



Visit Seattle for the 27th Annual OCD Conference!



We're so excited to host the 27th Annual OCD Conference in Seattle, WA, this July 31–August 2! Registration will open in late March, but until then, we encourage you to do some planning ahead so when the time comes you can make a vacation out of your trip to the Conference.

Late July is the perfect time to visit the Pacific Northwest — temperatures are warm (but not hot) and rainfall is at its lowest, making this the optimum time to visit and experience all that the city has to offer.

Read on for some tips on everything there is to see and do in beautiful Seattle!

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The mission of the International OCD Foundation is to help those affected by obsessive compulsive disorder (OCD) and related disorders to live full and productive lives. Our aim is to increase access to effective treatment through research and training, foster a hopeful and supportive community for those affected by OCD and the professionals who treat them, and fight stigma surrounding mental health issues.

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

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Join the 1 Million Steps 4 OCD Walk!

*embracing uncertainty
one step at a time*



Spread awareness, fight stigma, and raise funds for the IOCDF when you join one of over 20 walks being held across the country this June. Don't see a walk in your area? Register for the grassroots Community Walk to start a team and walk in your local community.

Learn more at
iocdf.org/walk!





President's Letter

by Susan Boaz

Dear IOCDF Friends
and Family,

I recently read a great quote by Glenn Close about mental health: "What mental health needs is more sunlight, more candor, and more unashamed

conversation." I agree. Without sunlight, candor, and conversation, we cannot fund new research, find new treatments, or even find creative solutions. At the IOCDF, we have conversations each year with thousands of people impacted by OCD. Recently, these conversations have included more and more ideas from family members about how OCD can best be fought out in the open and with the support of family, rather than shadowed by mystery.

When any illness impacts one family member, it impacts all of them. At the Annual OCD Conference each year, we meet parents who are attending without their child who has OCD. Whether an adult or a child they ask, how do I motivate someone who is suffering to get treatment? How do we start? When OCD is at its worst, it is often difficult to get a child to fight. OCD pits itself against the parent and is determined to win the battle. Against this invisible foe, parents often feel helpless.

When my young daughter was first diagnosed, one of the most frustrating things I heard over and over was, "She isn't open to treatment, so there isn't anything we can do for her." Therapists would tell us, "Let us know when she is willing to fight, and then we will accept her as a patient." As I watched my six-year-old become sicker by the day, I wondered how we could motivate her to participate in the very activities that terrified her. While our long-term goal was always to have her be fully independent, could I really ask a six-year-old to find her own motivation to fight OCD? I would not ask her to learn to play soccer on her own, or to learn long division. We would not ask her to jump from a plane in mid-air even with a parachute. So why was this so different?

Eventually, we found a therapist who was willing to incorporate our entire family into the treatment process and we began to find a path forward. Our child was always a critical part of the treatment, even before she was able to fight alone. Eventually, she became the captain of her own treatment, but getting her healthy enough to fight was a full family effort. She learned to play soccer, to do long division, and even calculus. She hasn't jumped out of a plane, but she showed more courage in learning to do exposure and response prevention (ERP), as did we all, as a way of living our best lives.

We are starting to see the results of research that suggest that involving family members in the treatment plan for OCD may be a good starting point for patients who are unable to begin the fight. While much of the discussion currently focuses on kids and teens, I think this may also be important for spouses and partners of adult sufferers. It's a complex topic to talk about and to research. In January, I decided to attend our inaugural Education Vacation, a conference focused on providing both entry- and masters-level training. It was held in Puerto Rico as part of our program to train more professionals in how to treat OCD, and it included extensive discussions about family involvement in OCD.

I'm looking forward to learning more about the research and trials for family involvement at the Conference in Seattle this July. If you have strategies that have worked in your family, come chat with me. I'd love to hear your stories. If you want to learn more, come listen to presentations in our Parents & Families track. And don't ever give up hope. We are dreaming big, and believe that treatment is possible for everyone. Come dream big with us. We need the entire family to be successful. 🌱

With love,

Susan Boaz

IOCDF, Board President and Mom to a fabulous teen

FROM THE FOUNDATION

Visit Seattle for the 27th Annual OCD Conference! *(continued from front page)*



SEATTLE'S BIGGEST SITES

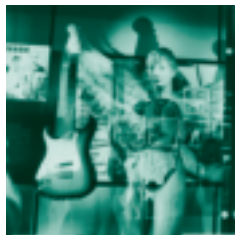
The Space Needle is Seattle's most notable landmark, and it's a great place to start your touring. Start with a view of the city (and, on a clear day, Mount Rainier!) from over 500 feet in the air in the Space Needle, and face your fear of heights when you look down through the glass floor!

This is also your chance to wander through the Seattle Center, a central area of 74 acres that once hosted the 1962 World's Fair but is now a public entertainment area featuring the International Fountain and the Monorail (which along with the Space Needle made its debut during the world's fair!).

MUSEUMS

The nearby Museum of Pop Culture (MoPOP) is a must; it features exhibits on Seattle-based grunge groups Nirvana and Pearl Jam, along with exhibits on science fiction and horror films. Music buffs will also want to stop at their guitar exhibit, featuring 20 historic guitars.

Art aficionados will want to check out the Seattle Art Museum just a 15-minute walk from the Conference hotel, as well as the accompanying outdoor Olympic Sculpture Park, a free, outdoor museum featuring 20 large sculptures and incredible views of Elliott Bay. Also head to Chihuly Garden and Glass for a mind-blowing collection of glass artwork.



RESTAURANTS AND SHOPPING

Pike Place Market is one of the most popular shopping destinations in Seattle, and includes the oldest farmer's market in the country. It's right next door to the Conference hotel, so it will be a great area for attendees to head to for lunch. Plus, if you're a Starbucks fan, this is your chance to see the original shop, still in business after nearly 50 years.

For other shopping destinations, check out the trendy area of Pioneer Square just south of Pike Place, and for some incredible restaurants, head to the International District just south of that.

...And if you really love Starbucks, you can also head just under a mile northeast to check out the Starbucks Reserve Roastery and try a few new flavors.

ACTIVITIES FOR KIDS (AND ADULTS!)

We haven't forgotten about the little ones! Seattle boasts an aquarium near Pike Place Market that includes touch tanks for kids to interact with sea urchins and hermit crabs; sea mammals like puffins, seals, and otters; and much more.

If they're into gaming, kids will get a thrill out of the Minecraft exhibition currently on display at the Museum of Pop Culture. And after you've gotten your shopping done in Pike Place, head over to the Seattle Great Wheel for a 12-minute ride up the 175-foot ferris wheel.



FROM THE FOUNDATION

Visit Seattle for the 27th Annual OCD Conference! *(continued)*

OUTSIDE SEATTLE

If you do one thing outside of Seattle, it should be a ride on a Washington State Ferry. Take the ferry to Bainbridge Island for gorgeous views across the Puget Sound. Once you're there, take a stroll through the Bloedel Reserve, a 150-acre botanical garden.



If you're looking for something a short drive away, the Woodinville Wine Country is less than an hour by car. This gorgeous valley boasts over 100 wineries and tasting rooms. Also less than an hour from Seattle is the Boeing Future of Flight, offering the nation's only public tour of a commercial jet plant. Spend 90 minutes exploring how jets are built. The plant also happens to be the largest building in the world by volume.

WITH EXTRA TIME

Add on an extra day for the chance to check out the surrounding national parks! Discover an active volcano covered with glaciers at Mt. Rainier National Park, or explore the diverse landscapes at Olympic National Park, which features beaches, rainforests, and mountainscapes. 📍



Excited to head to Seattle yet? Visit ocd2020.com for registration information, and we look forward to seeing you there this summer!

27TH ANNUAL
OCD CONFERENCE
SEATTLE | 2020

July 31–August 2
Learn more and register at
ocd2020.com

FROM THE FOUNDATION

A Room Without Walls:

IOCDF Council Seeks to Improve Mental Health Outcomes in Minority Communities

By Vinay Krishnan, JD, IOCDF Diversity Advisory Council Member

I'm standing in a hotel banquet hall in San Francisco, and I'm thinking about something Mychal Denzel Smith wrote once, and I'm realizing that I might not actually be a monster.

Every summer, the International OCD Foundation (IOCDF) holds its Annual OCD Conference. The weekend brings together people living with OCD, family members of people living with OCD, physicians, researchers, artists, and many others to share stories, support one another, and to expand our understanding of this unique disorder. Each year, the Conference features research presentations, interactive workshops, art shows, social events, and support groups addressing the range of symptoms and challenges one could face while living with OCD.

I've attended the Conference for the last three years, first in San Francisco, then in D.C., and this past summer in Austin.

There's one moment I look forward to every year. Without fail, it's the most overwhelming moment of the Conference each time. It's when I enter the room for the Keynote Address and find my seat. It doesn't even matter who's about to speak. It's the room itself that moves me. It's the space.

I remember the first time it happened, back in San Francisco in 2017. I stood in the back of the crowded hall for the presentation, as over 1,700 attendees trickled in and sat down. Throughout the weekend, everyone had been spread throughout the hotel, attending dozens of different lectures and seminars, without too many opportunities to interact as a group. This was the first time we were all in the same room, and my mind had trouble processing the scene.

I just couldn't help but see the juxtaposition in my head. I kept cutting back to 15 years earlier, when I was a frightened high school kid, suffering in silence, convinced that I was the only one in the world with this particular set of symptoms. Surely nobody else was spending hours every night conjuring up these horrific irrational scenarios. Surely nobody else was obsessing about this. I've learned many times over how wrong I was about all that, objectively wrong. It's something I'm secure with now intellectually, but emotionally, that sense of alienation never really leaves you. You always feel alone in the crowd, even if you're the center of attention. You always feel misunderstood, even if you're next to your closest friend. Standing in that hall, though, that feeling just — disappeared. It was gone, perhaps for the first time. What filled that void was something else entirely, a voice saying something

completely foreign to me, something I immediately recognized as true, something everyone with a mental illness should hear: *You belong in this world.* You are okay as you are. You are not monstrous. I was part of a community, over 1,700 strong, who all understood what it means to see the world the way I do. We had created a space with no shame, and that changes everything.

I want that moment for other people. It's not something any self-help book or therapy session can simulate. You have to stand there, see the faces, hear the voices, shake the hands. It's something tangible.

But not everyone can stand in a room like that. Whether it's affordability, access to care, criminalization, or cultural stigma, minorities often don't get to sit in rooms like this. We don't get to feel that fellowship. Very few people in that crowd looked like me. Almost nobody did. The demographic information collected by the IOCDF supports what I saw anecdotally.

Of the 1,491 people who filled out the demographic survey at the 2017 Conference, 14% identified as being a person of color. That number dropped to 11% in 2018 (of 1,401 people) and rose to 15% in 2019 (of 1,910 people). It's important to keep in mind, though, that 295 people chose not to fill out the survey in 2017, 104 did in 2018, and 120 people did in 2019. It is certainly possible that many of these individuals were people of color who did not feel comfortable filling out a form that asked them to identify their race. Even a generous interpretation of this data, though, presents an IOCDF that can find better ways of reaching out to minorities living with OCD in the future, and doing so could have a positive effect on healthcare outcomes.

I first started dealing with OCD when I was 13, and I didn't start seeing a therapist for it until I was 24. That's 11 years without treatment, and that's a common story for people at these conferences. People with mental illness often go years or decades or an entire lifetime without ever getting treatment for their illness.

This problem is even worse in minority communities. According to SAMHSA, 18.6% of Non-Hispanic Whites received mental health services in 2018, compared to 14.1% of American Indian/Alaska Natives, 10.9% of Native Hawaiian/Pacific Islanders, 8.8% of Hispanics/Latinos, 8.7% of Non-Hispanic African Americans, and 6.3% of Asian-Americans (National Survey on Drug Use and Health).

A Room Without Walls *(continued)*

The barriers between minorities and effective mental health treatment are real. They're cultural, they're social, they're economic.

One of the best recent articulations of this is an essay by Mychal Denzel Smith in *Invisible Man, Got the Whole World Watching*. Smith writes about having his first panic attack at age 16 and it being so incomprehensible to him that he did not even know how to articulate the problem to his parents as he cried in front of them. He grew up being similarly confused by bouts of depression, substance abuse, and by other panic attacks. He didn't understand that he was mentally ill because he saw no examples of it in his life. Nobody in his community talked about mental illness. Smith writes, "I knew people who were locked up; I didn't know anyone who was depressed. It was easy to forget."

Smith describes growing up, repeatedly discounting his symptoms as individual events, not signs of illness. Panic attacks, depression. Losing interest in food, in school. Failing to go to class. "There was nothing to worry about," he told himself over and over. "I could shake it off."

"The more I lied, the more I wanted to believe the lie, the less I could. Every time I said I was fine, I saw myself dying."

He first saw a discussion of black people and mental health from American author bell hooks, who wrote, "I have found myself saying again and again that mental health is the revolutionary antiracist frontier African Americans must collectively explore." The writing changed his life.

What any good mental health advocate or organization should be doing — the IOCDF included — is giving people the opportunity to stand in the type of room I stood in. To see that they're not alone. To make sure mental illness is not "easy to forget." More than just spreading awareness or educating the public, we can help people reconceive how they see themselves, to reshape their own narrative, to encourage them to seek treatment, and to provide evidence that illness is not synonymous with weakness.

To confront these issues, the IOCDF has formed a Diversity Advisory Council. Here is our Mission Statement:

The mission of the IOCDF Diversity Initiative is to ensure that diverse, marginalized, and/or underrepresented populations are included in the OCD community at large. As a community, we seek to educate the public about diversity issues, increase community engagement, and facilitate access to care for diverse populations. We embrace all forms of diversity and provide a welcoming forum to exchange ideas and promote change.

Over the next five years, the Council aims to 1) create an IOCDF staff and leadership composition that reflects our diverse community at all levels, 2) increase the number of clinicians of color that are trained to treat OCD following best practices, 3) conduct outreach in minority communities to bring more people of color seeking OCD treatment into our community, 4) increase attendance and participation from minority communities at IOCDF events, and 5) increase online content that combats mental health stigma and changes the narrative that this is a white disorder.

Next year's Conference will be held from July 31–August 2 in Seattle. Here's hoping we can create a more inclusive event and that we can use the Conference not as an isolated weekend, but as a springboard for transformative mental health work in minority communities.

I keep coming back to that room, what that felt like. Every time a prominent actor or athlete or writer speaks about their mental illness, they're bringing more people into that room. They're making it bigger. Every time we create safe spaces for mental health stories online or at open mics or at social events, we're bringing more people into that room. We're making it bigger. Hopefully, the Diversity Advisory Council can bring more people into that room and can increase access to care in the communities that need it the most.

Here's the thing, though, and this is where the metaphor breaks down. We're talking about rooms, about physical spaces, which inherently have limits, have walls. But that's not how this works. There shouldn't be a limit on this thing. Disability justice isn't about fitting more people into a room or checking an accessibility box. Access is the floor. It's the bare minimum. It's not the goal. The goal is dignity and respect and justice. The goal is stigma-free treatment for anyone who needs it.

Here's hoping we can work towards providing that for all members of our community. 🌐

See you all in Seattle.

For more information on the IOCDF Diversity Council and its initiatives, visit iocdf.org/diversity

ADVOCACY CORNER

Advocacy Corner Update

Greetings! We're looking forward to an exciting year ahead for the IOCDF Public Policy Program. In this edition of Advocacy Corner, we will dive into an important public health issue — suicide prevention — and share some of the ways that the IOCDF has been working to support suicide prevention efforts on Capitol Hill.

We know that suicide is an understandably difficult topic for many members of our community. If you or a family member are experiencing thoughts of suicide and need help, we urge you to call the National Suicide Prevention Lifeline at 1-800-273-TALK, or text 741-741.

Suicide prevention is a national public health concern of immediate and growing importance. The US Centers for Disease control reports that the rate of death by suicide in the United States has increased by 30% since 1999. Suicide touches people from every walk of life, a reality that was made painfully clear by Representative Susan Wild of Pennsylvania in a moving speech on the floor of the House of Representatives following the suicide of her life partner. We were incredibly fortunate to hear Representative Wild speak at the annual meeting of the Mental Health Liaison Group in December 2019. Her message was that suicide is devastating, but that we are not helpless — we can take action both in our personal lives and through public policy to prevent it.

Until recently, people with OCD were thought to be at a relatively low risk for suicide. However, recent research has revealed that this is a misconception. People with OCD are at significantly increased risk for dying by suicide — 10 times that of the general population — and rates of suicide in OCD are comparable to those seen in other mental health disorders associated with suicide risk, such as bipolar disorder and schizophrenia. Body dysmorphic disorder (BDD) and hoarding disorder, mental health disorders related to OCD, are also linked to higher rates of suicide attempts and deaths.

These statistics underscore that suicide prevention is not only a general public health concern, but is also of crucial importance to the OCD and related disorders community. For this reason, we have made suicide prevention a part of the IOCDF's advocacy work, and have been supporting legislation including:

- HR 4861, which would create a federal grant program to improve suicide screening protocols in hospital emergency departments across the country. Research has found that up to 11% of emergency department patients are experiencing suicidal ideation, but only a small fraction are effectively screened and referred to

SAVE THE DATE

2020 MENTAL HEALTH CAPITAL WALK OCTOBER 10, 2020

We will once again gather on the National Mall in Washington, DC, to mark the start of OCD Awareness Week! Mark your calendars — the morning of October 10, 2020, we will join together to fight stigma and raise awareness with like-minded mental health advocates from across the country.

mental health services. The IOCDF joined the Emergency Nurses Association and other members of the Mental Health Liaison group in sending letters to legislative leaders advocating for this bill's passage.

- The STANDUP Act (S 2492), which incentivizes schools to train students in identifying warning signs that a peer may be suicidal and how to seek help for themselves or a peer. We joined Sandy Hook Promise and other organizations in calling on Senate leaders to advance this bill.
- The Barriers to Suicide Act (HR 4309), which would fund efforts by state and local governments to install nets and barriers at high risk bridge locations. Research has found that bridge barriers reduce suicides, and that those who are averted by a barrier typically do not seek out a secondary method. We joined the American Foundation for Suicide Prevention and the American Psychological Association in providing letters to our allies in Congress to help them demonstrate how much national mental health organizations support the passage of this bill.

Additionally, we have been active in efforts to establish an easily remembered three-digit number that will connect callers anywhere in the US with a local suicide prevention hotline.

While we believe that these legislative efforts will reduce suicides — including suicides completed by people with OCD and related disorders — they are only a part of the solution. Providing an early, correct diagnosis and effective treatment are essential, alongside reducing the stigma that prevents people from seeking help in the first place. We look forward to sharing the IOCDF's policy advocacy work in these areas in a future edition of the Advocacy Corner! 🌍

Starting an OCD Support Group: My Story

by Josh Steinberg



A young boy of about eight years old ponders sharing a potentially embarrassing personal challenge with the group. He has already begun speaking and has the group's attention but is apprehensive about sharing the specifics of his obsession and the accompanying ritual. He takes a risk by sharing candidly and his facial expression reveals that he is relieved when no one laughs or appears quizzical. More importantly, he is exuberant when others echo his words and express their mutual understanding. The smiles on the faces of support group members coming to learn that they are not alone in their fight against OCD is one of the most rewarding aspects of facilitating a group like T.E.A.M. (Teens Engaging Anxiety of the Mind) OCD. Just a few years ago, I never thought that I'd overcome my own OCD, much less be running a group like this.

At its height, my obsessive-compulsive disorder (OCD) stopped me from leaving home for weeks, isolating me from friends, and keeping me out of school. Even worse, my obsessions wrapped themselves around my brain, preventing me from reasoning and engaging with the world as I'd once loved to do, until I'd inevitably surrender to my irrational, repetitive compulsions in pursuit of temporary relief.

Left with the options of letting OCD control me or confronting it head-on, I began treatment at age 12. cognitive-behavioral therapy taught me to retrain my brain;

I imagined reconstructing the neural pathways that associated my fear of my parents' death with my need to kiss the floor and my fear of my house burning down with my need to flip the light switch. Through exposure and response prevention, I lived my own personal hell by intentionally exposing myself to anxiety-inducing triggers and learning to resist compulsions. By reading about OCD, I came to understand and articulate my obsessions.

Returning to school for seventh grade, I was thrilled to use my mind for learning again. Students looked at me quizzically as I smiled through lessons, but I was proud to be nearly free from the obsessive clutter occupying my brain.

Four years later, I discovered I could not only be largely free from OCD, but also use my experiences to help others. Before 100 children and teenagers with the disorder at the International OCD Foundation's Annual OCD Conference, I shared my story, recounted other painful moments, and offered tips for overcoming OCD. Speaking publicly about my worst days was intimidating at first, but looking at the faces in the audience wearing the same mixed expression of anguish and hope I'd felt so many times, I knew my role in these conversations couldn't end. I returned home committed to diving into mental health advocacy and outreach despite any apprehension I'd had toward disclosing my deepest secrets.

I returned home with the goal of creating a support group for youth with OCD in order to share my experiences and facilitate conversations about the disorder in a warm environment. With the help of local therapists, my synagogue, and the IOCDF, T.E.A.M. (Teens Engaging Anxiety of the Mind) OCD was born six months later. After running the group for a few months, I realized that I needed to expand the group because of its increased membership.

FROM THE FRONT LINES

Starting an OCD Support Group: My Story *(continued)*

I split the group into two subgroups: one for younger members and one for older members. Now, the group consists of roughly a dozen members of ages varying from 11 to 22. My support group has continued to grow with every blog post and Conference presentation that I have taken on, each providing me with opportunities to meet new potential members. I have also begun communicating individually with OCD sufferers as far away as Goa by email.

However, running a support group can be challenging at times. The biggest issue that I have faced has been low attendance and member engagement. At first, I interpreted every no-show and second of dead silence in group meetings to be a personal attack or a reflection on my inability to facilitate the group. However, I have grown to understand that people lead busy lives that keep them from meetings and that many group members need time to feel comfortable contributing to the discussion. This new attitude has allowed me to remain more positive and continue to push forward to recruit members for the group.

Additionally, being a full-time student living several hours away from the community in which I initially established so many connections to youth struggling with OCD has not been conducive to continuing my work as a support group facilitator during the academic year. However, I always look forward to opportunities to re-establish the group; last summer I held several sessions while I was home and was thrilled to see how many members were willing to come back to meetings.

Overall, I have learned that facilitating a support group requires a lot of dedication and perseverance. Luckily, I am motivated by memories of my own battle with OCD and the smiles on members' faces as they connect with one another and realize that they are not alone. 🌱

Josh Steinberg is a sophomore at the University of Pennsylvania who plans to major in psychology and ultimately pursue a career in clinical psychology. Originally from Massachusetts, Josh was diagnosed with OCD in 2011. For the past five years, Josh has devoted much of his free time to mental health advocacy, outreach, and research.

5 TIPS FOR STARTING YOUR OWN SUPPORT GROUP

1. Determine the format of your group (potentially by talking with other group facilitators), including aspects such as the role of socializing and psychoeducation. You should also determine which clinical population(s) your group will serve as well as the age range of your members.
2. Advertise your group in the community through flyering, word-of-mouth referrals (i.e., connecting with therapists, school counselors, etc.), and online postings.
3. Research the issues that your clinical population(s) often experience and then brainstorm some potential relevant topics and guiding questions to be discussed at meetings. Make it clear to members that some topics are not appropriate for the group setting.
4. Explore the group's topics further by selecting relevant research articles and op-eds to share with group members.
5. Establish clear guidelines for your support group to ensure confidentiality for your members.

For a more in-depth dive into starting your own support group, read Josh's full guide at iocdf.org/start-a-support-group.

Body Dysmorphic Disorder and Me

by Scott M. Granet, LCSW



This may sound like an odd way to put it, but up until the age of 19 I had a normal relationship with my hair. I didn't try to avoid being in the wind and wouldn't feel panicky if someone looked like they might touch it. I also didn't care if I went a few days without shampooing. If it wasn't greasy, that was good enough for me.

One day in college while showering I noticed what I thought was a ton of hair on my hands. I figured it was just one day, so I decided to see how it went the next few times I shampooed. Each time was the same result. Hair was coming out in numbers I had never seen before. I don't remember how long this went on for, but at some point, panic set in. I then began examining my hair in the mirror and was especially focusing in on my part. Was I seeing more scalp than before? I thought so, but I couldn't really tell. "Maybe I shouldn't wash it as much." "Maybe I shouldn't comb it." "Maybe I shouldn't ever get it cut again." "Can anyone tell?" "Does their hair look the same or different than mine?" "What about their part?" "Was theirs the same as mine?" "Was I showing more scalp than they were?" I was consumed with thoughts like these. I couldn't think about much else. I had become obsessed.

I was convinced I was going bald, and quickly. I was 19! It couldn't possibly be happening to me, I thought. I had never even considered it as a possibility; I had more hair than anyone I knew — always. How could I live without my hair? I couldn't. It was almost unthinkable. I had no idea what to do and how to manage this. I was loving college, had great friends. What was I going to do now? Surely, life couldn't go on if I was to become bald. It was around this time that I first thought of suicide as an option. It wasn't one I particularly wanted. It just felt like I would have no choice.

I had to do something. I found that if I dealt with my hair less, I would feel better. I just had to be creative. I later came to realize that these "coping strategies" were really just compulsive behaviors. The first behavioral change was not looking at my hands during the process of shampooing. Secondly, I stopped looking directly at my hairbrush, so I wouldn't see any hairs in it. A third change was my not drying my hair after showering. I would run a comb through it to take out the knots, but then I would let it dry naturally. That may not be an issue for most people, but in addition to being long, my hair was very thick and would take several hours to dry on its own. Lastly, haircuts were a thing of the past.

I saw many psychiatrists, therapists, and dermatologists over the years, though no one had a name for what I was experiencing. Several years later I had become a member of the International OCD Foundation (IOCDF), which was then called the Obsessive-Compulsive Foundation. I always found the articles in their newsletter to be interesting, though none really described me. Sometime in the early to mid-1990s they had an article about a little-known psychiatric illness called body dysmorphic disorder, which I think was written by Katharine Phillips, MD. As I read the patient stories, it felt as if she was talking about me. I couldn't believe it. After 20 years there was actually a name for what had been torturing me. I had something real. I was already seeing a psychiatrist, showed him this article, and together we learned as much as we could about BDD.

Fast forward to today. I had my last major depressive episode about 12 years ago. I believe my BDD is now at a sub-clinical level. Some rituals persist to this day but are not time consuming or a disruptive force in my life. My wife and I are celebrating our 20th wedding anniversary later this year and our princess of a daughter is now a freshman in college. My career as a psychotherapist specializing in BDD and OCD has

FROM THE FRONT LINES

Body Dysmorphic Disorder and Me *(continued)*

never been better. I also have greatly enjoyed presenting on these disorders at various conferences worldwide and have taught classes to thousands of mental health professionals around the country.

So, how did I go from the BDD being such a destructive force in my life to it now being so well controlled? Therapy. Medication. Family. Support groups. The IOCDF. I've taken Zoloft for more than 20 years, though I'm now on a low maintenance dose. I used to feel a sense of shame over taking the medication, and often stopped taking it during periods of doing well. Typically, when I've done that in the past, the BDD and depression eventually came roaring back, so I would then go back on it. I know that many people resist taking medication for a variety of reasons. I think I often saw it as a sign of personal weakness that I needed to rely on it. I now feel that taking medication is a sign of both maturity and of strength.

Cognitive behavioral therapy (CBT) was clearly very useful and necessary for me. Anyone who has done exposure and response prevention (ERP) therapy knows that it is very hard work. Some of my exposure exercises involved putting hair in the sink so I had to look at it daily, looking at my brush after using it, going outside when it was windy, as well as severely limiting the mirror use. Cognitive therapy was also useful as I learned how to think differently about my hair, as well as many other significant issues in my life.

Even with all that, I still had some very bad bouts with BDD. So, I decided to also do some more in-depth psychotherapy. I grew up in a fairly chaotic family system, experienced some very significant losses at a young age, and also received a lot of attention because of my long, curly hair as a young child. I was painfully shy and developed a stuttering problem no one ever talked about. I will never truly know what factors may have contributed to the development of my BDD, but these seem likely to have played at least some role. Somehow, my hair became much more important than it should be for anyone and a source of safety. As long as my hair was OK, I was OK. Life was safe. I was safe. If there was any threat to my hair, there was a threat to my existence. Without my hair, there could be no me. It seems crazy to think of a body part in that way, but that's exactly how I felt.

I needed to learn that I was more than my hair. I needed to learn that some people can be trusted, and that not everyone was out to hurt me. I needed to learn that I could be successful in my career, have healthy relationships, and that hair wasn't the key to my happiness. I noticed in therapy that as I began to feel better, less attention was being placed

on my hair. I wanted to talk about other things. I wanted to have a life. Throughout this time the CBT was still always part of the process. I needed to be especially careful not to engage in behaviors I knew to be destructive, such as the mirror checking and to recognize when my distorted thinking patterns were resurfacing.

In my IOCDF Conference speeches, I often refer to this story of my daughter telling me I looked goofy after getting a haircut once. She was about five years old then. Although I was very uncomfortable, we still went for pizza and frozen yogurt just as I had promised. As we sat down to eat, my daughter was talking about a bunch of things, and we were both laughing and having a really good time. Then it occurred to me: she doesn't care how I look. Sure, she said the haircut made me look goofy, but it didn't alter in any way how she felt about me. It hit me like a ton of bricks. I'm her father, she loves me, and my hair has nothing to do with it. I then began wondering if that was how others might feel about me. Whether someone likes or loves me or even dislikes me, how much of it really has to do with my hair? Probably very little. What a concept! It's important not to overlook that this psychological awakening also came as a result of doing what was essentially an exposure exercise. Previously, going anywhere but home after a haircut would not have ever been considered.

Am I cured? Simply put, no. I expect to live with BDD for the remainder of my life. If it stays the way it is now, that's OK with me. There are worse things in life than having to manage what's left of this hair problem. Life is good in so many ways. As I've become happier with my life in general the BDD continues to recede further into the background. My hair no longer determines how I'm going to feel on any given day. I have days when I feel my hair doesn't look so good and days when I feel it all comes together. The not-so-good days probably still take more work than for someone without BDD, but that's not so terrible. In the past when I was really suffering, I used to say to myself that I would rather have cancer or some other dreadful illness. Not now. I don't especially want BDD, and I definitely don't want cancer or any other illness. I just want the life I have. 🕒

Scott Granet is a licensed clinical social worker who specializes in the treatment of BDD and OCD. In addition to his clinical work and teaching, he is a founding board member of OCD San Francisco, an affiliate organization of the International OCD Foundation. Please direct any questions/comments to sgranet@ocd-bddclinic.com.

TICING

by Janet Ruth Young

Before a meeting,
Preparing to drive, or
Ruminating on bills,
I am trapped.

I am caught.
Something is not right.
Something is not right.
Something, someone's constraining me.
How can I wriggle free?
I am hooked. This life is fishing me.

Wide open eyes - blink
Wide open eyes - blink blink.
Nose twitch, nose twitch,
Flare nostrils, flatten lips.
Stre-e-tch -
Stretch that space between nose and lips.
What's it called? Stretch it.
Grind teeth, roll jaw a way it's not designed to go,
Crunch ow crunch crunch.
Shimmy shoulders,
Stretch neck, str-e-etch
Stretch neck, stree-etch.

Hereditary.
An aunt purred, threw imaginary salt over her shoulders
While Grandpa played his invisible cornet.

Unightly.
Odd to others.
Must put them at ease while I am not.

Hide the moves.
Merge them with something normal people do.
Maybe I am just stretching.
Or looking at the sky.
Just checking my blind spot,
But not too long or too far.
Not attenuated, exaggerated, grotesque.

Or wait for a private place:
A cubicle,
A bathroom,
A hallway
Where I can release my moves
And get right with myself.

Wide open eyes - blink
Wide open eyes - blink blink.
Nose twitch, nose twitch,
Flare nostrils, flatten lips.
Stre-e-tch -
Stretch that space between nose and lips.
What's it called? Stretch it.
Grind teeth, roll jaw a way it's not designed to go,
Crunch ow crunch crunch.
Shimmy shoulders,
Stretch neck, str-e-etch
Stretch neck, stree-etch.

I see you, my sisters and brothers.
On the train or at a film.
You reach and stretch and look around,
Attempting camouflage:
Dust in your eye, an uncomfortable scarf.
Something is not right.
Something is not right.

We are too much for this world.

There will be a place for us
Where our moves are not too long, too far,
Attenuated, exaggerated, grotesque.
Your moves are rich, mine complex.
You will see me under the disco ball.
I will see you in the spotlight
Or on the ice of an arena
Nailing salchows and axels of your own devising.

Inside my shoes
In luscious privacy
My toes tic constantly,
Dreaming of liberty. 🌀

Janet Ruth Young, a person with OCD and tic disorder, is also the author of Things I Shouldn't Think, a novel inspired by her experience with harm OCD (Simon & Schuster, 2012).

Therapy Community

A response to "Getting Rubbed the Wrong Way: What Parents and Clinicians Should Know About Sensory Dysregulation" in OCD Newsletter Volume 33, Number 3, Fall 2019

by Diane Tom, OTD, OTR

A half century ago, decades before any other profession came to this conclusion, occupational therapists recognized that problems dealing with sensations could cause functional problems and started treating them. The American occupational therapy association's journal has published several systematic reviews and have published guidelines on evidence-based treatment on the subject. Do all occupation therapist follow evidence-based treatment? I can assure you the answer is the same as if the question was: "Do all psychologists use ERP for OCD?"

Let's look at a couple of things in the article from an OT's perspective. A mention of retreating to a quiet area was an example of avoidance. The end OT goal would be that the child could stay with the group; however, this is a good example of an OT modifying the environment (temporarily) so the child (and probably 30 other kids and a teacher) can remain functioning until the child can learn to tolerate the unpleasant sensations. You described Habit Reversal Training (HRT), for a child chewing his shirt, but an OT may use a different cognitive-based approach.

ALL of us use sensory strategies to stay self-regulated. For example, during a long boring meeting you might start

shaking your leg, eat a sour candy, fidget with an object, etc. to keep yourself awake. A cognitive treatment approach OTs use helps the child understand what sensory strategies, such as the above listed, they currently or could use to self-regulate. This child may actually be using shirt chewing as a technique to self-regulate. The OT would help the child understand how chewing as self-regulation could continue to be used but in a more socially accepted way, perhaps by switching to gum. This OT treatment method may possibly be a much more functional, faster and globally applicable approach, than the HRT technique of looking into a mirror, describing the behavior, and refraining from the behavior, as described in the article. As to the article's case example, this does describe a common OT treatment practice for food and clothing aversion.

I believe there is a place for many professions to work together to help a client overcome sensory difficulties using evidence-based practice. And I find myself wondering how this article may have been different if the authors had invited an OT as a co-author. 🕒

Diane Tom, OTD, OTR/L
Occupational Therapist

IOCDF Merch!

Now available in the IOCDF online shop:

- T-Shirts
- Stickers
- Magnets
- Hoodies
- and more to come!

Support the IOCDF and help fight stigma!

shop.iocdf.org



T-Shirt



Magnet (2.5" X 1.5")



Sticker (4 inch diameter)



Hoodie

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 INSTITUTE

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Our new location in Madison, NJ is directed by Dr. Stacey Rice Dobrinsky.

Dr. Dobrinsky has over 10 years of experience treating children and adolescents with OCD and anxiety disorders. She was one of the original psychologists at the Mclean OCDI Jr. program, where she eventually became clinical director. Dr. Dobrinsky specializes in severe, treatment-refractory anxiety and OCD and utilizes a combination of exposure and response prevention (ERP) and acceptance and commitment therapy (ACT) in her treatment.

She has been trained through the IOCDF's Behavior Therapy Training Institute (BTI) and is also certified in cognitive processing therapy (CPT) for PTSD. Dr. Dobrinsky has presented on OCD, anxiety, and ACT both locally and nationally.

THE ANXIETY TREATMENT CENTER OF GREATER CHICAGO

707 Lake Cook Rd, Ste 310
Deerfield, IL 60015

1550 Spring Rd, Ste 220
Oak Brook, IL 60523
(877) 559-0001

info@anxietytreatmentcenter.com
anxietytreatmentcenter.com

In January, we celebrated 25 years of empowering patients to overcome their fears! We are proud of our success and look forward to many more years teaching people to live beyond their anxiety and gain control of their lives.

Our director, Dr. Karen Cassiday, is the host of Moms Without Worry, a radio show presented by BBM Talk Radio on Fridays at 5pm EST, podcasted on iHeart Radio. Dr. Cassiday recently enjoyed being a TEDx speaker at the TEDx YouthAtWonderland event in Canada.

Dr. Nina Pacholec recently joined our growing practice as a clinical psychologist. Dr. Pacholec received her master's and doctorate from Palo Alto University in California with a Child and Family emphasis, completing her pre- and postdoctoral internship at WellSpan Philhaven Behavioral Health in Pennsylvania.

333 Main Street, Ste 200
Madison, NJ 07940
(973) 360-8400

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

10419 Old Placerville Rd, Ste 258
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(916) 366-0647

drrobin@atcsac.net
anxietytreatmentexperts.com

The Anxiety Treatment Center of Sacramento celebrated its one year anniversary in our new building and expanded program. Serving the greater Sacramento and surrounding areas, the ATC continues to offer partial hospitalization, intensive outpatient treatment, and individual therapy services for those struggling with OCD and anxiety-related conditions. Accepting most insurance plans, we continue to provide specialized services with the goal of reducing the suffering of those who are impacted by debilitating anxiety.

The Anxiety Treatment Center will also be sponsoring this year's 1 Million Steps 4 OCD Walk at Southside Park in Sacramento, CA, on June 6th, 2020. Since OCD Sacramento's first walk, we have and will continue to support and work to promote visibility for this exciting yearly event.

BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON

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Silver Spring, MD 20759
(301) 593-4040

info@behaviortherapycenter.com
behaviortherapycenter.com

It has been an exciting 2020 so far at BTC! Several of our staff have released new publications on OCD and related conditions. David Keuler, PhD, has just published *Healing from Obsessive-Compulsive Disorder: A Mindfulness-Enhanced CBT Approach to Regaining Control and Restoring Peace of Mind*. And Charles Mansueto, PhD, Sherrie Vavrichek, LCSW-C, and Ruth Golomb, MEd, LCPC, have just released *Overcoming Body-Focused Repetitive Behaviors: A Comprehensive Behavioral Treatment for Hair Pulling and Skin Picking*.

Dr. Charles Mansueto presented in the Master Clinician Series at the Education Vacation in Puerto Rico on "just right" OCD.

BTC continues to offer OCD intensive and accelerated treatment. We are accepting new clients who have the time, commitment and bravery to engage in what research supports as fast, effective treatment for OCD.

Groups: Drs. Gloria Mathis and Michael Lent have opened their OCD and Anxiety Disorders Exposure Group to anyone receiving exposure therapy outside of BTC.

Our Disruptive Behavior Management Program, under the direction of Dr. Noah Weintraub, is intended for children with OCD, Tourette's or an anxiety disorder in combination with externalizing behaviors (e.g., anger outbursts, defiance). This program involves a structured parenting group.

BTC's professionally assisted GOAL OCD support group continues to run strong.

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

BIO BEHAVIORAL INSTITUTE

935 Northern Boulevard, Ste 102
Great Neck, NY 11021
(516) 487-7117
info@biobehavioralinstitute.com
biobehavioralinstitute.com

The Bio Behavioral Institute is excited to announce two new therapy group opportunities. Adults with Hoarding Disorder can join our weekly evidence-based group based on the Buried in Treasures book. This group is a supportive and highly structured skills-based approach covering the acquisition and discarding of items, organization skills, as well as cognitive restructuring exercises to work through the relevant thoughts and emotions. Our newly forming Radically Open Dialectical Behavior Therapy (RO-DBT) group is open to adults with a variety of conditions characterized by excessive self-control. The group is a weekly evidence-based approach teaching openness to new experiences, learning to adapt to changes in life, and improving social connectedness. Please contact us to set up a screening for these two therapy groups. Our longstanding free-of-charge monthly OCD support group meets on the last Wednesday of the month from 7:30pm to 9pm. This group does not require pre-registration and is open to family and friends.

CENTER FOR OCD AND RELATED DISORDERS

1051 Riverside Drive, Unit 69
New York, NY 10032
(646) 774-8062
OCDTeam@nyspi.columbia.edu
columbiapsychiatry.org/ocd

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

Studies: We are recruiting individuals with OCD and their brothers and sisters to participate in a brain imaging study that seeks to identify a reproducible brain signature of OCD. In addition, we are continuing to recruit those who are interested in treatment and those who would like to contribute to research. We also continue to examine the brain's endocannabinoid system, which has been hypothesized to play a role in OCD. One of our studies examines the effects of different cannabinoids (the active agents in marijuana) on OCD symptoms. For more information on all of our current studies, call Sarah at (646) 774-8062 or visit us at our website.

CORNERSTONE OCD & ANXIETY GROUP

415 Railroad Ave S
Kent, WA 98032
(844) 623-9675
info@CornerstoneOCD.com
CornerstoneOCD.com

All of us at Cornerstone are so pleased that the 27th Annual OCD Conference is in Seattle this year! We have been preparing our staff and our clients for this and we're hoping to announce the rollout of some exciting expansion goals at a Conference booth this summer. Our clients are ready to volunteer and our families are ready to encourage all of the hard work that we're putting in to support the IOCDF and OCD Washington.

We're also very happy to be able to announce the formation of our non-profit organization: Cornerstone Resource Alliance, which we hope will bring in tons of money for our goals. The Alliance aims to support clients who can't afford treatment, clinicians who need training, and the communities we live and work in that need to be educated about OCD. In all, we hope that the Cornerstone family becomes a household name in OCD circles and in our neighborhood healthcare communities. We can't wait to see you at the Conference!

EAST BAY BEHAVIOR THERAPY CENTER

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Walnut Creek, CA 94596
(925) 956-4636
drz@eastbaybehaviortherapycenter.com
eastbaybehaviortherapycenter.com

We're very excited to announce Dr. Zurita Ona's new book, *Living Beyond OCD Using Acceptance and Commitment Therapy: A Workbook for Adults*.

Here are some highlights of this new resource:

1. It blends acceptance and commitment and exposure and response prevention skills from the beginning to the end.
2. It's full of exercises for readers to practice watching their mind as a content-generator and pattern-making machine.
3. It offers readers hands-on principles to approach any situation, activity, people or object that triggers obsessions while putting into action ACT and ERP skills.
4. It offers a full review of mental compulsions.
5. It helps readers identify the most common ruling thoughts about obsessions (e.g., "Because I think so, it makes me so"; "If my obsessions are repetitive, that means they're important"; "Because I think so, it means I want to do so").

Institutional Member Updates *(continued)*

6. It invites readers to identify potential blocks when practicing values-guided exposures: fusion with reasoning thoughts, values-conflict, fusion with a fake-value, or doing exposures as compulsions.
7. It guides readers on how to make a shift from reactive moves driven by obsessions into W.I.S.E. M.O.V.E.S. as steps towards values-based living.
8. It Introduces self-compassion exercises.

GENESEE VALLEY PSYCHOLOGY

21 Goodway Drive
Rochester, NY 14623
(585) 270-1679

drwadsworth@gvipro.org
gvipro.org

We are excited to announce that we have successfully brought together a team of ERP clinicians to fight OCD in Rochester, NY, a historically underserved city!

In just six months we have grown up to eight clinicians, started four OCD groups (support and exposure groups), launched our intensive outpatient program ... and we are still growing! We have also started taking practicum/internship students from local PhD and PsyD programs, and hope to have our first postdoctoral fellow start in September.

Finally, we are excited to be contributing to possibly Rochester's first OCD conference, in partnership with the IOCDF.

We would love to hear from anyone interested in research or clinical collaboration, as we are growing our weekly outcome data research and are looking for academic partnerships.

Thank you to the IOCDF to all you have done to support our launch!

KANSAS CITY CENTER FOR ANXIETY TREATMENT, P.A.

10555 Marty Street
Overland Park, KS 66212
(913) 649-8820

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kcanxiety.com

Lots of changes have been happening at KCCAT! Since summer 2019, KCCAT welcomed three new staff members: post-doctoral fellow Jenny Hodgson, PsyD, and professional staff therapists Jennifer Jackson-Rice, MSW-LSCSW, and Julie Gettings, MSW-LSCSW. We've also expanded and renovated our existing space, giving us more room to spread out! Part of our expansion includes more space dedicated to parent-child interaction therapy (PCIT) as well as additional rooms for group and family therapy. We were happy to host Steven Kurtz, PhD, ABPP, recently to provide a training in PCIT for selective mutism to our staff, and we look forward to expanding access to early childhood

evidence-based care in the Kansas City area through family-based ERP, PCIT (including adaptations for childhood anxiety disorders), and workshops for caregivers. We completed another round of our Social Exposure Group for Teens in February, and were in awe of the bravery of our patients showed! Due to popular demand from patients and staff alike, a repeat performance will occur this summer. Looking forward to seeing you all in Seattle in a few months!

MGH PEDIATRIC PSYCHIATRY OCD & TIC DISORDERS PROGRAM

185 Cambridge Street, Ste 2000
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MGHPediOCDTics@partners.org
mghocd.org/pediocdtics

The Pediatric Psychiatry program within MGH's OCD and Related Disorders Program is proud to have recently joined the IOCDF as an Institutional Member.

In fall of 2019, we were happy to welcome Dr. Shih Yee-Marie Tan Gipson to the program as a staff psychiatrist with a clinical interest in OCD and tic disorders. Marie's clinical background is in treating severe mental health disorders with interdisciplinary teams through a comprehensive approach and served as the lead physician for both inpatient adolescent units at Boston Children's Hospital and Stanford University School of Medicine before coming to us at Massachusetts General Hospital. Her additional clinical and research interests include trauma, depression, and anxiety as well as the impact and utility of mobile technology in mental health.

Recently, we have begun development of a data repository of OC-spectrum disorders and tic-spectrum disorders over time. We anticipate that collecting this clinical data will be helpful for current and future patients' treatment and progress. This project is in collaboration with neurology, neuropsychology, and psychology. We continue to work in close collaboration with specialists in these departments to provide better care for our patients.

MOUNTAIN VALLEY TREATMENT CENTER

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Despite it being almost two years since publication, the October 2017 New York Times Magazine article featuring Mountain Valley with its cover story still resonates with readers and, thanks to online searches by distraught parents looking for help for their anxious, avoidant adolescents, it still prompts weekly phone calls to the MVTC admissions office.

THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

The article, *Why Are More American Teenagers Than Ever Suffering From Severe Anxiety?*, was written by Benoit Denizet-Lewis, a bestselling author and professor at Emerson College. Over the course of the 12 months that Denizet-Lewis devoted to writing the article, he tracked two Mountain Valley residents, Jake and Jillian, from MVTC's then-campus in Pike, NH to UNC-Chapel Hill and a public high school in Florida, respectively, with the hope of finding out if parents, therapists, and schools are helping anxious teenagers by protecting them or pushing them to face their fears. Mountain Valley, a program that specializes in the latter, was the perfect place for Denizet-Lewis to test his hypothesis.

Denizet-Lewis's piece went on to become the most read New York Times Magazine article of 2017, and gave birth to a firestorm of other media coverage, including interviews on NPR and XM Radio.

NBI AND NBI RANCH

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(954) 217-1757**

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nbweston.com

**2695 S LeJeune Rd,
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Coral Gables, FL 33134**

NBI Ranch just celebrated its two-year anniversary. The Ranch serves as a supportive residential setting for adults who are participating in our intensive OCD treatment program. We wish to thank everyone whose feedback contributed to making this effort so successful.

We also welcomed our new medical director, Dr. Carlos Gadia, who is a highly experienced board-certified neurologist. He is an outstanding addition to our neurodevelopmental team. In addition, three licensed psychologists and a licensed mental health counselor have also joined NBI.

In other news, our Coral Gables (Miami) office is up and running. We also want to congratulate the four members of our staff who have completed extensive DBT training in New York, which allows us to integrate ERP and DBT for those with OCD in need of this combined treatment.

Our work in Brazil continues to evolve. Members of our staff recently presented at a major conference in Salvador, Bahia.

Finally, we are very proud to be the title sponsors for the 27th Annual OCD Conference in Seattle.

NORTHWELL HEALTH OCD CENTER

**75-59 263rd Street
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 related disorders, including body dysmorphic disorder and obsessive compulsive personality disorder. 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. For more information about our Center and to schedule a confidential screening, email us at ocdcenter@northwell.edu.

The team is excited to offer additional services for our patients. We have just created an enhanced track, which serves patients who have severe OCD symptoms and could benefit from more frequent opportunities to practice ERP. In this program, eligible patients are able to attend two individual ERP therapy sessions per week as well as several of the new ERP groups that Northwell Health OCD Center is now offering. Group members are taught skills grounded in emotion regulation, distress tolerance, and goal setting in line with values. The groups of course also provide plenty of opportunity to practice ERP in the group setting, fostering mutual support among members. Dr. Ren Krinick, our newest psychologist, is spearheading the enhanced track.

THE OCD & ANXIETY TREATMENT CENTER

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Bountiful, UT 84010
(801) 298-2000**

**11260 River Heights Dr
South Jordan, UT 84095**

admissions@liveuncertain.com
theocdandanxietytreatmentcenter.com

The OCD & Anxiety Treatment Center in Utah is growing! In January we opened our doors to a new location in South Jordan, creating an opportunity to support individuals across the valley. Our Bountiful center continues to thrive as we incorporate new amazing therapists to our team. We continue to provide intensive outpatient and outpatient services to both adults and youth, and are paneled with quite a few insurances allowing us to extend our ability to provide support and therapeutic care. Our current capacity at our Bountiful treatment center is 72 and our South Jordan center is 120. In addition to our regular programming, we are proud to provide free community groups at our Bountiful location: Adult Alumni Group — first Tuesday of each month 6–7pm, Youth Alumni Group — third Tuesday of each month 6–7pm, and Community G.O.A.L.S. Group — second and fourth Tuesday of each month 6–7pm. Stay tuned for more details about our open house in South Jordan this summer!

Institutional Member Updates *(continued)*

OCD AND RELATED DISORDERS PROGRAM AT MASSACHUSETTS GENERAL HOSPITAL

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mghocd.org

This year we welcomed our new psychologist, Ivar Snorrason, PhD. Our new clinical research coordinator, Julia Carrellas, also joined our team.

On Saturday, March 14th, 2020 from 8am to 12:30pm the Tourette Center of Excellence at Massachusetts General Hospital and the Tourette Association of Massachusetts will be hosting a FREE presentation supporting families affected by Tourette and tic disorders. This symposium will provide an overview of tics, Tourette Syndrome and co-occurring conditions, medical treatment and medications, Tourettic OCD, CBIT, intermittent explosive episodes, and neuropsychology. This event will take place at the Richard B. Simches Research Center at 185 Cambridge St, 3rd floor, Room 3.110, Boston, MA 02114. Pre-registration will be required to attend. Please check our Facebook and Twitter pages for more details on how to RSVP.

OCD INSTITUTE AT MCLEAN HOSPITAL

115 Mill St.
Belmont, MA 02478
(617) 855-2776

ocdiadmissions@partners.org
mcleanhospital.org/treatment/ocd-institute

The OCD Institute at McLean Hospital is excited about the impending move of our child/adolescent program OCDI Jr. from its current location in Middleboro, MA, to our home Belmont campus. With room for significantly more residential patients, our new space is being renovated and will be open later this spring. Dr. Maria Fraire, one of the original members of the OCDI Jr. team, has been named as the incoming program director, with Dr. Lisa Coyne remaining as our senior clinical consultant. Dr. Fraire specializes in the treatment of severe anxiety, OCD, and co-occurring disorders, specifically utilizing cognitive behavioral therapy and exposure and response prevention. Most recently she has acted as director of clinical services at McLean-Franciscan Child Community-Based Acute Treatment Program. Dr. Esra Guvenek-Cokol has been named the medical director at OCDI Jr. Dr. Guvenek-Cokol is a child, adolescent, and adult psychiatrist. She specializes in pediatric anxiety and OCD disorders, as well as in early stages of psychotic and bipolar disorders. We are glad that other key members of the existing OCDI Jr. team will also be making the move to our new space and look forward to being able to serve even more young patients and their families.

PALO ALTO THERAPY

407 Sherman Ave, Ste C
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info@paloaltotherapy.com
paloaltotherapy.com/ocd

At Palo Alto Therapy, we specialize in cognitive behavioral therapy and have many years of experience in the field of behavioral health helping children and adults overcome anxiety, depression, OCD, panic, social anxiety, and other stress-related problems.

Our newest additions: We are glad to introduce our newest members in both of our locations. Our fully licensed therapists, Jennifer Sousa, LMFT, LPCC, and Nicolette Lee, LCSW, and our pre-licensed therapist Kate Schnabel, ASW, supervised by Megan Taylor, LMFT. We are excited to have them join our ever-growing practice with their unique experiences and backgrounds.

Anxiety to Wellness Class: Our 8-week class will be offered for teens and adults in April and we are open for enrollment. This CBT class consists of teaching and practicing anxiety-reducing techniques and group support.

We Are Hiring! We are actively hiring for new therapists so that we can 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 for us, please send them our way!

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

POTOMAC BEHAVIORAL SOLUTIONS

2001 Richmond Hwy, Ste 800
Arlington, VA 22202
(571) 257-3378
info@pbshealthcare.com
pbshealthcare.com

The OCD team at Potomac Behavioral Solutions consists of:

- Dr. Joanna Marino, PhD
- Dr. Rebecca Hardin, PsyD
- Dr. Elizabeth Wine, PsyD
- Ashley White, PsyD
- Kristen Mahoney, LPC
- Alyson Nuno, MEd
- Verity Brown, LCSW
- Craig Gordon, LPC
- Cheree Sims (Doctoral Intern)
- Mariely Gonzalez (Doctoral Intern)
- Brandy Dinklocker (Doctoral Extern)
- Casey Strong (Doctoral Extern)

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

PSYCHOLOGICAL CARE AND HEALING TREATMENT CENTER (PCH TREATMENT)

11965 Venice Blvd, Ste 202
Los Angeles, CA 90066
(888) 724-0040
svirdee@pchtreatment.com
pchtreatment.com

Our OCD Program has now been renamed "The OCD and Anxiety Clinic" at PCH Treatment Center.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

1849 Sawtelle Blvd, Ste 710
Los Angeles, CA 90025
(310) 268-1888
info@renewedfreedomcenter.com
renewedfreedomcenter.com

RFC is excited to now offer PHP-level treatment!

Patients in our individualized, one-on-one PHP and IOP are engaged in exposure and response prevention (ERP), cognitive behavioral therapy (CBT), and family systems treatment and support with a dedicated treatment team for three to six weeks. Our PHP offers six treatment hours a day for five days a week, while our IOP entails three to four treatment hours a day for two to five days a week. Each treatment day is divided into two to three sessions consisting of skills building, skills training, and skills rehearsal to achieve the most consistent and productive results.

The initial diagnostic evaluation allows us to determine the length and intensity of treatment required based on each sufferer's symptom presentation and level of family involvement. A tailored treatment plan that is specific to each patient's unique needs is then developed and implemented by our team of OCD and anxiety experts. To learn more about or enroll in our PHP and IOP programs please contact us.

ROGERS BEHAVIORAL HEALTH

34700 Valley Rd
Oconomowoc, WI 53066
(800) 767-4411
rick.ramsay@rogersbh.org
rogersbh.org

Rogers Behavioral Health's Los Angeles outpatient center opened in early December and provides partial hospitalization care to children, adolescents, and adults. Patients can also step down to intensive outpatient care.

Several additional outpatient centers are set to open in 2020 and 2021, including in Atlanta, Seattle, and Sheboygan, Wisconsin. Each will provide care for OCD and related anxiety disorders, as well as depression and other mental health disorders. The Atlanta clinic will begin seeing patients in May 2020. The Sheboygan campus will offer supportive living in addition to regular programming — a first for the Rogers Behavioral Health system.

Rogers' Kenosha, Wisconsin location now offers OCD and anxiety partial hospitalization care to children and adolescents. Intensive outpatient programming is available to PHP patients as they progress. The clinic will offer OCD and anxiety treatment to adults in the near future.

Martin Franklin, PhD, clinical director, is leading a continuing education seminar on April 17th for mental health professionals in Philadelphia. The seminar covers the assessment and treatment of OCD across the developmental spectrum. Those who sign up before March 17th qualify for an early registration discount. More info at bookwhen.com/rogers.

STANFORD TRANSLATIONAL OCD PROGRAM — RODRIGUEZ LAB

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

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

Tatevik Avanesyan and Pavithra Mukunda have joined us as assistant clinical research coordinators. We are grateful to have their help as we start up our new OCD and PTSD studies.

Lab member Anthony Lombardi, PsyD, published Enhancing Exposure and Response Prevention (ERP) Treatment in an Individual with Relationship Obsessive-Compulsive Disorder: A Case Report in the Journal of Cognitive Psychotherapy, which highlights ERP adaptations utilized to improve the treatment course of an individual with OCD containing relationship themes. Congratulations to Andrea Millen, PsyD, and Amanda Levinson for publishing Pilot Study Evaluating Critical Time Intervention for Individuals with Hoarding Disorder at Risk for Eviction in collaboration with Lee Shuer and colleagues from Stanford and Columbia-NYSPI in Psychiatric Services. Critical time intervention for severe symptoms of hoarding disorder showed modest effects on hoarding severity; those at risk for eviction remained at risk, suggesting further treatments are needed.

Institutional Member Updates *(continued)*

STRESS AND ANXIETY SERVICES OF NJ, LLC

A-2 Brier Hill Ct
East Brunswick, NJ 08816
(732) 390-6694

allen.weg@StressAndAnxiety.com
StressAndAnxiety.com

Stress and Anxiety Services of New Jersey is pleased to announce that we have created a new position at our practice, administrative director, and have filled it with Marla Kentos. Marla comes to us with decades of experience working as an administrator in several large private medical practices, and we look forward to her helping us manage our continued growth.

In addition, Dr. Rob Zambrano, a clinical staff member at SASNJ since 2006, has taken on the position of clinical director. Rob, a graduate of the BTTI training and board member of OCD New Jersey, will be responsible for much of the clinical goings on at our practice moving forward.

We are excited about these new staff additions and changes as we head into 2020!

YOUTH TREATMENT AND EVALUATION OF ANXIETY AND MOOD (Y-TEAM) PROGRAM

1051 Riverside Drive
New York, NY 10032
(646) 774-5868

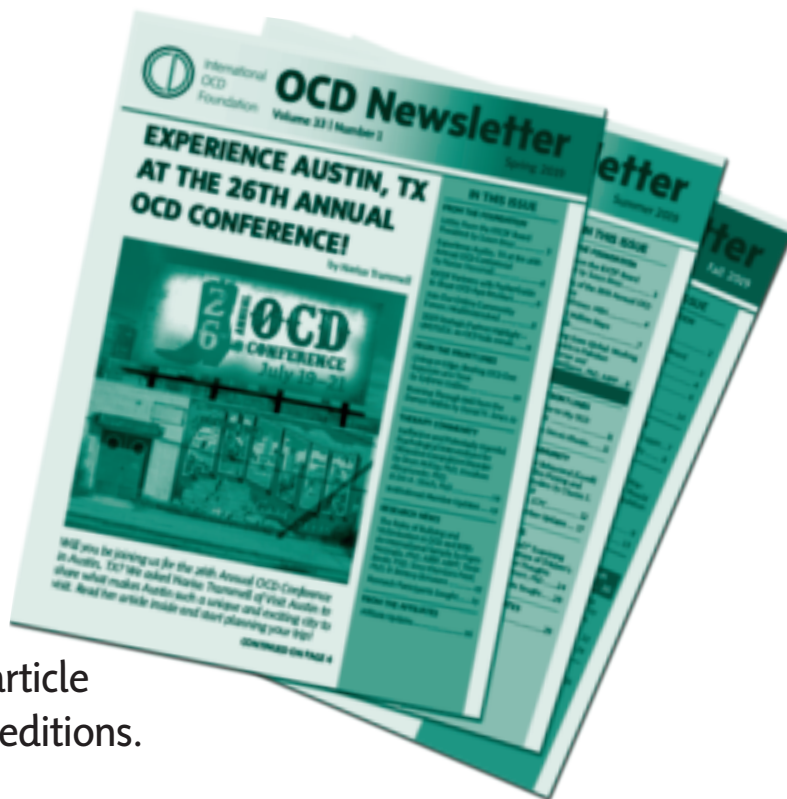
OCstudy@nyspi.columbia.edu
childadolescentpsych.cumc.columbia.edu/youth-treatment-evaluation-anxiety-mood-program

We are happy to welcome to our staff Dr. Katherine Durham, a clinical psychologist specialized in pediatric OCD and anxiety. She and the rest of the team are excited to continue our OCD treatment program for children ages 7 to 13. 🕒

Do You Want Your Article Featured in the OCD Newsletter?

The IOCDF is accepting personal stories, poems, therapy and research article submissions for upcoming Newsletter editions.

Submissions can be sent to editor@iocdf.org.



RESEARCH NEWS

Research Participants Sought

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

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

ONLINE

Testing a Cognitive Behavioral Mobile App for Body Dysmorphic Disorder

PI: Sabine Wilhelm, PhD

Study Purpose: We are testing cognitive behavioral therapy (CBT) for body dysmorphic disorder (BDD) delivered through a smartphone application ("app"). We hope that this new technology-delivered treatment will increase access to CBT for BDD.

Eligibility: Individuals age 18 or older with body image concerns.

Study Description: Study participants will complete the app-based CBT on their personal smartphone, in addition to completing clinical assessments and questionnaires from home.

Total participation time for the study is approximately 6-9 months, and all study appointments (5-6 total) occur over secure phone or video conference call. Compensation is provided.

Inquiries:

877-4MGH-BDD

bdd@partners.org

Do you engage in behaviors like hair-pulling, skin-picking, nail-biting or other similar body-focused repetitive behaviors? We are looking for volunteers to take part in our study.

Who can take part?

- People aged over 18 years.
- People that identify themselves as engaging in any type of body-focused repetitive behavior such as hair-pulling, skin-picking and nail-biting.
- People who are sufficiently fluent in English.

Your participation in this study is voluntary. All the information collected during the course of this research will be kept strictly confidential.

What is involved?

You will first be asked to provide information about yourself (e.g., age, gender etc....). Then, you will be asked to complete a series of online questionnaires exploring the relationship between personality, emotions, and body-focused repetitive behaviors.

You can access the survey at this link:

http://nclpsych.eu.qualtrics.com/jfe/form/SV_OvprkKfAGY27NOF

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What is the time commitment?

Based on piloting, people take between 35 and 45 minutes to complete this study. While completing you can decide to take a break and come back to it later on.

What are the benefits?

A donation of £200 will be made to one or more charities that support people with BFRBs.

What are the potential risks?

Participating in this research is not anticipated to cause you any disadvantage or discomfort.

This study is part of Barbara Medea's doctoral research, supervised by Professor Mark Freeston. This study was approved by the Faculty of Medical Sciences Research Ethics Committee, part of Newcastle University's Research Ethics Committee. For further information, you can contact us at:

Body.focused@newcastle.ac.uk

TENNESSEE

OCD Sleep Study

If you have obsessive compulsive disorder (OCD), you may qualify to participate in a study being conducted in the Emotion and Anxiety Research Lab at Vanderbilt University on OCD and sleep.

Purpose: To understand the relationship between sleep and OCD symptoms.

Description: The study requires two visits to the lab and a series of at-home measurements. Tasks include sleep and mental health interviews, questionnaires, a reaction time test on the computer, a writing task, speaking task with a heart rate monitor, and a week of at-home sleep measurement and brief daily surveys about current thoughts and emotions. Participants will receive \$50 for full participation and personalized feedback about their sleep and chronotype.

Eligibility criteria:

1. Between 18 and 65 years old
2. None of the following conditions

- Bipolar disorder
- Pervasive developmental disorder
- Psychotic disorder

If you are interested in participating, please call us at (615) 343-5476 or email Rebecca Cox at

OCDsleepstudy@gmail.com. ☎

In the News: Features of Topical OCD

by Jordan Levy, PhD



Obsessive Compulsive Disorder (OCD) involves unwanted intrusive thoughts, images, urges or sensations (obsessions) which increase anxiety as well as physical or mental behaviors intended to bring relief from anxiety (compulsions). Obsessive themes vary but generally center around similar topics. Someone suffering with OCD often feels alone and that they are “the only one in the world like this.” Often, OCD seems to focus on the thing that is most important to someone such as their sexuality, romantic relationship, health, or their kids. Other times OCD will appear to choose a theme at random. Despite this randomness, the torment is the same. The clinical observations outlined in this article will focus on “topical OCD”, a type of OCD with themes that appear to vary depending on what is topical and currently relevant in society or in the news.

One type of OCD that has gained popularity in the last few years is focused on obsessions around being transgender. In 2015, one of the biggest stories of the year was Caitlyn Jenner’s transition. This story was a critical moment for the transgender community. What resulted was a societal shift in the conversation surrounding transgender issues and transgender acceptance. Around the same time, “bathroom bills” in many states were also getting more attention on the news and on social media. These proposed laws either restricted or permitted which bathroom was allowed based on gender and led to fierce debate. Before this time, it was

relatively infrequent if not completely nonexistent to hear about OCD symptoms related to obsessions about being transgender. Clinicians began to hear more often: “How do I know if I’m transgender, or if I will become transgender?” Individuals who never had OCD presented with these types of obsessions, and individuals who had previously been treated for other OCD themes began discussing fears related to gender. OCD latched on to the dramatic increase in attention that transgender concerns were receiving. One of the hallmark features of OCD, is that its sufferers have an intolerance of uncertainty. Since there is no accurate, objective test predicting sexuality and gender, OCD has a tendency to prey on this ambiguous gray zone.

Sexuality obsessions remain one of the more common OCD subtypes while the underlying feared consequence appears to have shifted. OCD sufferers appear to be less preoccupied with the fear of being stigmatized for their sexual orientation as the LGBTQ community has gained more acceptance. However, as gender and sexuality labels such as “pansexual” and “gender fluid” have entered our day-to-day vocabulary, the idea of not knowing which category one fits into has gained traction in those who experience topical OCD. As with all OCD, it is the intolerance of uncertainty that underlies these concerns.

Another topical OCD trend has been observed following the exposure of the widespread sexual abuse allegations against Harvey Weinstein in 2017. The #MeToo movement gained more attention after an unexpected and overwhelming number of women came forward and broke their silence on surviving sexual assault and harassment in the workplace. Since OCD is a disorder that often preys on the fear of having done something wrong in the past, many individuals with intrusive thoughts began to fear that they were also guilty

RESEARCH NEWS

In the News: Features of Topical OCD *(continued)*

of being horrific perpetrators outlined in a recent allegation. It is common for people with OCD to experience intrusive thoughts of murdering, molesting, raping, cheating or deceiving others. Individuals with this OCD theme started scanning their memories even more than usual to search for any evidence of past guilt. These individuals began to be flooded with intrusive thoughts and became more convinced that they were bad people who had committed an appalling act because of what they were reading every day in the news. This particular topic caused many people with OCD to question or doubt their memories, thus taking advantage of their emotional vulnerability.

OCD themes related to contamination or disease can also change based on health trends. For many years, one of the most common contamination fears revolved around contracting HIV/AIDS. As the treatment of HIV/AIDS has

improved and management of the disease seems possible, anxiety provoked by the threat of HIV/AIDS has decreased. HIV/AIDS is not in the news with the same frequency and magnitude as it once was. Individuals living with contamination OCD may still notice a red mark on a wall and be inundated with intrusive thoughts that it is blood and may fear that they will contract HIV. However, as media coverage of the HIV/AIDS epidemic has decreased, so too have the potency of intrusive thoughts centered on contracting this illness. Conversely, fears of developing amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), or the recent coronavirus have increased dramatically.

Coronavirus fears are significant and global. Many individuals with OCD have noticed increased intrusive thoughts centered on being contaminated with or contracting the coronavirus, particularly those with health

5th Annual IOCDF Research Symposium *for Researchers, by Researchers*

Thursday, July 30 & Friday, July 31
Hyatt Regency Seattle

Co-Chairs: Christopher Pittenger, MD, PhD, & Carolyn Rodriguez, MD, PhD

What is the IOCDF Research Symposium?

The IOCDF Research Symposium is an annual event that happens just before and during the OCD Conference. The Symposium is a forum for high-level discussion of research topics among people who specialize in the study of OCD and related disorders, and is intended as a "for researchers, by researchers" event.

The IOCDF Research Symposium grew out of the popular regional New England OCD Research Symposium (NERS), originally created by Dr. Christopher Pittenger and co-sponsored by Yale University and the International OCD Foundation. In an effort to expand the reach of this invaluable research forum, we began offering the symposium as a Pre-Conference event in 2016.



Learn more and register at [ocd2020.com](https://www.ocd2020.com)

In the News: Features of Topical OCD *(continued)*

“ Although OCD may appear different due to shifting themes, it is the same disorder regardless of the presentation or presenting theme, or topic. ”

focused obsessions. Many people with OCD who scan their bodies for potential symptoms of anything and everything are now scanning their bodies for coronavirus symptoms. Some have recently discussed preoccupations with underlying medical concerns that could lead to a weakened immune system which may make one more susceptible to contracting the coronavirus. Sales of masks are astronomical, and unsurprisingly, one individual with OCD was noted to be so attached to his mask, even wearing it while driving alone in his car with the windows up. As it currently stands, the probability of dying from coronavirus is low. Individuals with OCD overestimate the probability of bad events happening and this is no different with coronavirus as many OCD sufferers are engaging in compulsive handwashing and significant avoidance behavior in excess of the CDC recommendations.

There are countless more examples of how the prevalence of OCD themes vary with what is societally relevant. Following the deaths of Robin Williams and Anthony Bourdain, many people who have OCD experienced an increase in suicidal obsessions, a form of harm OCD. Many OCD sufferers became plagued with questions such as, “What if I commit suicide,” or “what if I am capable of committing suicide,” or “how do I know if I will become suicidal in the future?” Harm obsessions centered on mass shootings and school shootings have also risen as these horrific events have become more commonplace and are more easily remembered.

CONCLUSION

OCD can manifest in a multitude of ways. The examples outlined above are an example of how the intrusive thoughts associated with OCD can fluctuate depending on what is societally relevant.

It is important to remember that although OCD may appear different due to shifting themes, it is the same disorder regardless of the presentation or presenting theme, or topic.

Despite how challenging it may appear and feel, hope exists for those struggling with OCD. 🌱

Dr. Jordan Levy is a licensed clinical psychologist and has been treating individuals with OCD since 2010. He received his doctorate in clinical psychology from Hofstra University, and specializes in treating patients with OCD in his private practice in New York and Northern New Jersey. Jordan also serves on the Board of Directors of OCD New Jersey, an IOCDF affiliate.

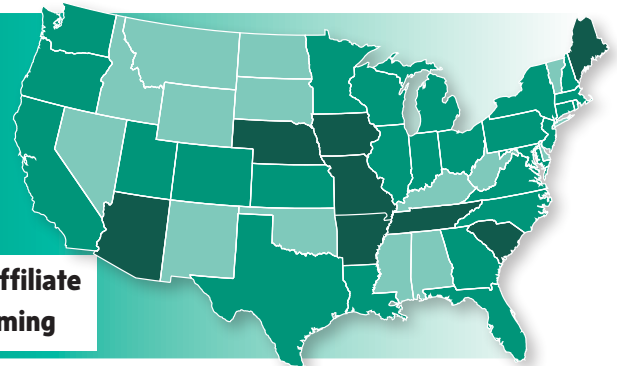
FROM THE AFFILIATES

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 ocdarizona.org

OCD Arizona: Initial steps are being taken to form an IOCDF Affiliate in the state of Arizona! If you are interested in getting more involved and helping in the establishment of an Arizona Affiliate, please contact Kristin Kohn and Natasha Daniels by visiting our website.

OCD CENTRAL & SOUTH FLORIDA ocdcsfl.org

Greetings from sunny Florida! ODCSFL is looking forward to upcoming events in 2020!

On March 20th, 2020, we will be hosting Living with OCD: Adolescent/Teen Discussion Group in Boca Raton, FL, which will be led by Marni L. Jacob, PhD, ABPP (Licensed Psychologist & ODCSFL President) and Kyle King (IOCDF Ambassador). We are also in the process of planning other events in South Florida, Orlando, and Tampa, including a 1 Million Steps 4 OCD Walk to be held in summer 2020 in the Tampa Bay area, in collaboration with Rogers Behavioral Health. We are planning for our OCD Awareness Week 2020 event to be held in the Orlando area. More details regarding these events to come soon!

We are also always looking for people to get involved in different ways within our Affiliate. Current opportunities include joining our board as assistant treasurer, serving as a volunteer for events, providing a workshop or being a speaker for an event, or collaborating on community-focused events or other efforts that support our cause. If you are interested in any of these opportunities, please email us at info@ocdcsfl.org.

Check out ocdcsfl.org for information about our events and to learn more about OCD Central & South Florida. Please contact us at info@ocdcsfl.org if you have any questions.

OCD GEORGIA ocdgeorgia.org

Sincere thanks to the sponsors and attendees who joined us at our 1 Million Steps 4 OCD Walk this October. Keynote speaker Chrissy Hodges shared her infectious energy and passion for peer support resources, and was able to connect with

members of our advocacy group and peer group. Before the walk, we included a meetup at a coffee shop to allow for new connections and community building between Walk attendees and local advocates. This new format was highly praised by attendees, and we will continue this format for next year's Walk. At the walk, OCD Georgia also welcomed several new board members; our board now proudly represents individuals with lived experience, mental health professionals, and family members of individuals with OCD.

We are excited to share updates about new initiatives, including our peer group, which hosts monthly social meetups in the community to build friendships and connections with others who "get it." In addition, the monthly advocacy group has remained hard at work during monthly meetings. Most recently, this group submitted a grant for a local nonprofit to (hopefully) support a new initiative in the community. Peer group volunteers also provide one-on-one outreach calls to individuals who contact their email address (ocdgeorgiapeergroup@gmail.com) with questions about treatment, accessing help and support, and other topics. Upcoming projects include our website redesign and social media overhaul.

OCD JACKSONVILLE ocdjacksonville.com

OCD Jacksonville was pleased to begin our 2020 programming in January with a CEU lecture by our own Frank Morelli at the University of North Florida. The course, OCD: Fundamentals of Assessment and Treatment, was given for students and alumni of the UNF Clinical Mental Health counseling program. We are continuing our commitment to enrich student education and support a new generation of treatment providers in northeast Florida.

Our art nights at The Museum Of Contemporary Art Jacksonville (MOCA) resumed in February. The mixed media canvases were titled My Healing Journey, a departure from the ERP canvases created in past workshops. We also hope to add new creative content throughout the year as well as guest instructors from a variety of artistic mediums.

The highlight of our spring programming will be a live show, The OCD Stories, with special guest Stuart Ralph of the podcast The OCD Stories. OCD sufferers from our region have written

Affiliate Updates *(continued)*

scripts telling their own OCD stories which will be performed live at The MOCA Theatre. Stuart Ralph will also be interviewed on stage and will share his insights about sharing OCD stories worldwide. Tickets for the show and the VIP event are available on our website.

OCD MID-ATLANTIC

ocdmidatlantic.org

OCD Mid-Atlantic is proud to have sponsored the Pediatric BTTI in Baltimore back in November 2019, and we're pleased that we were able to make sure three professionals from our area had spots (seven total local professionals attended). Our third annual 1 Million Steps 4 OCD Walk will be held in Richmond this year on June 6th, so check the website for upcoming details! We're hoping to build more on last year's success. Several board members have submitted ideas for the Conference in Seattle this summer. Please check our website periodically for updated information on these and other events, and to let us know of other needs in the Mid-Atlantic Area!

OCD MIDWEST

ocd-midwest.org

In an ongoing effort to develop clinician skill and interest in treating OCD, on March 13th, OCD Midwest presented an all-day workshop OCD Basics and Beyond: Effective Treatment of Obsessive Compulsive Disorder. The workshop featured an "all-Ohio" faculty including Charles Brady, PhD, ABPP, Beth McCreary, PhD, ABPP, Lawrence Needleman, PhD, ABPP, Gabrielle Faggella, MSSA, LISW-S, and Angela Couch, RN, MSN, PMHNP-BC. Nearly 200 clinicians attended the training, which was held in Columbus, Ohio. OCD Midwest is especially grateful to The Ohio State University, the Lindner Center of HOPE and Rogers Behavioral Health, whose generous support allowed this continuing education event to be offered without charge.

OCD NEW HAMPSHIRE

ocdnewhampshire.org

Board expansion: OCD NH has added new members to the board of directors, as it continues to serve as a resource across the state by offering support groups, educational events, and fundraising activities.

Anxiety and OCD in Schools presentations: In our ongoing efforts to create awareness and provide education and resources for school personnel, parents, and professionals, under Vice President Jodi Langelotti's leadership, OCD NH has presented to over 100 educators, special educators, paraprofessionals and court-appointed special advocates since late 2019. School presentations will continue in 2020.

2020 Seacoast Anxiety (and OCD) Symposium: In collaboration with OCD Mass, OCD RI, and NHPA, OCD NH and Mountain Valley Treatment Center will host this year's event during OCD Awareness week. Save the date of October 15th, 2020, in Portsmouth, NH. The theme will focus on anxiety and OCD in schools.

OCD support groups: Thanks to efforts of OCD NH members, OCD support groups are growing across the state, including a teen-focused group as well as a group for parents who have school-aged anxious/OCD kids. In spring/summer the support group for parents will be expanding to additional school districts throughout the state.

Post-partum OCD information: OCD NH has sent information on PPOCD to pediatricians and others providing peri- and post-partum services across the state, continuing efforts to create awareness and education on this topic.

OCD NEW YORK

ocdny.org

OCD New York is co-hosting an OCD conference with the Rochester Psychiatric Center — New York State Office of Mental Health on April 25th, 2020. The conference is open to the community as well as interested professionals. Topics will include diagnosis, assessment, family/parenting strategies, as well as evidence-based biological and psychological treatment approaches. Pre-registration will be required. Information will be posted on our website. OCD New York will hold its 3rd Annual 1 Million Steps for OCD Walk in June. This is a great opportunity to support research, raise awareness, and connect with a supportive and empowering community. Walk details to be announced soon.

OCD SACRAMENTO

ocdsacramento.org

OCD Sacramento kicked off the new year running with a presentation in January called OCD: Not for Dummies by Dr. Tracy Roulet, PsyD. Rather than OCD for Dummies, this play on words was useful for both providing knowledge about OCD and helping the listener to understand that OCD is not about an absence of logic or intellectual understanding. Rather, many sufferers are fully aware of the irrational nature of their obsessions and are oftentimes highly educated, successful individuals who are unable to rid themselves of this type of thinking despite their knowledge.

In February, we hosted Love the One You're With? by Mallory Eastman, LMFT. This presentation was geared towards an all-inclusive audience of sufferers, supportive family and friends, and clinicians alike who were curious about relationship OCD. It explored how to spot the signs, when to seek treatment, and what can be done to help sufferers and their partners have a healthier, more satisfying relationship.

OCD Sacramento will be hosting another year of the 1 Million Steps 4 OCD Walk on June 6th, 2020, at Southside Park in Sacramento, CA. We are looking for volunteers who would like to be involved in helping us both prepare for this special event and assist with community outreach. Contact drrobin@atcsac.net to learn more.

FROM THE AFFILIATES

Affiliate Updates *(continued)*

OCD SOUTHERN CALIFORNIA

ocdsocal.org

In partnership with the International OCD Foundation, OCD Southern California was honored to recently host its second Behavioral Therapy Training Institute (BTTI). The BTTI was held in Laguna Beach, California, from January 10–12, 2020. The BTTI is an in-depth three-day intensive training course in exposure and response prevention therapy (ERP). The event trained 31 local clinicians, many whom were very grateful to have the BTTI in California — some had been on the waitlist for three years! Local clinicians provided presentations including John Picacintini, PhD, Gerry Tarlow, PhD, Sean Sassano, MD, and Barbara Van Noppen, PhD. As part of OCD So Cal's mission statement of providing resources to the local area, sponsoring the BTTI helps ensure local OCD sufferers have access to quality OCD treatment.

OCD So Cal will be holding three official 1 Million Steps 4 OCD Walks. The walks will be located in Orange County, San Diego, and Los Angeles. Walkers will be able to participate in a team picture, walk as a group in their official walk T-shirts, raise awareness about OCD, listen to clinicians and individuals with OCD speak and answer questions, and participate in games and community-building events! OCD So Cal will be excited to raise money for both the IOCDF and our local Affiliate! These walks will be held on Saturday, June 6th, 2020. For more information on the Walks, including how to register, please visit our website.

Lastly, OCD So Cal's fifth annual conference will be held in October this year instead of March due to a venue change. More information will be on our website as soon as the location and date in October are secured. You won't want to miss it — last year we had nearly 400 people attend the event, along with over 25 local OCD treatment providers who presented! People who attend can experience a keynote speaker, different breakout sessions led by local clinicians, and visit booths manned by representatives from local treatment centers and mental health agencies. For information on anything mentioned in this newsletter, or to learn more about OCD Southern California, please visit our website and join us on social media at [Facebook.com/OCDSoCal!](https://www.facebook.com/OCDSoCal/)

OCD TEXAS

ocdtexas.org

Please save the date for Saturday, June 6th and Sunday, June 7th, 2020, to join us for OCD Texas' fifth year participating in the 1 Million Steps 4 OCD Walk. Walks are scheduled to be held in Houston, Austin, and Dallas. We are looking forward to raising awareness and funds to contribute to research, access to treatment, and to reduce stigma. If you or your organization is interested in a virtual site in Texas, please reach out to walk@iocdf.org.

OCD Texas is excited to host the 10th Annual OCD Awareness Week Conference in San Antonio this October. More details to come about our annual opportunity to join clinicians and the community for a day of learning about OCD, inspiration, and treatment.

We are excited to partner with our regional Ambassadors Christen Sistrunk, LPC (Houston), and Justin Hughes (Dallas), Walk committees, and 2020 Conference Chair Andrea Alvarez, LPC, in the coming months. If you are interested in volunteering for upcoming events, please contact volunteer@ocdtexas.org. Additional opportunities for getting involved or learning about resources offered by OCD Texas are available on our website and social media pages: Instagram and Facebook (@OCD_Texas).

OCD WISCONSIN

ocdwisconsin.org

OCD Wisconsin expanded its popular Ask the Experts sessions during OCD Awareness Week in 2019, reaching audiences of adults, youth and children who watched the film *Unstuck: A Kids Movie* followed by a question and answer session with experts from Rogers Behavioral Health. We are grateful to Chris Baier for his generous co-promotion of these events as we added a screening in Madison, WI and welcomed over 50 people including several young people with lived experience.

One of our goals is to better connect with schools and school counselors and we are fortunate to have Susan Verhagen, Oconomowoc High School counselor, on our board of directors. She and fellow board member Dr. Nick Farrell provided an in-service training to district school counselors at the start of the 2019–2020 year in September. They were grateful to know more about the prevalence of OCD and mostly, what OCD is not: "I didn't know that OCD isn't only about needing things to be perfectly clean, or in order." We are headed to the Wisconsin School Counselors Association meeting in February to share more with this important link to providing resources to students with OCD. 🌐



July 31–August 2, 2020

Learn more at ocd2020.com