jacksonville is happy to welcome new board member Josh Decker.

"I have nearly 20 years in healthcare with experience in intensive care, emergency, and home health. I've spent the last 5 years developing and managing clinical teams for

FROM THE AFFILIATES

a national hospice. As a lifelong sufferer of OCD, I have a personal and professional passion for helping those affected by anxiety disorders. I am currently in pursuit of my Doctor of Nursing Practice and aspire to serve my community as a mental health practitioner." — Joshua Decker, BSN, RN, CHPN
 OCD Jacksonville is also proud to announce our podcast "OCD: Sharing Our Stories" has won the 2022 Anthem Award for Service and has been recognized by the International Association of Podcasters for "Excellence in Production." The podcast will be back with new episodes in 2023.

OCD MID-ATLANTIC

ocdmidatlantic.org

[Facebook.com/OCDMidAtlantic](https://www.facebook.com/OCDMidAtlantic)

OCD Mid-Atlantic was excited to host a One Million Steps 4 OCD Walk in-person for the fourth time at Deep Run Park in Henrico, VA, in October. We had walkers from ages one to eighty-seven and raised almost \$6,000. The weather was beautiful and after walking we enjoyed lots of food, yard games, giant bubbles, and a great sense of community. Special thanks goes out to Suite 101 for generously providing live music!

Please visit our Facebook page to see pictures from the Richmond Walk. While there, you can also view a recorded interview of two of our board members who are parents of children with OCD, titled "Family Journeys Through OCD." Finally, there is also a book review by board member Amey Upton of the book *Healing: From Mental Illness to Mental Health* by Tom Insel.

We'd also like to thank Noah Weintraub and Bob Falk for their time as they rotate off the board. We look forward to collaborating with them in the future. We are looking to add new board members so please reach out through our website or Facebook page if you are interested in joining the board or volunteering in the future.

OCD MIDWEST

ocd-midwest.org

[@ocdmidwest](https://www.facebook.com/OCD-Midwest)

[Facebook.com/OCD-Midwest](https://www.facebook.com/OCD-Midwest)

Thanks to a generous donor, OCD Midwest sponsored a successful Pediatric BTTI in Northeast Ohio in the month of August with predominantly local participants. One of our wonderful board members, Mike Sizemore, was a contributor to the OCD Whisperer podcast, provided a lived-experience story and education for NAMI of Richland County, Ohio, and joined fellow board members Joanna Hardis and Jon Bomarito to present an OCD Awareness Week webinar for the community. President Gabrielle Fagella plans to present a 3-hour workshop on hard-reduction for Hoarding

Disorder for the Summit County Hoarding Task Force in late November. Finally, we hosted a well-attended One Million Steps for OCD walk in Cincinnati in October.

OCD NEW YORK

ocdny.org

[@ocdny](https://www.instagram.com/ocdny)

[Facebook.com/ocdny](https://www.facebook.com/ocdny)

OCD-NY would like to thank all our walkers and volunteers who attended and supported our One Million Steps for OCD Walks held in Rochester, Buffalo, and Long Island. We are grateful for all the donations, gift baskets, exhibitors, and enthusiastic support this year! Thank you to our Rochester Co-Chair, Cait Cardinale, and Buffalo Co-Chair, Shirley Mazourek, LCSWR, for all of their tremendous effort in putting together such successful walks in upstate NY. We had crafts for kids, food vendors, an artisan fair, local high school and college students, and more! A shout-out to our exhibitors, Genesee Valley Psychology, the pediatric OCD team from John R. Oishei Children's Hospital, and the ECMC Behavioral Health team for their support. OCD-NY, with the help of IOCDF, launched a scholarship program for all of our walkers. We provided a discounted registration to attend the November 2022 Online OCD Conference.

To keep up with our upcoming events, please follow us on Instagram @ocdny.

OCD PENNSYLVANIA

ocdpennsylvania.org

[@ocd_pennsylvania](https://www.instagram.com/ocd_pennsylvania)

[facebook.com/OCD-Pennsylvania-108186369206615](https://www.facebook.com/OCD-Pennsylvania-108186369206615)

October has been a busy month for OCD PA with 4 Walks throughout the state of Pennsylvania.

Harrisburg started us off with a bang on Oct. 1 at New Cumberland Borough Park. They had 80 people participate in the One Million Steps for OCD Walk in very rainy weather due to Hurricane Ian and raised around \$4,300. The Eagles donated two signed photos, the Phillies donated a signed baseball, Rogers donated an Eagle jersey, and the Philadelphia Soccer team donated 4 game tickets!

Pittsburgh had over 80 attendees and two speakers. It was another successful Walk!

Philadelphia had 189 registered walkers and surpassed their goal of \$10,000! The speaker at the Philadelphia Walk was Mackenzie Reed, a young nurse who also spoke at the conference in Denver. She is from the Philadelphia area. Mackenzie spoke from the heart about her painful struggle with OCD and her successes.

Erie had over 45 registrants and raised over \$3,500! We Are Courageous Kids sponsored the event by providing

FROM THE AFFILIATES

Affiliate Updates *(continued)*

inspiration and challenges after every lap walked. With much laughter, we ate bean boozled jelly beans, picked up garbage, wrote down our "what if?" thoughts for everyone to see, and engaged in socially awkward silly dances.

OCD SF BAY AREA

ocdbayarea.org

Partnering once again with the Rodriguez Lab at Stanford University, we had a wonderfully successful OCD Awareness Week. We had our first OCD Awareness Fair where people could visit various booths to learn about OCD treatments, resources for support, and related research. It was a rare opportunity to interact with leading clinicians, researchers, and others living with OCD and related disorders. Additionally, we participated in an online Fireside Chat during which several people with OCD and BDD shared their personal stories of living with and recovering from these disorders. OCD San Francisco is also thrilled to formally introduce our new president, Cassie Marzke! Cassie is an OCD advocate who has spent most of her life in the Bay Area. She recently graduated from UC Berkeley with degrees in Psychology and Latin language. She advocates through her organization "A Penny for Your Intrusive Thoughts", as well as through other community avenues. She is excited to become more involved in advocacy in the San Francisco Bay Area. We would also like to thank our former president, Mary Weinstein, for her many years of dedicated leadership and look forward to continuing to learn from Mary's wisdom in the years ahead.

OCD SOUTHERN CALIFORNIA

ocdsocal.org

[@ocdsocal](https://www.facebook.com/OCDSocal)

[facebook.com/OCDSocal](https://www.facebook.com/OCDSocal)

On the weekend of October 7, OCD Southern California joined the IOCDF and hosted the Costa Mesa, CA, Behavior Therapy Training Institute (BTTI). In line with our mission statement, the BTTI trained many local, Southern Californian therapists in evidence-based treatment for OCD. In addition, the BTTI's expert clinicians offer continued consultation to the therapist attendees.

Our Board of Directors would like to thank those who attended our virtual OCD Awareness Week 2022 event, which we held on October 15. 300+ attendees from around the globe tuned in to help make this a successful event. In addition, we thank Eric Storch, PhD, for being our special guest speaker! Recordings of the presentations and the presentation slides are available to watch and download for free on our website.

We also held our first holiday party on December 10 at the Costa Mesa Marriott. This community-building event was held on the hotel's beautiful outdoor patio overlooking a lake. Those in attendance participated in ice-breaker activities, mingled, played pub trivia, and enjoyed holiday food and refreshments.

Please visit our website for more information on our upcoming events, and if you would like to be a volunteer, email us at info@ocdsocal.org!

OCD WASHINGTON

Ocdwashington.org

[@OCD_washington](https://www.facebook.com/OCD_washington)

[Facebook.com/ocdwashington](https://www.facebook.com/ocdwashington)

OCD Washington would like to thank everyone who participated in OCD Awareness Week's events! It was our first time partnering with Rogers Behavioral Health, and we had an event for each day of the week!

Our social media manager Ruthie has been doing amazing work with keeping our events up to date on Instagram and Facebook. Our designer Kristin will be helping us to update our website.

Our board member presented at IOCDF's online Conference in November.

We are looking to fill two positions: a volunteer coordinator and a website manager. Please reach out to erjing@ocdwashing.org if you'd like to get involved! 📧