International OCD Foundation

OCD Newsletter

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Hoarding Disorder: Do We Need to Focus on Interpersonal Attachment Style to Reduce Object Attachment?

by Melissa M. Norberg, PhD

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We are all attached to certain possessions. Some individuals might be attached to the mug they drink their coffee from each morning. Others might be attached to the diecast car collection their son had as a child. About 2.5% of the population are attached to a great many objects. They might be attached to the 40 coffee mugs in their cupboard, even though they only use one. And despite their offspring no longer caring about their childhood toys, they may feel connected to almost all of them.

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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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Comic Corner

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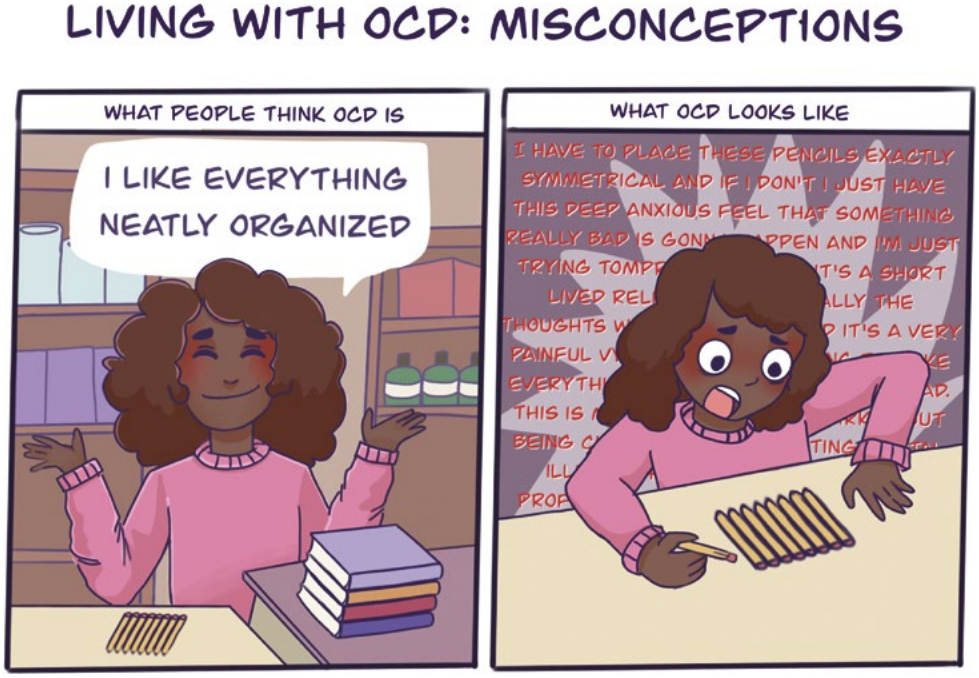

President's Letter

by Susan Boaz

Dear IOCDF Friends and Family,

Happy holidays! I hope your holiday season is filled with love and good cheer.

This is a busy time of year at the IOCDF, as we wrap up our programming for 2021 and look ahead to our plans for 2022. That includes our first in-person Annual OCD Conference in what will be nearly three years! We're so excited to gather together again, this time in Denver, CO. While the virtual sphere has done wonders for our community during the pandemic, nothing quite compares to the in-person community you get at the Conference.

That said, one of the things that struck me from our Online OCD Conference this October was how many people were relieved to have the online option as a "soft launch" for the in-person Conference. We know that it can be difficult for some members of our community to travel to a Conference, for financial or mental health reasons. For many, the online version is a way to get their feet wet, so to speak, joining the community from the safety of their home before experiencing the physical conference. Others may prefer to join us virtually year after year, and that's great! For these reasons, we're happy to continue offering our virtual conference series in 2022, including the Online OCD Conference.

But there's much work to be done before we get there. As we prepare to offer both the in-person and virtual conferences this year, we would love for all of you to tell us what they should look like. On page 4, you'll find a call for conference proposals, with information on how to submit a proposal for a conference presentation. Every year, we receive hundreds of submissions, which our planning committee sorts through to create a robust conference program. That means if there's something you always wanted to learn about or experience at the conference, now is your chance to make it happen.

If you're wondering whether you're qualified to present at the conference, the answer is YES. That's because everyone has a story to share that will be beneficial to the community at large. We choose talks and activities that we believe will best benefit those attending the conference, with an eye towards diversity. There are topics that we did not discuss in the past that are now features of our conference programming, like an LGBTQ support group, discussions for parents of adults with OCD, eating disorders, and addiction. All of these presentations were proposed by community members like you, and now, we can't imagine a Conference without them. If you're a member of our community, then you have something to say, and we want to hear it. As we say at the IOCDF, we want you to be the change you wish to see at the Annual OCD Conference.

This year, we're also excited to offer the option of submitting your proposal to either the in-person or virtual conference, or both. Double the conferences means double the programming, which means double the chance of getting your idea accepted into the program.

Lastly, I would be remiss if I didn't acknowledge that the holiday season can be difficult for many of those affected by OCD and related disorders. Life transitions like the end of a semester, combined with seeing family or traveling, can take a toll on anyone, let alone someone struggling with OCD. I want you to know that we are thinking of you in those moments, and that no matter what, you are not alone.

Wishing you peace this holiday season, and hope as we look forward to a brand new year.

With love,

Susan Boaz

IOCDF Board President
and mom to a fabulous teen

FROM THE FOUNDATION

Present at the Annual OCD Conference in Denver, CO AND Our Virtual Conferences!

Accepting proposals starting January 4th, 2022

We at the IOCDF are very excited to begin planning for our in-person Annual OCD Conference in Denver, CO as well as our 2022 virtual conference series!

Whether they are in person or virtual, our conferences bring the entire OCD and related disorders community together to learn, train, network, and socialize. The first step in the process of planning them is to build the programs — and that's where you come in!

We charge you, our community, to think about what you would like the Annual OCD Conference, the Online OCD Conference, and the Spanish OCD Conference to look like. What workshops, support groups, or activities would you like to see at these conferences? What do you think we have been missing? What have you been requesting over the years, but still not received?

Whether this will be your first time submitting or you are a veteran presenter, we look forward to seeing what ideas you come up with. Plus, this year, we're excited to offer you the option to submit to BOTH the in-person and online conference in one submission! Read on to learn more.

THE DETAILS:

- The in-person **Annual OCD Conference** will take place Friday through Sunday, July 8–10, 2022 at the Hyatt Regency Denver at Colorado Convention Center in Denver, CO. We will be accepting submissions through our online proposal system on Tuesday, January 4, 2022 through Tuesday, February 1, 2022 at 5pm ET.
- The **Online OCD Conference** will take place Friday through Sunday, November 4–6, 2022. The Online OCD Conference offers the opportunity for the global OCD community to connect, share, and learn from each other in this event filled with talks, discussion groups, and networking opportunities. We will be accepting submissions through our online proposal system on Tuesday, January 4, 2022 through Tuesday, February 1, 2022 at 5pm ET.
- The **Spanish Online OCD Conference/Conferencia de TOC Online** will take place Saturday through Sunday, September 10–11, 2022. This conference is an event designed to provide information, resources, and support to the Spanish speakers of the OCD community. We will be accepting submissions through our online proposal system on Tuesday, January 4, 2022 through Tuesday, March 1, 2022 at 5pm ET.

TIPS FOR SUBMITTING A PROPOSAL

Every year, your amazing proposals make the job of creating the program that much more difficult (but also that much more enjoyable!). In order to increase the chances of your proposal being accepted, we've created a list of do's and don'ts for you to consider. These suggestions come directly from feedback we receive from Conference attendees and planning committee members each year, so be sure to keep them in mind as you begin creating your proposals!

DO TRY TO CREATE A PROPOSAL FOR AN UNDERREPRESENTED TOPIC.

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

Present at the Annual OCD Conference in Denver, CO AND Our Virtual Conferences!

- Multicultural and diversity issues
- Co-occurring issues with OCD (including, but not limited to, substance use disorder, developmental/intellectual disabilities, eating disorders, autism spectrum disorders, PTSD, depression, etc.)
- Perinatal OCD, including prenatal and postpartum
- OCD-related disorders — BDD, hoarding disorder, trichotillomania (hair pulling), excoriation (skin picking)
- Relationship issues, including relationship OCD and intimacy in general (dating/sex/marriage when OCD is involved)
- OCD and aging
- OCD and lifestyle factors, such as exercise, nutrition, and sleep
- Employment/workplace issues
- Navigating insurance, disability, and legal rights for those with OCD
- Policy advocacy at the local, state, and/or national level
- Family issues, including parents of adult children with OCD
- Translational talks about turning research findings into clinical practice
- Topics related to "Life After Treatment"

Please remember that this is not an exhaustive list! There could very well be another underrepresented topic not on this list. Try to think outside the box and go beyond the basics.

DO NOT FEEL LIMITED TO THE TRADITIONAL LECTURE-STYLE TALK.

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

DO CREATE A DIVERSE PANEL OF SPEAKERS.

While it can be tempting to submit a solo presentation, attendee feedback shows that it's much more impactful and helpful to hear from different perspectives. The goal is to have every attendee of the Conference walk away satisfied and feeling like they are not alone. Teaming up with a diverse panel of speakers highly increases the chance that your presentation will have more of an impact on the community. Consider some of the following examples:

- Are you an individual with OCD or a related disorder? Team up with a fellow individual, family member, and/or professional to provide a well-rounded talk about your different experiences and perspectives on a topic.
- Are your fellow panelists all of certain demographic? Consider bringing in panelists who differ from you in terms of race, ethnicity, gender, and/or age.
- Are you a clinician? See if one or more of your patients and/or colleagues would like to join you on a panel to discuss an issue from several sides.
- Are you a researcher? Work with researchers in similar or different fields to discuss your various findings around a theme and how they might change our current understanding/practice.

Typically, the ideal panel size is between 3–4 presenters — any more than that, and you may find it difficult to cover your topic within your time slot. Attendees also report that they get less out of large panels, as the presenters often have to rush through their content. We cap the total number of presenters on a session at five, so bear that in mind when assembling your team. Please also be prepared to explain the role of each person on the panel as justification for their inclusion.

DO NOT OVER- OR UNDERESTIMATE THE DIFFICULTY OF YOUR TALK.

Every presentation at the Conference is classified according to difficulty level (introductory or advanced) and these difficulty levels are chosen by you when submitting your proposal. A surefire way to get negative attendee feedback is by having the content of your talk not match the difficulty level you chose. Advanced-level sessions should not cover the basics, and introductory-level sessions should not get too complicated. We aim for the full spectrum of difficulty levels when setting the Conference program, so be thoughtful in deciding which difficulty level best suits your talk.

DO MIX IT UP FROM PREVIOUS YEARS.

While we do get new attendees every year, we also see an increasing number of Conference goers coming back time and time again. It is thus our goal to provide fresh offerings each year that will appeal to both newcomers and Conference veterans. This means we are unlikely to

Continued on next page >>

FROM THE FOUNDATION

Present at the Annual OCD Conference in Denver, CO AND Our Virtual Conferences! *(continued)*

accept the same presentation year after year, even if ratings and attendance were high. Simply changing your title is not enough — use this as an opportunity to mix it up and explore fresh content and/or add additional perspectives.

DO NOT FORGET ABOUT EVENING ACTIVITIES AND SUPPORT GROUPS/COMMUNITY DISCUSSION GROUPS.

While daytime presentations are the most popular choice when submitting a proposal, evening activities and support groups are just as vital to the community and to the Conference program. They provide the opportunity for attendees to have fun, socialize, network, and bond after a great day of learning.

- Support/community discussion groups can be led by professionals and peers alike, and we welcome submissions for groups of all types and compositions, and for all ages. Note that we limit proposals to two group facilitators per support group.

Evening activities have ranged from group exposures to artistic expression activities, from film screenings to story hours.

- Evening activities and support groups are also great ways to engage certain populations, such as first-time or solo attendees. Use your imagination and let your creativity run wild!

DO SUBMIT TO OUR LIVE CONFERENCE YOUTH PROGRAM!

Beginning in 2017, we switched up the way we provide programming for youth at the Conference. Instead of a Kids & Teens Track and separate art therapy rooms, we combined them to create integrated programming for three distinct age groups: elementary-aged kids, middle schoolers, and high school-aged teens. Each program spans all three days of the Conference and youth are treated daily to a wide variety of activities in a camp-like structure. This year, we challenge you to come up with engaging activities for kids, middle schoolers, and/or teens — will you do an art project? Teach them a new skill? Host a dance party? Put yourself in the shoes of a child with OCD or the young relative of a person with OCD, and think of what might be a fun and helpful activity to do. Remember to be age and developmentally appropriate — lecture-style talks for youth are strongly not recommended, and we will prioritize experiential and/or activity-based sessions.

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

New Partners Address Anxiety in the Classroom Together

IOCDF Combines Forces with Communities in Schools and OCD Texas to Launch Anxiety in the Classroom

by Ginny Fullerton, PhD; Katy Rothfelder, LPC-A; Lindsay Razzaz, MPAff; Stephanie Cogen, MPH, MSW

National surveys of OCD and anxiety suggest that 50% of adults with OCD report their symptoms began before the age of 18, and 30% of children in the U.S. have experienced an anxiety disorder (Ruscio et al., 2010). The importance of identifying and treating children and adolescents suffering from anxiety and/or OCD has become more pressing as the rates of anxiety and other mental health concerns increased over the pandemic (e.g., Nearchou et al., 2020; Adegboye et al., 2021; Zengin et al., 2021; De France et al., 2021; Stewart et al., 2021).

In particular, as many students have returned to school campuses, teachers and school personnel play critical roles in children's lives and bear witness to many of the struggles they are facing. These important figures are positioned to recognize and facilitate improvements for students struggling with anxiety or OCD, but many have not been supported with training in these areas. As children and adolescents navigate their daily demands with more vulnerability than ever, many schools, administrators, and community organizations are looking for guidance and tools.

Thankfully, there are solutions in a program like Anxiety in the Classroom. In an effort to reduce the impacts of anxiety and OCD in children, the IOCDF developed Anxiety in the Classroom to foster awareness and training for school personnel, students, and their families. As it stands, Anxiety in the Classroom is a robust online resource center containing plenty of content, including general information, resources, and materials about anxiety and OCD as they relate to the school setting. Teachers, administrators, and other school personnel who may work with students with anxiety and OCD can find more specific tools, such as slides and trainings for staff. Parents and students are also provided with information and resources to help them advocate for school accommodations and communicate with teachers and classmates about the impacts of OCD and anxiety.

The online platform is just the beginning of the mission IOCDF achieves with Anxiety in the Classroom. In spring of 2021, the IOCDF, local Affiliate OCD Texas, and its Advocates pursued dissemination of Anxiety in the Classroom to the places where it could benefit the most: schools and their surrounding communities. Looking ahead to anticipated mental health challenges in the upcoming 2021–22 school year, OCD Texas Austin Ambassador, Katy Rothfelder, LPC-Associate, who actively works alongside other nonprofits to bring supports into central Texas public schools, connected the IOCDF with Communities in School (CIS) in hopes of extending resources to as many students and staff as possible.

Communities In School (CIS) was created to surround students with a community of support, empowering children to stay in the classroom and achieve in life. CIS partners with students, parents, and educators to identify each child's unique goals, and then overcome personal challenges and structural barriers to success. By developing trusting and transformative relationships, CIS creates access to critical resources like food, counseling, academic advocacy, crisis support, and remote technologies so that our youth can take charge of the future they want for themselves, their communities, and each other. Currently, the national CIS affiliate network works in over 2,900 schools in 26 states, supporting more than 1.7 million students. As CIS prepared for the 2021–22 school year, requests from central Texas districts confirmed a strong need for training and support in anxiety and OCD. Specifically, a need was identified for a train-the-trainer toolkit to help whole school communities begin to recognize and respond supportively to increased levels of student anxiety.

In September, Anxiety in the Classroom train-the-trainer content was presented to 108 school-based mental health practitioners and administrators in a three-hour in-service. Participants represented a variety of therapeutic and supportive school-based roles: social emotional learning counselors, licensed mental health professionals, school counselors, school social workers, CIS program managers, and social work interns. CIS contributed to the content development process by bringing in school-based staff and district partners to share perspectives with the IOCDF and the Texas OCD team on the type of content that would be supportive for teachers and family members.

This presentation, led by Ginny Fullerton, PhD, OCD Texas President, provided attendees with Anxiety in the Classroom instruction, including information, resources, and materials about general anxiety, anxiety disorders, and OCD as they relate to the school setting, specific tools for teachers, administrators, and other school personnel who may work with students with anxiety and/or OCD, and guidance for supporting students and/or their parents in taking steps toward the most effective treatments. Three breakout sessions with prompts tailored to this local audience

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FROM THE FOUNDATION

New Partners Address Anxiety in the Classroom Together *(continued)*

were held during the workshop to offer attendees further opportunities to learn and share feedback about practical tips, resources, and support for assisting students with anxiety and/or OCD. These breakouts were led by a team of Texas-based specializing clinicians and IOCDF members: Saharah Shrout, LPC-S, Katy Rothfelder, LPC-A, Cali Werner, LCSW, Christen Sistrunk, LPC-S, Catherine Park, MEd, Eeva Edds, LPC, Bianca Simmons, LPC, Chad Brandt, PhD, Jen Sy, PhD, Molly Martinez, PhD, and Ally Sequeira, PhD. As providers already familiar with anxiety and OCD, presenters found Anxiety in the Classroom easy to pick up and use. In addition, Anxiety in the Classroom was intentionally developed in plain and accessible language so that after the workshop, these therapeutic professionals could easily use the materials to build a foundation of knowledge among a wider community of concerned adults.

This Anxiety in the Classroom in-service represented a successful warm-up for an enduring commitment to disseminate this and other IOCDF resources across Texas. Participants reported appreciating the range of information, approaches, and resources shared in this workshop. Many specifically called out the importance of identifying how anxiety and OCD might present in a classroom setting. Participants also appreciated advice on how to validate the feelings of youth who are experiencing anxiety while helping them "through grounding exercises, relaxation, and cognitive techniques." One participant reported that the "[Anxiety in the Classroom] language will be helpful to educate school staff to ensure that CIS gets the appropriate referrals, and that we are able to support students in the best way to meet their needs." Many participants also felt more prepared to speak with caregivers about their children's experiences. In the days following the training, participants disseminated this knowledge through teacher newsletters, parent support networks, and faculty meetings. Importantly, attendees highlighted the increase of anxiety seen in schools now and expressed strong interest in further training in the implementation of intervention techniques.

The public may access any of these International OCD Foundation train-the-trainer toolkits:

- What are Anxiety and OCD?
- Impact of Anxiety and OCD at School
- What to look for in the classroom
- How to Talk to Students
- How to Talk to Parents
- Anxiety/OCD Management Strategies

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Cultural Humility

by Cindi Gayle, PhD

As we push forward through the effects of the COVID-19 pandemic, we see greater attention to social justice topics, the need for mental health reform, and attention to the growing diversity of our population. Yet, the availability of clinicians to treat those from diverse backgrounds is limited and the number becomes even more limited when we add OCD into the mix. In other words, there just aren't enough providers available who are trained in exposure and response prevention therapy to meet the needs of our communities and much fewer when it comes to helping those from diverse backgrounds as well as those who have been historically excluded from opportunities and marginalized populations.

According to the U.S. Department of Health and Human Services, "culture defines how healthcare information is received, how rights and protections are exercised, what is considered to be a health problem, how symptoms and concerns about the problem are expressed, who should provide treatment for the problem, and what type of treatment should be given. In sum, because healthcare is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services treatment and preventative interventions."

Therefore, culture is at the core of how mental health professionals practice and more attention is needed in training programs to provide high-quality opportunities to improve mental health care for all. Training models have often focused on "cultural competence" to address this issue. However, definitions and approaches to cultural competency vary widely as it depends on how the curriculum is developed and is often based on the worldview of the creators of the content. Cultural competence focuses on a particular culture or topic and training others to be competent on what was taught. Individuals who follow this approach and complete the training may feel as though they have acquired sufficient knowledge to work with the cultural population they learned about and have achieved their goal of competency. Shortcomings with this approach are that there are varying definitions of culture. Additionally, the focus is on training at a certain point in time without recognizing the complexity of culture, intersectionality (e.g., where discrimination is compounded for those with multiple marginalized identities), how culture can vary based on one's location and personal experiences, and changes over time.

Cultural humility, as its name suggests, takes a humble approach to understanding the individual being treated and to inform effective care. It has its roots in social justice and emphasizes practitioners and institutions working collectively to improve the delivery of health care services for all. It is considered a lifelong process with self-reflection for the practitioner. It requires the practitioner to understand how their own experiences may impact the care they provide and the importance of recognizing privilege and power dynamics in interactions with those they treat. Cultural humility recognizes the role of power imbalances and the importance of reducing these power imbalances to create an atmosphere where mutual respect and co learning is at the essence of the interaction. In doing so, the attempt is to create a safe space where those being treated can feel understood and allow the physician to maximize their ability to use this information to inform quality care. It allows the practitioner to not be "all knowing" and inquire more about topics where they may need more clarification to provide individualized care.

While we navigate this pandemic and this ever-changing climate, I hope we can work together to take care of each other and create systemic change in the best way possible for everyone.

Cindi Gayle, PhD is the owner of The Florida OCD Autism and Anxiety Treatment Center (FLOAAT Center)

PUBLIC POLICY CORNER

Winter 2021 Public Policy Update

Hello everyone! The weather is getting colder, but things are continuing to heat up on Capitol Hill, and the IOCDF has had an active couple of months of policy advocacy in response!

During OCD Awareness Week, we were proud to run our second Virtual Voices for Mental Health — a "hill day" that you could participate in right from the comfort of your home. We kicked things off with an excellent and informative town hall with expert Vinay Krishnan, JD, who outlined how each of us can use our personal stories as powerful legislative advocacy tools. You can catch the replay of this live stream on our YouTube channel!

Our community then spent the rest of the day, and the rest of OCD Awareness Week, contacting their senators and representatives about several bills in three priority areas — increasing telehealth access, expanding the mental health workforce to meet demand, and requiring insurers to treat claims for mental health coverage fairly (and to comply with parity laws). We continue to invite everyone to visit our Action Center at ***iocdf.org/take-action*** to contact your elected Congresspeople about legislation of great importance to the OCD and related disorders community.

In other public policy news, we are so excited to announce some permanent changes in federal law regarding telehealth for which the IOCDF has been advocating! Through the Centers for Medicare and Medicaid Services (CMS), the Biden Administration announced permanent authorization of telemental health from patients' homes for diagnosis, evaluation, and treatment, and for the continued use of audio-only telehealth. This "final rule" applies to all those insured by Medicare/Medicaid, and the clinicians who bill Medicare/Medicaid. Additionally, for the first time outside the ongoing COVID-19 public health emergency, Medicare will pay for mental health visits furnished by Rural Health Clinics and Federally Qualified Health Centers (FQHCs) via telehealth, including audio-only telephone calls, expanding access for rural and other vulnerable populations. These new provisions will take effect on January 1st, 2022.

If this all sounds exciting to you and you want to get more involved, be sure to sign up for email notifications about upcoming public policy events, action alerts, and other ways to get involved. Visit our public policy advocacy page at ***iocdf.org/public-policy*** to sign up and view the latest news and updates!

FROM THE FRONT LINES

No We Are Not All a Little OCD

by Grace Wagner

"Oh, it's just my OCD" you say
Just? I am gobsmacked
I think of the time I avoided
touching a towel until it grew mold
All the years I could not grow
because I was searching for a name for my pain
and could not find one
drowning in the vastness of myself
and trying to love it
You claim your tidy is my opposite
Another reminder I'm the one
tasked with making this mess
a
beautiful
one

Grace Wagner is a 16-year-old from Maryland who enjoys reading and theater.

Generational Shame / Vergüenza Generacional

by / por Alexandra Reynolds

Alexandra is currently a stay-at-home mom to her beautiful 2.5-year-old son. She has been living with OCD since the age of six and is passionate about breaking the stigma around mental illness. Prior to being a pro boo-boo healer, Alexandra graduated college with a Bachelors of Science in Psychology. She went on to turn her passion for both mental health and women's rights into a career as a Domestic Violence Victim Advocate specializing in working with the Latinx and undocumented populations. When she's not fighting for social justice, Alexandra loves spending time with her husband, son, and rescue pup. She is also an avid reader, and loves video games and hiking.

As a first generation Latina I am intimately familiar with shame. Along with the beautiful values we are taught: honoring family, valuing your community and respecting elders, is an undercurrent of shame. It is tightly woven into misguided harmful beliefs that are unknowingly passed down from one generation to the next. In my family, these destructive beliefs created a strict environment where emotions like anxiety were not permitted, struggling meant you were lazy, and asking outsiders for help wasn't an option.

Mental illness was a sign of weakness and source of shame. It was only spoken of when describing someone as a bad person. "Enfermo" (sick) they would say. These were people to be avoided. Undesirable.

At age six, my perception of the world shattered. I counted, tapped my fingers, and organized excessively. At night, I ruminated about morbid topics like death. I feared everything, including myself, stopped sleeping, and depersonalized often. My grasp on who I was felt tenuous.

Ashamed, I tried to hide my symptoms; but the fears spilled out regardless. My family discouraged me from discussing my struggles with anyone. The subject of a therapist was dismissed as taboo. They didn't trust outsiders; especially therapists who are viewed as meddlers. OCD told me their lack of understanding and support meant they didn't love me and were ashamed of me.

The perceived rejection by my family was traumatizing. The cultural beliefs I had internalized caused me to feel that my struggles and differences made me sick, undesirable, and unworthy. OCD and depression latched onto my shame and self hatred, launching me into a spiral of self destruction, self sabotage and deep depression. I resisted seeking treatment although I knew I needed it because I didn't want the pain of my family's disapproval.

It wasn't until 30 years later that my shame and regret at the mess in my life outweighed the generational shame I'd been carrying, and I decided to break the cycle and address my mental health. No one should feel forced to carry or uphold generational beliefs that do not serve their mental health.

I do not speak out to put my culture down. There is so much good that comes from being Latina. We have a beautiful culture and wonderful traditions that I carry close to my heart and keep alive in my own family. However, I believe it is important that we examine and discuss these harmful beliefs that keep many of us from accessing mental health services so that we may empower ourselves to live our very best lives.

This is why I believe strongly in the work that the IOCDF is doing to reach, educate, and empower the Hispanic & Latinx OCD Communities. Events such as the Conferencia de TOC amplify the voices of Latinx & Hispanic OCD professionals and sufferers so that we may work together to overcome cultural barriers, nurture positive connections and cultural influences, and address our unique needs within the OCD community.

Check out the Spanish version of the IOCDF website by clicking on the Español button on the top right, or by visiting ***iocdf.org/es****!*

Alexandra es una mamá que decide quedarse en casa, para cuidar a su hermoso hijo de dos años y medio. Padece TOC desde los seis años, y le apasiona involucrarse en la lucha contra el estigma en torno a las enfermedades mentales. Antes de dedicarse a ayudar y acompañar a las personas que sufren a causa de este tipo de trastornos, Alexandra se graduó en la universidad como Licenciada en Ciencias de la Psicología. Luego, continuó convirtiendo su pasión por la salud mental y los derechos de las mujeres en una carrera como Defensora de víctimas de violencia doméstica, especializada en el trabajo con poblaciones latinas e indocumentadas. Cuando no está luchando por la justicia social, a Alexandra le encanta pasar tiempo con su esposo, su hijo y su cachorro, a quien rescató. También es una ávida lectora, le encantan los videojuegos y el senderismo.

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FROM THE FRONT LINES

Generational Shame / Vergüenza Generacional *(continued)*

Como latina de primera generación, estoy íntimamente familiarizada con la vergüenza. Junto con los hermosos valores que se nos enseñan: honrar a la familia, valorar a nuestra comunidad y respetar a los mayores, existe un trasfondo de vergüenza. Y esto está estrechamente relacionado con muchas creencias erróneas y dañinas que se transmiten de una generación a la siguiente, sin siquiera saberlo. En mi familia, estas creencias destructivas crearon un ambiente estricto donde las emociones como por ejemplo, la ansiedad, no estaban permitidas. Y luchar contra esto, te convertía en un perezoso ante los ojos de los demás. Además, pedir ayuda a los de afuera no era una opción.

Padecer un trastorno mental era considerado como un signo de debilidad y una fuente de vergüenza. Y solo se hacia referencia a las enfermedades mentales cuando se describía a alguien como una mala persona: "Enfermo," le decían. Cualquier persona con una enfermedad mental era considerada 'indeseable': alguien a quien convenía evitar.

A los seis años, mi percepción del mundo se quebró. Comencé a contar, tamborilear con los dedos y a ser excesivamente organizada. Por las noches, tenía pensamientos rumiantes acerca de temas morbosos como la muerte. Le tenía miedo a todo, incluso llegué a tener miedo de mi misma.

También dejé de dormir, y a menudo experimentaba la sensación de despersonalización. No podía comprender lo que me estaba pasando. Y tenía problemas de identidad, ¿Quien era yo?.

Me sentía muy avergonzada y trataba de ocultar mis síntomas, pero igualmente mis miedos estaban desparramados por todos lados. Mi familia logró disuadir mis intenciones de hablar con los demás acerca de mis luchas. La posibilidad de solicitar la ayuda de un terapeuta fue descartada y convertida en un tema tabú. Mi familia no confiaba en las personas ajenas a la familia, y mucho menos en los terapeutas, a quienes consideraban personajes entrometidos. El TOC me decía, me hacía pensar, que la falta de comprensión y apoyo por parte de mi familia, significaba que no me amaban y que seguramente se avergonzaban de mí.

El rechazo que percibía por parte de mi familia era traumatizante. Las creencias culturales que había interiorizado me hicieron sentir que mis luchas y diferencias me hacian ver 'enferma,' indeseable e indigna. El TOC y la depresión se sumaron a mi vergüenza y mi odio hacia mí misma, lanzándome a una espiral de autodestrucción, autosabotaje y profunda depresión. Aunque sabía perfectamente que lo necesitaba, me negaba a buscar ayuda profesional, porque no quería sentir el dolor que seguramente causaría la desaprobación de mi familia.

Treinta años después, la vergüenza y el arrepentimiento por el desastre causado en mi vida, superaron la vergüenza generacional que había estado cargando durante muchos años. Así fue como decidí romper el ciclo, para abordar un tratamiento y poder recuperar mi salud mental. Nadie debería sentirse obligado/a a llevar o defender creencias generacionales que no contribuyen a su salud mental.

No hablo para menospreciar mi cultura. Tenemos una cultura hermosa y tradiciones maravillosas que llevo cerca de mi corazón y mantengo vivas en la familia que forme junto a mi marido. Hay muchas cosas buenas que provee la cultura latina. Sin embargo, creo que es importante que examinemos y discutamos estas otras creencias dañinas, que impiden que muchos de nosotros accedamos a los servicios de salud mental y que podamos empoderarnos para mejorar nuestra calidad de vida.

Es por eso que creo firmemente en el trabajo que está haciendo la IOCDF, para educar y empoderar a las comunidades hispanas y latinas que padecen TOC. Los eventos de la IOCDF como por ejemplo, la Conferencia de TOC, amplifican las voces de los profesionales y pacientes latinos e hispanos. Esto, a su vez, permite que podamos trabajar juntos en superar las barreras culturales, así como también, fomentar conexiones positivas entre las diferentes culturas, logrando abordar nuestras necesidades, las de la comunidad de personas que padecemos TOC, que son necesidades únicas.

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*Favor de visitar nuestro sitio web en español - ¡haz clic en el botón "Español" en la parte superior derecha de tu pantalla en **iocdf.org**!*

What If This Is Not OCD?: Doubting the "Doubting Disease"

by Jordan Levy, PhD & Tatyana Mestechkina, PhD

When individuals living with obsessive compulsive disorder (OCD) engage in treatment, they commonly report experiencing obsessions related to the diagnosis, the treatment, or even about the therapist. Therapy-related doubts are ancillary to core OCD-related fears such as a fear of germs, harming others, or being responsible for something bad happening to a loved one.

OCD is sometimes nicknamed "the doubting disease." This is because a low threshold for doubt and uncertainty is the hallmark feature of OCD and present amongst all themes. Just about every individual with OCD questions at various points whether what they are experiencing is something other than OCD, sometimes desperately assessing "evidence" for this. OCD is powerful, deceptive, and extremely effective at convincing someone that they may not have OCD. Patients may even try to convince their therapist that they do not have OCD.

It is important to note that if you were absolutely convinced that you had OCD all the time, then you probably would not have OCD. No one can be 100% sure what they are going through is OCD, even after receiving a diagnosis, reading an article that describes their symptoms to the T, and being in an OCD support group with others who are sharing very familiar stories. Despite being generally confident in the OCD diagnosis, a thought starting with "what if..." is never far behind. The core feature of OCD is the intolerance of doubt and uncertainty, so it is only natural that the brain will crave absolute certainty about the diagnosis, the therapist, or the therapy itself.

The purpose of this article is to shed light on some common OCD traps that patients often experience throughout their treatment.

WHAT IF ... THIS TIME IS DIFFERENT?

Often those living with OCD discuss how OCD "feels real" in the moment. When they are swept up by the emotion of the OCD episode, they lose the clarity and objectivity they had before being triggered. The fear of this particular intrusive thought or urge being different or "the real thing" can set in quickly. This is probably the most common "OCD trap" we see with our patients. This is a sneaky way the brain can try to put the spotlight on this particular thought, image, or urge. OCD attempts to convince them that this time is different, thus "requiring" compulsive action.

While there may be actual variations in the content of the theme, it is beneficial to step back, look at the bigger picture, and identify some red flags that indicate this could still be OCD, such as intrusive thoughts and feelings, a strong sense of urgency, a low threshold for uncertainty, or endless repetition. If any of these are there, the skillful response is to identify the common denominators between this and other OCD experiences and to also treat this version of the OCD episode as irrelevant. Additionally, being proactive by formulating an action plan and doing exposures can help someone be more equipped to handle any episode, regardless of level of intensity.

WHAT IF ... I AM THE ONLY ONE IN THE WORLD EXPERIENCING THESE THOUGHTS?

Experiencing OCD can feel very isolating and confusing. People also can experience stigma and shame. Many even believe that they may be the only one experiencing their OCD theme. However, you are not alone. Most people experience intrusive thoughts. It is estimated that around 2–3% of the population has OCD. Our guess is it may even be higher, as it is often overlooked or misdiagnosed.

Additionally, many believe that their experience is worse than others'. They may even experience what we call "OCD envy" and express statements such as "I wish I had any other theme because it would be so much easier to deal with." Even if they read about a very similar description of their OCD theme, they may still find a way to further the narrative that their OCD is unique. This can fuel feeling alone and misunderstood.

The reality is that all the themes follow a similar pattern and are treated the same way in therapy. Remember, the goal of therapy is to treat the content as irrelevant! Additionally, while it can be triggering, group therapy can be a beneficial way to connect with others also experiencing OCD and practice "zooming out" from the specific content of the OCD.

WHAT IF ... I AM DOING THERAPY THE WRONG WAY?

Once the treatment plan has been established, many patients become consumed with the details of the therapy, as their brain can create rules and perfectionistic expectations about the therapy itself. Some fear that doing therapy incorrectly will lead to OCD becoming worse, irreparable damage, or unnecessarily slow improvement. For example, patients may get caught up in the minutiae and ask: "What is the 'right' amount of time I should do

Continued on next page >>

THERAPY COMMUNITY

What If This Is Not OCD?: Doubting the "Doubting Disease" *(continued)*

this exposure?", "I know I was supposed to do my therapy homework 8–10 times but I only did it seven times yesterday," "How do I know if I am really accepting these unwanted thoughts?", "Will therapy still work?", "Am I going at the right pace?"

These "right" and "wrong" thinking patterns often take one away from the "spirit of" the treatment and can even lead to the exposures becoming rituals. ERP for OCD is a structured treatment but successful therapy entails a degree of flexibility. There is not one right way to do therapy. The goal is to find various ways to demonstrate to the brain that these OCD thoughts, feelings, and urges will be treated as irrelevant.

Additionally, it is common for patients to be convinced that they are doing therapy incorrectly because they are still experiencing intrusive thoughts or their anxiety feels worse during an exposure. ERP requires individuals to intentionally do things that likely will increase anxiety in the short term, yet is the path to long-term success of mastery over anxiety. Experiencing anxiety during this process is to be expected. A helpful reminder is that the goal of the exposures isn't to stop the uncomfortable thoughts or feelings but to change the relationship with them. Living with doubt is the key to success and that extends to the fear of doing therapy incorrectly!

WHAT IF ... THIS IS THE PIECE OF "EVIDENCE" THAT LEADS MY THERAPIST TO THINK THAT THIS IS NOT OCD AFTER ALL?

At different points of treatment, patients often report experiencing intrusive thoughts that they will engage in a behavior or describe a situation that changes the therapist's conceptualization of the case from OCD to "a real problem." We often remind them: OCD is nicknamed the "doubting disease" for this very reason. The OCD brain wants certainty, and while there can be some relief in getting an OCD diagnosis, it is common for the brain to question and analyze the validity of it.

This can even turn into ritualizing during therapy by engaging in confessing behavior such as: "I must tell my therapist every single detail about what happened or about the thought/feeling I experienced because any one of them may make them realize that I don't have OCD and ... I may hurt myself, be attracted to a child, be gay, etc." Patients may ask us to review the limits of confidentiality or ask for reassurance for whether we think what they just said is OCD/is still OCD.

This is your cue to take a step back and ask: am I wanting to share this information because I think it is relevant to my treatment and important for my therapist to understand or is this me wanting to get reassurance that my therapist still thinks this is OCD? If this is reassurance seeking, take this opportunity to embrace not knowing.

WHAT IF ... MY THERAPIST DOESN'T KNOW WHAT THEY ARE TALKING ABOUT OR HAS MISDIAGNOSED ME WITH OCD?

As the OCD part of the brain loves to question anything and everything, it is also fair game for it to start questioning the therapist's qualifications, expertise, or assessment ability. Questions such as "Does my therapist really understand what I am experiencing?", "Are they biased in thinking this is OCD because that is what they typically treat?", or "If they themselves haven't experienced OCD, do they really get it?" are very common. Individuals with OCD are often frustrated and terrified that the person they are trusting to guide them in facing their worst fears "does not really get it."

Regardless of whether the therapist has personally experienced OCD, the variables that are most important in ensuring an understanding of OCD are appropriate training and treatment experience with OCD. At first, it is also important to be an educated consumer in choosing both someone with expertise in OCD/ERP and someone with whom a connection has been established. We even encourage patients to "therapist shop" until they find a good fit.

A related fear is that it is not OCD but the therapist believes it's OCD because that is his/her area of expertise/what they see often. Remember that OCD is referred to as the doubting disease and everyone who has OCD questions whether or not it really is OCD at one time or another. The possibility of it not being OCD feels threatening because that may mean that the content of their OCD theme is true (e.g., that they really are going to get sick from the doorknob, really are a violent sociopath, or actually are in the wrong relationship).

A wise therapist does not assume that someone giving themselves the self-diagnosis of OCD means that this is automatically OCD. When conducting a thorough initial intake, the process of differential diagnosis takes place and many non-OCD alternatives are considered and ruled out. It is central to the recovery process that individuals living with OCD tolerate that the therapist cannot give a 100% guarantee that what they are dealing with is OCD, but will choose to continue to treat it as OCD.

Watch out for red flags when intrusive thoughts about the therapist come up. It is important to share these concerns with your therapist so it can be determined whether this is just the OCD brain being desperate for certainty (yet again) or whether this is an opportunity to explore new directions for treatment or other options for therapists.

What If This Is Not OCD?: Doubting the "Doubting Disease"

WHAT IF ... I HAVE OCD AND THE CONTENT OF MY INTRUSIVE THOUGHTS IS TRUE?

Patients occasionally report that they do believe they have OCD but that a component of the OCD is "real." This can be true. For example, someone can have intrusive thoughts about being in the "wrong relationship" and end up making the choice that their partner is not someone they want to commit to long term; someone can have intrusive thoughts about being gay and have attraction to others of the same sex. The content is irrelevant and the goal of therapy is to treat it as such.

We frequently inform patients that the probability that the content of the intrusive thought is true is the same for them as it is for us. Similarly, the probability that they will act out on their fear is the same for them as it is for us. We also cannot say with 100% certainty that we will not run someone over with our cars, get angry and stab someone we love, won't leave our partners, etc. Life is full of uncertainty but the OCD brain selects a topic or several topics that it "demands" certainty for.

Continuing to engage with thoughts about whether the content of the OCD theme is also true serves as a "one foot in, one foot out" mindset and will only further OCD's agenda. A major component of the treatment is to make the choice to consistently treat something like OCD even without 100% certainty that one will not do the thing that is feared/if the thing is true. Taking the risk that there may be a reality basis to part of the OCD requires courage and is the way to gain more freedom from the OCD.

WHAT IF ... THESE THOUGHTS ARE BAD AND I AM A BAD PERSON FOR HAVING THEM AND LETTING THEM BE THERE?

Intrusive thoughts are EXTREMELY common. Most, if not all, people have experienced them at one time or another. Anxiety presents the illusion of weight and meaning to specific thoughts. Thought-action fusion is a concept that describes when individuals equate having thoughts with acting on those thoughts. A thought is a thought is a thought. Thoughts are random neural impulses that fly across our brains. They are not in our control and we do not choose which thoughts show up in our minds every day. Judging ourselves for having certain thoughts is similar to judging ourselves for the weather (i.e., "I am a bad person because it is snowing today.") It doesn't make sense. Both are independent systems that are not in our control. We can like or dislike the weather; we can like or dislike certain thoughts, but it would be unfair to assign responsibility to ourselves for either occurrence.

This is why treatment entails making room for the thoughts and giving them permission to be there, regardless of how the OCD brain judges them. Experiencing unwanted thoughts, no matter how depraved or dark they may be, does not imply anything about the person having these thoughts. You are not your thoughts.

WHAT IF ... THE FACT THAT THIS THOUGHT COMES UP SO OFTEN MEANS THAT IT IS ACTUALLY IMPORTANT AND NOT OCD?

Many people, including those with OCD, falsely believe that the particular intrusive thoughts in the moment are important if they are frequent. The same unwanted thoughts come up so often because of the nature of OCD. The frequency of thoughts has nothing to do with their importance. Often, thoughts become repetitive because we judge them, push them away, or fight them. This in itself increases the likelihood of them appearing more often. Additionally, because they trigger the "fight or flight" response, some report that the situation/topic/intrusive thoughts feels like the most important concern in the world.

While anxiety often alerts us to legitimate dangers such as oncoming traffic, the anxiety that is present in OCD is responding to false alarm signals, often repeatedly. These thoughts are not important; they just feel important. For this reason, many patients with OCD will report feeling guilty or negligent when they choose to treat their anxiety-provoking thoughts as irrelevant. However, that is exactly what is required in order to achieve mental freedom! The key is to give intrusive thoughts permission to come as they please and to not place relevance on the frequency of them or the feelings that come alongside them.

WHAT IF ... BECAUSE I DON'T FEEL ANXIOUS, IT WASN'T OCD AFTER ALL?

Those living with OCD are used to intrusive thoughts arriving with a tidal wave of anxiety. While they may at times find the anxiety incredibly painful, it may also serve as a form of reassurance wherein they can tell themselves that "of course I wouldn't do this because it terrifies me."

Often when people engage in ERP and they successfully demonstrate to their brain their commitment to treating these thoughts as irrelevant, the "false alarm signal" (which can manifest as anxiety) becomes more quiet. While this could be relieving at first, OCD can find a way to corrupt this development. This is a perfect opportunity for the brain to get more creative and create another "alarm signal" about there not being an alarm signal! It can then send the incorrect

Continued on next page >>

THERAPY COMMUNITY

What If This Is Not OCD?: Doubting the "Doubting Disease" *(continued)*

message that because the anxiety is not there or not there as intensely, then this means it was not OCD after all.

This is another classic OCD trap that is sometimes referred to as the "backdoor spike." For example, "What if now that I am seeing a photo of a child and not feeling anxious about whether I am attracted to this child means that I am actually a pedophile and this is not OCD after all?" The fear is that they "want" or "like" these thoughts or want to do the deplorable behavior that previously provoked significant anxiety.

Do not fall for this trap! Just as the thoughts are irrelevant, the emotional reaction to these thoughts are as well. Experiencing anxiety in relation to intrusive thoughts is neither good nor bad; rather, the goal is to make room for it if or when it comes up.

WHAT IF ... DOING EXPOSURES WILL MAKE ME LOSE CONTROL, ACT ON THE THOUGHTS, OR "GO CRAZY"?

It is very common for people who have started the ERP treatment journey to experience intrusive thoughts about the treatment itself. Facing fears may lead the brain to overcompensate and start ringing "false alarm signals" about the therapy. Some examples of questions that may come up are about whether doing the exposure/not doing the rituals will lead to liking the thoughts, realizing that they are true after all, or actually acting on the thoughts. For example, someone with harm OCD may ask "If I hold the knife around my daughter, what if I lose control or get angry or actually hurt her? What if I realize I actually do want to harm her?" These are just tricky ways the brain is trying to create more questions about the therapy and creating no room for uncertainty. This is an opportunity to take the tools out and welcome more uncertainty!

While experiencing OCD can be very confusing, especially when one does not yet understand the disorder, it is not a sign of going "crazy" or of losing touch with reality. OCD is simply a false alarm signal associated with intrusive thoughts that evokes a surge of anxiety, fear, guilt, etc., which often leads to compulsive behavior to try to escape or avoid it.

Similarly, you do not run the risk of "going crazy" by engaging in ERP. The treatment entails facing fears head on, thus often provoking a high state of anxiety for extended periods. This monumental task requires much courage and is part of the process of retraining the brain. Experiencing anxiety and more intrusive thoughts during exposures is very common and to be expected. Don't fall for these traps!

WHAT IF ... BECAUSE X ACTUALLY HAPPENED, IT'S NOT ACTUALLY OCD?

Sometimes, the brain can latch on to something that actually happened and try to use it as "evidence" of the OCD theme being true. This can even be a memory that someone has not thought about in years. Those who fall into this trap will distinguish their OCD subtype from other subtypes by noting that their obsessive content "really happened."

All of us have done things earlier in our lives that we later regret; however, those with this OCD theme will hold themselves to a higher standard. For example, "What if because I actually got into a fight with someone in junior high school, that means I am capable of violence and may actually act on the intrusive thoughts of stabbing my son? What if because I watched gay porn then I'm actually gay?" This can be a way that the brain can falsely assign legitimacy to the thoughts. Remember, the OCD part of the brain is on a desperate mission for answers and certainty and can use anything and everything as "evidence." The events in question are not problematic; rather, the challenge lies in the compulsive replaying of past events and placing importance on them. Just because the brain is presenting something that actually happened as evidence does not mean we need to treat it as such.

Above are some examples of ways that OCD creates obstacles in treatment by presenting intrusive thoughts about the therapy itself. Remember, OCD is essentially a misfire in the brain, a "false alarm signal" that says not knowing is absolutely not okay. Because most of life is full of uncertainty, this pursuit is fruitless but actually feeds into the OCD and exacerbates the symptoms.

It is important to remember that obsessive thoughts are not bizarre or unique. Hopefully, by shedding light on common therapy obsessions, those with OCD will feel less stigmatized and more willing to engage in the treatment process. We recommend that the treatment principles discussed in this article be attempted under the care of a qualified mental health professional specializing in treating OCD using ERP.

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****.*

ARCHWAYS CENTRE FOR CBT

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Best wishes for 2022 from the Great White North!

Based in Canada, Archways Centre for CBT is a private clinic focused on delivering evidence-based treatment to help individuals get well and stay well.

Currently, we offer OCD programming primarily online using secure, video-based therapy. We are gradually seeing more clients in person, which is encouraging! For those who prefer the convenience of virtual therapy we will continue to offer this for the foreseeable future.

Wishing everyone in the OCD community good health for the end of this year and the beginning of a new one!

AUSTIN ANXIETY & OCD SPECIALISTS

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Austin Anxiety and OCD Specialists is currently accepting applications for the 2022–23 postdoctoral fellowship training year. Interested applicants can learn more by visiting ***austinanxiety.com/training***.

We are also excited to announce the expansion of our intensive outpatient program. Overseen by Dr. Samantha Myhre, our intensive outpatient program serves clients ages eight through adulthood with morning, evening, and weekend scheduling options.

Camp Courage will resume in May 2022. Camp Courage is an adventure-based overnight weekend camp for children and teens ages 8–18 with anxiety and OCD-spectrum disorders. Camp Courage offers the traditional joys of a summer camp and a welcoming, empowering environment where children and teens can relate to one another and support one another in facing their fears. In addition to learning principles of ERP and ACT, campers participate in activities such as ziplining, rock climbing, crate stacking, archery, hiking, arts and crafts, and campfires. Camp Courage takes place at a beautiful camp facility in the Texas Hill Country and is led by therapists of AAOCDS. For more information, visit ***austinanxiety.com/camp-courage***.

BEHAVIORAL SCIENCE OF ALABAMA INTENSIVE OUTPATIENT PROGRAM

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Dr. Dave Barnhart, Jr. will be running our patient support group beginning in January. He is an ordained pastor with a PhD from Vanderbilt University's School of Divinity. His specialty in religion is ethics and homiletics. He has an interest in scrupulosity OCD and teaches Religions of the World at the University of Alabama in Birmingham.

BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON

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info@behaviortherapycenter.com
behaviortherapycenter.com

Behavior Therapy Center of Greater Washington (BTC), known as the MidAtlantic center for treatment of OCD and related disorders, is excited for winter!

BTC is proud to announce that our assistant director, Dr. David Keuler, has recently joined the IOCDF's Behavior Therapy Training Institute (BTTI) faculty. Also, our seasoned clinician, Ms. Ruth Golomb, shared her expertise in an IOCDF Town Hall on "Back to School with BFRBs."

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), and is appropriate for families in which PANS/PANDAS is suspected. This program involves both individual sessions and a structured parenting group.

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

Due to the unprecedented, higher-than-ever demand for our services since the start of the pandemic, we are looking for an experienced clinician expert in treating OCD and related conditions. If you might be interested, please contact Dr. Weintraub at ***nweintraub@behaviortherapycenter.com***.

BETTER LIVING CENTER FOR BEHAVIORAL HEALTH

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Allen, TX 75013
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admissions@betterlivingbh.org
betterlivingbh.org

In order to provide the best evidence-based care possible, Better Living Center for Behavioral Health has decided to leave insurance panels. We offer a number of payment plans for individuals who may struggle with payment of services for higher levels of treatment.

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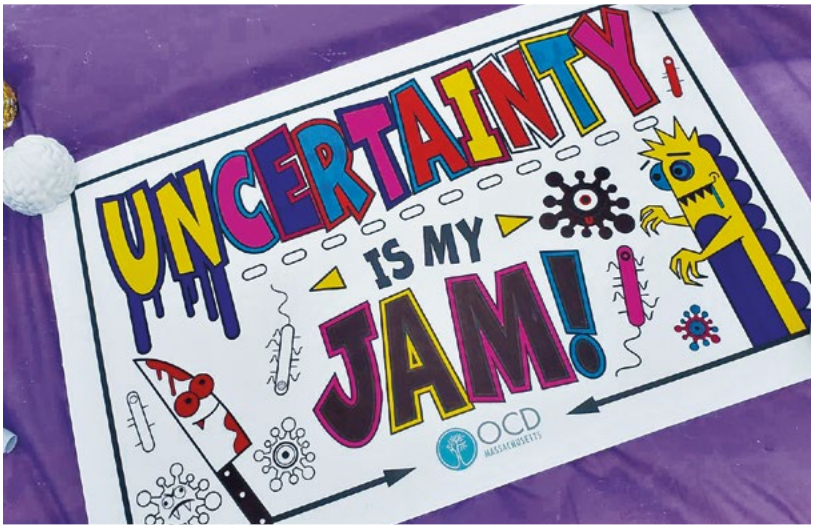
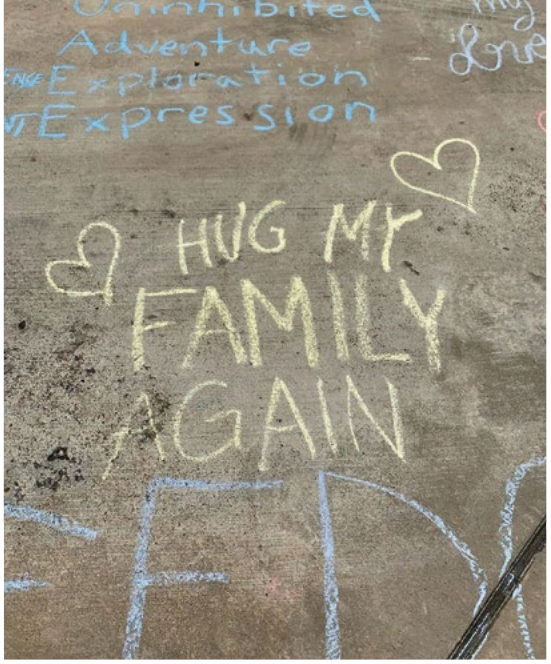
Thank you to everyone who joined us for this year's One Million Steps for OCD Walk and OCD Awareness Week!

Over 3,000 walkers participated in 33 Walks around the country this fall, raising over $250,000! Then, in October, we celebrated #OCDWeek with our #ChalkItUptoValues campaign, where we invited you to share what motivates you to face OCD. Here are just a few of the excellent entries!




CHALK IT UP TO VALUES
#CHALKITUPTOVALUES
COMMUNITY


Inhibited
Adventure
Exploration
Expression
HUG MY FAMILY AGAIN

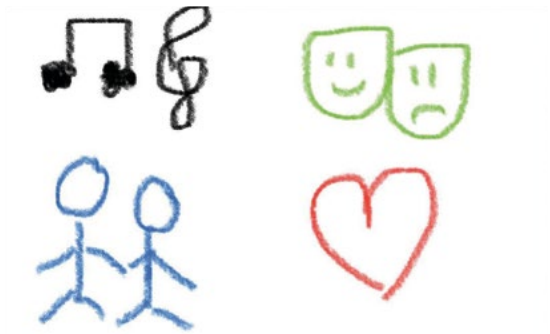

Through change and discomfort, we learn and grow.
JELENA MAISTRENKO, LCSW


honest
hard working
humble
GOAP
TEAM
empathetic
connected
Values
kind
authentic
connected
open minded
helpful


#CHALKITUPTOVALUES
#OCDWeek
@OBSESSIVECOMPULSIVETREATMENT


#CHALKITUPTOVALUES
LOVE
Creativity
OCD
SCHOOL


Smile




MILLION Steps OCD WALK 2021


nny For Your Intrusive Thoughts

THERAPY COMMUNITY

Institutional Member Updates *(continued from page 17)*

We are an evidence-based center for behavior analytic treatment of anxiety and related disorders. We participate in continual research and service improvement activities with affiliates from University of Louisiana - Layfayette as well as University of Texas - Tyler.

Our services are oriented towards providing evidence-based measurable change for those who have not seen gains at lower levels of treatment. Our staff have over 20+ years of experience treating individuals with severe and complex OCD and related disorders. As a newer center, with founders originating out of the largest higher-level treatment centers, our small program tends to be highly individualized and tends to have a shorter waiting list than larger centers. Learn more by calling us today.

BEYOND BORDERS CBT

hello@beyondborderscbt.com
beyondborderscbt.com

Beyond Borders CBT continues to grow and further our mission of making evidence-based treatment for OCD more accessible around the world! In addition to providing treatment in four languages, we are proud to have served patients in 28 countries and counting. We are also excited to add Utah to the 20+ U.S. states in which we have licensed clinicians. See our website to learn more about our practice.

Earlier this fall, Jack Jacobsen transitioned to clinical director and, while he is still seeing patients, he's also a crucial part of our leadership team. This winter we will welcome clinical psychologist Rodrigo Tello Gerez to the team to serve the Spanish-speaking community in Central and South America. Rodrigo is based in Central Mexico and brings many years of experience to the practice. Founding Director Ashley Annestedt continues to train therapists in developing countries in ERP and is currently working on projects in Kenya, Brazil, and Mexico.

Beyond Borders CBT wishes everyone in the OCD community a peaceful holiday season and new year filled with hope, love, and gratitude!

CENTER FOR ANXIETY

200 W 57th St, Ste 1008
New York, NY 10019
(646) 837-5557
info@centerforanxiety.org
centerforanxiety.org

Center for Anxiety is a diverse team of caring clinicians working and growing together to provide effective outpatient and intensive treatment to make a difference in the communities we serve. Center for Anxiety offers a variety of programs, such as weekly DBT groups for adults and adolescents, a weekly graduate DBT group, free support groups, a two-week intensive outpatient program, as well as individual therapy and individual IOP.

This year our staff is growing and we have multiple open positions: director of clinical training, clinical site director, supervising psychologist, and masters level clinicians.

In other news, we have recently launched a podcast, "A More Connected Life," where trained clinicians discuss how the very real challenges of mental disorders can ultimately lead to greater insight, resilience, and connection.

Additionally, we continue to provide corporate seminars and workshops for companies looking to work on "Wellness in the Workplace." To inquire about our patient services, open positions, or workshop offerings, please email ***info@centerforanxiety.org***.

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

1910 Rte 70 E, Ste 7
Cherry Hill, NJ 08003
(856) 220-9672

601 Ewing St, Ste C-2
Princeton, NJ 08540
(609) 304-6944

mail@thecenterforemotionalhealth.com
thecenterforemotionalhealth.com

The Center for Emotional Health of Greater Philadelphia (CEH) welcomes new staff — licensed psychologist Cara Genbauffe, PsyD, a graduate of Rutgers University with advanced training in OCD and related disorders, postdoctoral fellow Michelle Debski, PsyD, graduate of LaSalle University with specialized training in working with children and families, and administrative specialist Linette Burgos, COSC. Each brings a wealth of knowledge and enthusiasm to their work and we are excited to welcome them to the CEH family.

Fall 2021 was a busy time for our clinical staff. Drs. Michael Wiltsey, Marla Deibler, Jayme Jacobs, and Samantha Deana delivered presentations at the Online OCD Conference. Dr. Deibler co-presented with OCDNJ colleagues in an "Ask the Experts" panel in recognition of OCD Awareness Week. CEH staff members participated in OCDNJ's 1 Million Steps 4 OCD Walk. We were also excited to move toward hybrid clinical schedules, permanent telehealth expansion, and inter-jurisdictional practice through PsyPact.

In 2022, we will expand professional education programs, with APA-approved continuing education for psychologists. We also congratulate Dr. Deibler on her appointment to the faculty of the IOCDF's Behavior Therapy Training Institute (BTTI) where she will join IOCDF colleagues in clinical training.

Best wishes in 2022!

CHILD MIND INSTITUTE

101 E 56th St
New York, NY 10022
(212) 308-3118

2000 Alameda de las Pulgas, #242
San Mateo, CA 94403
(650) 931-6565

clinicalcare@childmind.org
childmind.org

The Child Mind Institute's Intensive OCD Program is back to seeing clients fully in person. The program is three hours per day of individual CBT/ERP with the ability to tailor to specific needs. We provide intensive treatment ranging from one to four weeks and see a wide range of severity levels. Families from outside the New York City area are welcome to reach out for treatment. OCD intensive services are available in English and Spanish. The Child Mind Institute offers a financial aid program to help families with the cost of services.

Institutional Member Updates

CORNERSTONE OCD & ANXIETY GROUP

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

Is it winter already? We are continuing to change and grow, to learn and teach at Cornerstone. We've been able to see so many more children with the number of interns we currently have. And of course, this comes with the reminder to screen for PANDAS/PANS. The more we learn, the more we realize what we don't know. Our current goal is learning everything we can about PANDAS/PANS.

We also find that we must maintain our awareness of the trauma that can present from growing up with a mental illness or having a parent in the home with a mental illness.

And we celebrate as each intern graduates and each associate applies for full licensure!

EAST BAY BEHAVIOR THERAPY CENTER

45 Quail Ct, Ste 204
Walnut Creek, CA 94596
(925) 956-4636
drz@eastbaybehaviortherapycenter.com
eastbaybehaviortherapycenter.com

ACT BEYOND OCD: ONLINE CLASS FOR OCD (16 HRS)

We're super excited to announce that in January 2022 we're opening registration for ACT Beyond OCD, including two tracks: one track for adults and one for teens.

ACT Beyond OCD is a live online cohort-based course in which participants will learn acceptance and commitment therapy (ACT) and ERP skills to get unstuck from OCD and get back into their life so they can connect with others, pursue a career path, entertain a hobby, do the things they like, and have fun.

Adult participants receive 16 hours of online coaching two sessions a week, and will have a chance to learn ACT and ERP skills, practice them, connect with others, and troubleshoot obstacles under the guidance of Patricia E. Zurita Ona, PsyD, "Dr. Z."

Teens receive six hours of online coaching one session a week and receive direct coaching from Dr. Z.

Registration dates: January 10–14, 2022.

Website: ***actbeyondocd.com***

Beginning date: January 17, 2022.

*Three scholarships are offered for each track.

GENESEE VALLEY PSYCHOLOGY

200 White Spruce Blvd, Ste 220
Rochester, NY 14623
(585) 764-8748
drwadsworth@gviproc.org
gviproc.org

Genesee Valley Psychology (GVP) is excited to be offering online IOP services for those in NY and MA. We are excited for the recent publication of our OCD Trauma Timeline Interview (OTTI) assessment, which helps clients and therapists disentangle OCD and PTSD symptoms. The assessment is available in our publication titled "Understanding the overlap between OCD and trauma: development of the OCD trauma timeline interview (OTTI) for clinical settings."

KANSAS CITY CENTER FOR ANXIETY TREATMENT, P.A.

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

Happy holidays from KCCAT! Last month we welcomed Sarah Jo David, PhD to our team, who comes to us from Rogers Memorial Hospital. Dr. David brings to KCCAT her expertise in working with children and adults with OCD, BFRBs, anxiety, and related disorders, as well as a research background in tailoring treatment for complex cases, intraindividual dynamic network analysis, and exposure-based treatment of OCD and anxiety disorders. Dr. David also serves as KCCAT's new Clinical Services Coordinator; in this role she will be coordinating step-down from higher levels of care, working with families reaching out to KCCAT to connect them with resources, and finding new ways for us to meet the needs of our community. One way KCCAT is responding to the increased demand for services since the pandemic is our Waitlist Workshop: a low-cost educational workshop open to all (even those outside the KC metro area!) who are either waiting to start or interested in learning more about CBT/ERP. More information about this resource, as well as our other services and resources, can be found on our website. Cheers to a happy and healthy New Year!

MCLEAN OCD INSTITUTE // HOUSTON

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

Mclean OCD Institute at Houston is proud to launch our new website at ***mcleanhouston.org***. Please be sure to check it out!

We have current openings in our adolescent intensive outpatient program and are currently accepting new patients in all our levels of care including our outpatient program open for all ages, our intensive outpatient program for adolescents, and our partial hospitalization program for adults.

MOUNTAIN VALLEY TREATMENT CENTER

703 River Rd
Plainfield, NH 03781
(603) 960-4935
cweatherhead@mountainvalleytreatment.org
mountainvalleytreatment.org

Mountain Valley Treatment Center continues to build upon our talented CBT/ERP clinicians. Dr. Tim DiGiacomo supervises our therapists carefully and allows younger therapists to develop

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

new skills as they work towards full licensure. Professional development is a priority for all our staff at Mountain Valley, and we are always looking for opportunities to support our clinical staff. Because of this format, we are able to keep our resident-to-therapist ratio to 1:4, an amazing opportunity to provide focused, individualized care to our clients. We are always looking for both young and expert clinicians to join our team. Please contact us if you would like to learn more.

NOCD

patrickmcgrath@nocdhelp.com
nocd.com

NOCD is excited to be offering treatment for OCD-related disorders such as BFRBs, tics, and hoarding disorder. We treat these conditions through the same virtual platform that we use for treatment of OCD.

NOCD is also actively recruiting therapists to work in our teletherapy network. If you are looking for a work environment that values evidence-based treatment, supervision, training, and is offering full- and part-time work, please reach out to us.

Our team is here to treat the OCD community. We are seeking therapists who want to be a part of a company that is dedicated to helping individuals with OCD and their families not only get their lives back from OCD but also stay better for the long haul. We look forward to speaking to you about opportunities at NOCD.

NORTHWELL HEALTH OCD CENTER

75-59 263rd St
Zucker Hillside Hospital
Glen Oaks, NY 11004
(718) 470-8052
ocdcenter@northwell.edu
northwell.edu/ocdcenter

The Northwell Health OCD Center offers evidence-based, comprehensive outpatient treatment for OCD and obsessive-compulsive personality disorder (OCPD). It is one of the only specialized OCD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group cognitive behavioral therapy as well as medication management.

We have continued to conduct all services through video platforms and we now offer 10 virtual therapy groups of various themes (e.g., ERP practice, skills building, OCPD treatment, family education and support without accommodation, and maintenance of improvements). Of note, we added a second monthly maintenance group in October due to popular demand!

This fall, our clinic welcomed our new postdoctoral fellow, Dr. Julia Marver, as our outgoing postdoctoral fellow, Dr. Alexa Meyers, transitioned into a licensed staff psychologist role on our team.

During the Online OCD conference, Dr. Pinto co-presented on the use of the EASE model for misophonia and on treatment for OCPD, and Drs. Christman and Pereira co-presented on medications for OCD. Our team feels fortunate to be able to contribute to the IOCDF's strong ongoing advocacy and education pursuits. Please email us at ***ocdcenter@northwell.edu*** for more information/to schedule a confidential screening.

NW ANXIETY INSTITUTE

32 NE 11th Ave
Portland, OR 97232
(503) 542-7635
info@nwanxiety.com
nwanxiety.com

NW Anxiety Institute (NWAI) is celebrating the end of a year filled with exciting new beginnings, deepened relationships, and opportunities to learn from one another and our community.

In October, many of our clinicians presented at the Online OCD Conference: Hayley Dauterman, PhD, Myles Rizvi, PsyD, Kevin Menasco, LCSW, Kevin Ashworth, LPC, and Allison Bonifay, LPC. A particular highlight of the virtual conference was the collaboration on workshops with colleagues from other organizations. October also marked the achievement of all licensed clinicians at NWAI completing the Portland-based IOCDF BTTI training!

One central goal of the past year was creating an internal CE program, increasing the accessibility of ongoing edification by learning from one another. Throughout the year, each clinician presented on areas of their clinical expertise and training, totaling 16 CE hours.

As we look forward to the new year, we are eager to continue building connections with our community and enhancing our training institute by launching a postdoctoral fellowship program.

THE OCD & ANXIETY TREATMENT CENTER

1459 North Main St, Ste 100
Bountiful, UT 84010
11260 River Heights Dr
South Jordan, UT 84095
(801) 298-2000
admissions@liveuncertain.com
theocdandanxietytreatmentcenter.com

The OCD and Anxiety Treatment Center recently wrapped up another successful OCD Awareness Week. Our main event was an OCD-inspired virtual art exhibit where we received over 45 moving art pieces. We encourage everyone to visit our website to view the exhibit! We participated in the IOCDF's #ChalkItUpToValues which was a favorite amongst staff and clients!

TOATC continues to provide evidence-based exposure therapy to children and adults suffering from obsessive-compulsive spectrum disorders, anxiety-related disorders, and trauma disorders. We recently had our first youth IOP trauma program discharge, who graduated with a 83% reduction of symptoms! We are BEYOND grateful for our staff who continue to put in so much time, effort, and care into this work.

We have expanded our marketing department with a new clinical outreach specialist, who is also a CMHC. We are

Institutional Member Updates

excited for the value her clinical background brings to the marketing team. We recently attended the Critical Issues Conference and had a great time connecting with others in the mental health community.

We are gearing up for another busy year and cannot wait to continue growing in 2022! TOATC is still offering telehealth and respectfully distanced onsite appointments in response to the COVID-19 pandemic.

OCD INSTITUTE MCLEAN HOSPITAL

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

The McLean Hospital OCD Institute (OCDI) in Belmont, MA is excited to announce that their Director of Research, Martha Falkenstein, PhD, has been awarded a five-year NIMH Career Development Award (K23), titled "Interpretation Bias as a Mechanism of Treatment Response in OCD." This is a big milestone for the OCDI's Office of Clinical Assessment and Research (OCAR) because it is the first NIH-funded project in the lab. As part of this project, Dr. Falkenstein will be studying cognitive bias modification for interpretation (CBM-I) as an augmentation to exposure and response prevention (ERP) for OCD, among interested patients at the OCDI. CBM-I is a digital intervention targeting interpretation bias, the misinterpretation of ambiguous stimuli as threatening, which contributes to the development and maintenance of OCD. The overall goal of the project is to contribute to the development of technology-driven augmentations to ERP to enhance response rates, which may generalize to treatment for other OC-related and anxiety disorders in the future.

OCD NORTH

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

Dedicated to the OCD community, OCD North provides exposure and response prevention across the lifespan. We strive to create a community filled with action, support, and hopefulness about overcoming OCD, taking every opportunity to raise awareness of the impacts of OCD and un-shame the disorder. We are proud to foster an environment where our staff, students, clients, and volunteers are empowered to tolerate uncertainty, stand up to fear daily, and overcome OCD.

Located in Barrie, Ontario, but serving all of Ontario, Alberta, New Brunswick, Nova Scotia, and Newfoundland and Labrador, North was sparked by an obvious need for care and support. In addition to ERP, we specialize in family-based treatment and offer free programs and services for the community we serve.

OCD PROGRAM AT BAYLOR COLLEGE OF MEDICINE

1977 Butler Blvd, Ste E4.400, 4th floor
Houston, TX 77030
(713) 798-3080
OCDProgram@bcm.edu
bcm.edu/healthcare/specialties/psychiatry-and-behavioral-sciences/obsessive-compulsive-disorder-program

Baylor College of Medicine and University of North Carolina (PIs: Eric Storch (BCM) and Jim Crowley (UNC)) have started the NIH-funded Latin American Trans-Ancestry Initiative for OCD Genomics, or LATINO. This new study seeks to collect the world's largest ancestrally diverse sample of OCD cases (N = 5,000 Latin American individuals). This study will feature international collaborations with OCD clinics in Argentina, Brazil, Chile, Colombia, Ecuador, and Mexico, as well as OCD clinics in the U.S., including Houston, Miami, New Jersey, San Diego, and San Juan, Puerto Rico. This important study will address the current Latino representation gap in OCD genetic research by conducting a novel, wide-scale OCD genomic study with robust phenotyping. We hope that increased representation of Latin individuals will advance our ability to detect, diagnose, and treat individuals of Latino ancestry using precision medicine, as well as contribute to the diversification of OCD genomics as a whole.

PALO ALTO THERAPY

407 Sherman Ave, Ste C
Palo Alto, CA 94306

940 Saratoga Ave, Ste 240
San Jose, CA 95129

(650) 461-9026
info@paloaltotherapy.com
paloaltotherapy.com/ocd

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

Our newest additions: We are happy to introduce our newest members in both office locations: therapists Bridget Haerr, APCC, Jean Sapiro, AMFT, Brandee Sosa, LCSW, and our newest care coordinator, Liz Irwin. We are excited to have them join our ever-growing practice with their unique experience and backgrounds!

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

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

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

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

PORTLAND ANXIETY CLINIC AND COLLECTIVE CARE CLINIC

1130 SW Morrison, Ste 619
Portland, OR 97229
(503) 313-0028

1750 SW Skyline Blvd, Ste 201
Portland, OR 97221

drjilldavidson@portlandanxietyclinic.com
portlandanxietyclinic.com

Meet our new prescribing providers:

- Paul McMahon, MD – Medical Director, Board Certified Psychiatrist
- John Benson, PMHNP – Nurse Practitioner

In addition to our intermediate care programming for OCD, we have added:

The Adult Intensive Outpatient Program (IOP): This service line is offered to individuals ages 18+ who struggle with anxiety, depression, interpersonal difficulties, trauma, adjustment, and other related presentations. The program format includes a skills training group with a particular emphasis on skills training and interpersonal challenges.

The Adolescent Intensive Outpatient Program (IOP): This program is designed for individuals ages 13–17 who struggle with anxiety, depression, adjustment, trauma, and other presentations of dysregulation. Patients enrolled in this program will meet three days a week. The format of this program is primarily group based with an individual therapy component. All programming in this service line will emphasize evidence-based treatments.

Anxiety and Related Disorders Extended Outpatient Program: This is an alternative option for individuals who may experience barriers with higher levels of care such as IOP. The Extended Outpatient Program (EOP) provides individuals with a multidisciplinary format that is less intense than IOP. The core components include a weekly CBT skill group, weekly individual evidence-based psychotherapy, and weekly (or as needed) psychiatry visits.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

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

Renewed Freedom Center is hiring!

RFC is a boutique private practice located in West Los Angeles looking for a clinical psychology postdoc fellow and/or LMFT to provide individual and family therapy to patients with severe OCD and anxiety disorders, including panic disorder, social anxiety, agoraphobia, separation anxiety, specific phobias, BDD, and GAD.

We are looking for someone with experience in exposure and response prevention, mindfulness, CBT, and family systems to join our team, though experience is not required. Training will be provided, although a strong conceptualization and application of behavioral and cognitive therapies are required.

Compensation is competitive and dependent on the level of education, experience, and specialty of the candidate. Full-time employment includes medical, paid vacation, and year-end benefits. If interested, please submit your CV and a cover letter outlining your experience and interest in the position to ***AshleyBramhall@RenewedFreedomCenter.com***.

ROGERS BEHAVIORAL HEALTH

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

Rogers Behavioral Health is now offering outpatient treatment and supportive living services for OCD and anxiety in its new location in Sheboygan, Wisconsin.

In addition, Rogers recently opened the Ladish Co. Foundation Center on the Oconomowoc campus. The Center includes the Ronald McDonald Family Room® for patients and their families, the Rogers Foundation, and the Rogers Research Center.

Existing Rogers clinics in Miami, Atlanta, and San Diego recently added OCD and anxiety intensive outpatient care options for children, adolescents, and adults. Two all-virtual adult OCD and anxiety IOPs are now available for adults in Tennessee and Wisconsin.

Rogers will open a new outpatient center in Denver and a new 32-bed residential care center in Brown Deer, Wisconsin in summer 2022.

In august, Rogers hosted a virtual webinar on co-occurring OCD and depression. The webinar was hosted by Martin Franklin, PhD, clinical director in Philadelphia, and Rachel Leonard, PhD, executive director of clinical strategy. A recording is available at ***Rogersbh.org/resources***.

Rogers is also sponsoring OCD Wisconsin's Beyond Treatment Network monthly virtual sessions, which brings together community members and those with OCD to share their experiences, ask questions, and learn from experts. Those interested can register at ***OCDWisconsin.org***.

THE CENTER FOR OCD AND ANXIETY AT SHEPPARD PRAT

6501 N Charles St
Baltimore, MD 21204
(410) 938-3891
retreat@sheppardpratt.org
sheppardpratt.org

OPENING EARLY 2022: Sheppard Pratt is excited to announce the launch of "The Re:"!

The Re: is a private pay short-term residential program for adolescents ages 12–17 with anxiety and/or mood disorders. We provide comprehensive and clinically intensive therapeutic services, delivered by a multidisciplinary treatment team in a residential, full-service setting.

Residents participate in gold-standard, evidence-based treatment modalities that are tailored to their specific needs. In addition to therapeutic interventions, we offer medication

Institutional Member Updates

management and complementary/holistic therapies. Our multidisciplinary team includes an academic liaison as well as other academic support as needed.

We accept referrals from all levels of care.

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 find new treatments for patients suffering from OCD and hoarding disorder. We have many new exciting research studies and invite you to find out more by calling or emailing. We also invite you to follow us on Twitter and Facebook @RodriguezLabSU.

In collaboration with OCD SF Bay Area, we organized a free webinar for the community during OCD Awareness Week. IOCDF National Advocate Ethan Smith spoke on Turning Pain Into Your Purpose. Other presenters included Scott Granet, Board Member with OCD SF Bay Area; faculty from Stanford, UCSF, and Weill Cornell Medical College; and representatives from the private sector speaking on first- and second-line medications, ERP, BDD, DBS, TMS, and psychedelics, ketamine, and other novel drugs for treating OCD. Video recordings of all are available for viewing at ***med.stanford.edu/rodriguezlab***.

STRESS AND ANXIETY SERVICES OF NJ, LLC

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

195 Columbia Tpke, Ste 120
Florham Park, NJ 07932

info@stressandanxiety.com
StressAndAnxiety.com

SASNJ would like to welcome Devon Layfield, LCSW to our clinical staff. Devon is a licensed clinical social worker in both Pennsylvania and New Jersey. She is certified in trauma-Focused cognitive behavioral therapy (TF-CBT), and has extensive training and experience in DBT, and in working with ASD, PTSD, ADHD, and ODD, as well as OCD and other anxiety-related disorders. She has previously worked at the Children's Integrated Center for Success in Allentown, PA, and at Wellspring Family Services in Wheeling, WV.

We would also like to welcome Angela Grygo, who is working as the administrative assistant in our East Brunswick office. She has a strong history of customer service and has been a long-time, strong mental health advocate.

SASNJ continues its webinar series, the next one being in January 2022, given by our staff member, Jennifer Kennedy, PsyD on the topic of conducting online therapy groups for adolescents struggling with social anxiety. Please see our website for details.

Finally, as of November 23, 2021, New Jersey has effectively become a PSYPACT state, meaning that several of our psychologists who have become PSYCPACT providers can now provide telehealth services across state lines to all other PSYPACT states — a total of 25 of them in the U.S. by January 2022. This is a great opportunity for our clinical staff to extend their expert services to parts of the country which until now could not access our services. Please see our website for details.

UCSF OCD PROGRAM

401 Parnassus Ave
San Francisco, CA 94143
(415) 502-5472
OCDProgram@ucsf.edu
psychiatry.ucsf.edu/AOT

We would like to announce that the UCSF OCD Program is taking on new patients. We provide specialized, comprehensive treatment for patients with obsessive compulsive disorder (OCD), tic disorders, and related conditions, including medication management and cognitive behavioral therapy in our resident training and staff clinics. In particular, we specialize in exposure and response prevention (ERP) for the treatment of OCD and comprehensive behavioral intervention therapy (CBIT) for the treatment of tic disorders. We also can provide referrals to our TMS and Neuromodulation Clinic for patients with treatment-refractory OCD, who may benefit from transcranial magnetic stimulation (TMS) and other forms of neuromodulation. In the spring, we anticipate the development of an intensive outpatient program for OCD. We also have a number of clinical trials ongoing providing patients with access to novel investigational interventions. Please contact us if you are interested in seeking care.

YALE OCD RESEARCH

34 Park St, 3rd Flr CNRU
New Haven, CT 06519
(203) 974-7523
OCD.Research@yale.edu
OCD.Yale.edu

Obsessive compulsive disorder (OCD) is a frequently debilitating psychiatric disorder that often goes undiagnosed and undertreated. The Yale OCD Research Clinic is an adult research clinic with a 35-year-plus history of investigations and advances in research on this condition. Our website offers descriptions of our work both past and present, and we welcome inquiries into our research. We sometimes offer training opportunities for those seeking to develop their careers. We also welcome interest from adults wanting to learn more about participation or their condition. Please contact us at 1-855-OCD-YALE (toll free 1-855-623-9253).

RESEARCH NEWS

Hoarding Disorder: Do We Need to Focus on Interpersonal Attachment Style to Reduce Object Attachment? *(continued from front cover)*

We are all attached to certain possessions. Some individuals might be attached to the mug they drink their coffee from each morning. Others might be attached to the diecast car collection their son had as a child. About 2.5% of the population are attached to a great many objects. They might be attached to the 40 coffee mugs in their cupboard, even though they only use one. And despite their offspring no longer caring about their childhood toys, they may feel connected to almost all of them.

The psychological and emotional bond we form with objects has consequences. In 2015, Jessica Grisham and I found that object attachment was the strongest predictor of saving unneeded possessions *(Norberg et al, 2015)*. What seems like innocuous saving in the moment can have detrimental outcomes over time, not just for an individual, but also for their family members, neighbors, and the broader community. Hoarding may make it difficult to function on a daily basis. Those living in a cluttered home may struggle to find things or to move freely. They might be unable to cook meals or sleep in a bed. Concerned individuals may be worried about falls and fires.

As our best treatment for hoarding disorder may only help a quarter of individuals make meaningful improvements *(Norberg et al., 2021)*, I reasoned that understanding the causes of object attachment might help us to improve treatment for hoarding disorder. The International OCD Foundation agreed and funded a body of research that has revealed that interpersonal factors contribute to object attachment.

Our research journey began by reviewing previously published research to understand what contributes to anthropomorphism. Anthropomorphism means attributing human-like qualities to non-human animals or objects. Most of us seem to engage in it to some degree. We might perceive eyes or a mouth on a car or believe that a computer purposely broke right before a deadline.

Previous research has shown that greater anthropomorphic tendencies are associated with greater hoarding behaviors and that individuals with strong anthropomorphic tendencies may derive just as much security from objects as they do from close friends or family. We wanted to know why this might be. Our review uncovered that an "anxious interpersonal attachment style" might lead to stronger-than-typical anthropomorphic tendencies *(Kwok et al., 2018)*.

To have an anxious interpersonal attachment style means that a person has a strong desire for closeness, and has intense fears of abandonment and rejection. According to attachment theory, children learn how to regulate their emotions and relate to others through their interactions with primary caregivers. Primary caregiver interactions also develop children's sense of personal worth and their views about the reliability of others during times of need. These early learning experiences are thought to set the stage for adult functioning.

When primary caregivers inconsistently respond to their children's needs and emotional states, children may develop an anxious interpersonal attachment style. Anxiously attached individuals regularly look for signs of rejection, which can heighten negative emotions and lead to counterproductive attention-seeking behavior. When attention-seeking fails to get others to provide comfort, individuals with an anxious attachment style may turn to objects for emotional support.

We examined this claim by studying 361 individuals who self-reported having a moderate to severe problem with acquiring too many possessions *(Norberg et al., 2018)*. Although excessive acquiring is not a core feature of hoarding disorder, most people who have trouble discarding possessions also excessively acquire them. If fewer possessions enter a home, individuals will have less to discard. Therefore, we wanted to know what might lead to immediate attachment to items. We found that greater anxious attachment was related to stronger tendencies to anthropomorphize inanimate objects. In turn, participants who had greater anthropomorphism reported more excessive buying and acquisition of free items.

In the next study, we tested 1) if being excluded from social groups would lead individuals to anthropomorphize unowned items; 2) if anthropomorphism would heighten the sentimental value (the symbolic meaning of an item and its ability to provide comfort and support) and instrumental value (judgment about the potential use, function, or need for a possession) of unowned items; and 3) if greater sentimental and instrumental value increases object attachment. To study exclusion from social groups and its relationship to anthropomorphism, we subjected participants to an online ball-tossing game. At random, the game would

Hoarding Disorder: Do We Need to Focus on Interpersonal Attachment Style to Reduce Object Attachment?

rarely toss the ball to some participants to make them feel socially excluded. Others would receive the ball an average amount of time in order to make them feel included, and some other participants would receive the ball much more than all other participants to make them feel over-included. After participants played the game, we presented them with five objects that had human characteristics. Unexpectedly, participants who were excluded from the ball-tossing game did not rate the objects as more human-like than the participants who were included or over-included in the game. However, we did find that stronger anthropomorphism of the objects predicted that participants would assign greater instrumental and sentimental value to the objects, as well as greater object attachment.

We were intrigued by these findings. Did the inherent human-like physical features of the objects lead everyone to anthropomorphize them? Or did social exclusion not increase anthropomorphism because the ball tossing game made them feel excluded by a group of strangers, rather than friends, family, or members of their community?

In our next study, we asked 175 individuals to recall a time they felt supported or unsupported by a significant other before rating objects on display for how anthropomorphic and comforting they were, and to rate how attached they felt to those objects. This time we showed participants two objects: one had human-like features and the other did not. Remembering past situations in which participants felt supported or unsupported did not influence anthropomorphism, comfort, or attachment ratings. In general, participants anthropomorphized the person-shaped tea holder more than the box of chamomile tea, found the chamomile tea more comforting than the person-shaped tea holder, and became more attached to the person-shaped tea holder. There seemed to be a connection between anthropomorphism ratings and object attachment. Participants who rated the tea holder higher for anthropomorphism were more attached to it. Moreover, participants who self-reported hoarding difficulties (i.e., both acquiring and discarding difficulties) anthropomorphized the person-shaped tea holder more and became more attached to it than did participants who stated they had no trouble discarding their possessions *(Norberg, David, et al., 2020)*.

This study showed that objects differ in their psychological function. Some objects may be fundamentally more anthropomorphic and some may more easily provide comfort. It also suggested that anthropomorphism is not the same as comfort. But again, we failed to find in our experiment that being rejected increases the degree to which individuals anthropomorphize objects. We wondered: maybe who does the excluding is not what is important, but instead perhaps what is important is how much a person feels rejected. Perhaps the frequency or extent of social exclusion explains why studies that have had people report their experiences over months or years of life demonstrate a link between anthropomorphism and rejection, but experimental studies in which researchers attempt to evoke this feeling in short games or exercises do not.

The aim of our next study was to examine if individuals who experience hoarding difficulties have particularly poor interpersonal functioning *(Norberg, Kwok, et al, 2020)*. We reasoned that problems with interpersonal functioning (the ability to develop and sustain relationships with others, communicate with them, resolve conflicts, empathize, and engage in appropriate levels of intimacy) may lead to chronic feelings of rejection and loneliness, which may then lead to discarding difficulties because individuals may substitute their possessions for interpersonal support.

We compared 121 individuals who reported hoarding difficulties (excessive acquiring and discarding problems) to 59 individuals who reported compulsive buying problems (only excessive acquiring). Both compulsive buying and hoarding involve unhealthy consumer behavior, but only hoarding involves a long-term maladaptive attachment to possessions. We expected that individuals with hoarding difficulties would report more interpersonal problems, which would give them more reason to hang onto possessions indefinitely than individuals with compulsive buying problems. That is exactly what we found through our study. Participants with hoarding tendencies reported having more of an anxious interpersonal attachment style and experiencing more interpersonal problems than individuals who only engaged in compulsive buying. We also found that interpersonal difficulties explained the link between an anxious interpersonal attachment style and greater discarding difficulties.

Continued on next page >>

RESEARCH NEWS

Hoarding Disorder: Do We Need to Focus on Interpersonal Attachment Style to Reduce Object Attachment? *(continued)*

In our final study, we sought to understand how attachment to the objects that people own changes over time. We offered 145 individuals with hoarding tendencies the option to take home a box of chamomile tea or a person-shaped loose-leaf tea holder. Immediately after choosing an item, we asked participants to report how attached they were to it and to complete questionnaires that measured their interpersonal attachment style and ability to experience and provide empathy. We asked them to then use their chosen item every day and report back to us on how attached they were to the item a week later.

We found that individuals with an anxious interpersonal attachment style stayed attached to their possession over time, but that those who didn't have anxious interpersonal attachment traits became less attached to their possession. We also found that having an anxious interpersonal attachment style meant that participants were more likely to experience a lot of personal distress when trying to help others in stressful situations, and that these individuals had a lot of empathy for fictional characters. Finally, we found that individuals who reported experiencing a lot of empathy for fictional characters and being unable to provide empathy in stressful situations felt the most attached to their chosen item in the long-term.

The main conclusion from this body of research is that interpersonal functioning — the ability to form and maintain relationships with others — contributes to both immediate and long-term object attachment. Individuals with hoarding disorder may be likely to have an anxious interpersonal attachment style. They may worry that others do not care for them as much as they care about them. They may fear that others will abandon them. They may lack self-confidence, let people boss them around, and act submissive. Despite feeling empathy for other people, they may be unable to provide empathy during tense social situations because they feel unable to manage their own personal distress. This interpersonal style may make it hard to develop close and lasting relationships. As a result, individuals may turn to fictional characters and inanimate objects for support. They may humanize these objects, and in turn this may increase how much they value the objects and become attached to them. Their attachment to these possessions over time may not falter, even if they are worn out, unused, and/or hidden from sight.

Cognitive behavioral therapy (CBT) for hoarding disorder currently uses cognitive techniques to challenge unhealthy beliefs and to reduce emotional attachment to possessions. Although research has shown that CBT for hoarding disorder is linked to reductions in unhealthy beliefs and emotional attachments to possessions, the changes patients experience are usually small to moderate, and they may continue to struggle even after completing treatment *(David et al., in press)*. The body of research discussed within this article suggests that treatment outcomes might be improved by helping individuals with hoarding disorder to improve their ability to form and sustain healthy and meaningful interpersonal relationships with others. To date, no studies have been published examining whether treatments intended to improve interpersonal functioning reduce object attachment and hoarding behavior. As treatment studies are time intensive and costly, we hope to receive future funding to put the findings of this project into action.

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2022 Research Grant Program Call for Proposals

The IOCDF will be offering over $1.5 million in research funding in 2022 to improve scientific understanding and treatment of OCD and related mental health disorders. Beginning January 4, 2022, researchers will have the opportunity to apply for the following grants:

- **Breakthrough Awards** — $500,000 grants for senior researchers pursuing cutting-edge OCD research. The goal of these awards is to fund new ideas in OCD research that have the potential to revolutionize treatment and even discover ways to prevent OCD from taking hold in the first place. The Breakthrough Awards are made possible through the generosity of an anonymous donor to the IOCDF.
- **Innovator Award** — The 2022 Innovator Award is a $300,000 grant to support research studying the mechanisms and causes of co-occurring OCD and Bipolar disorder. Previous research has found that OCD is common among those who also have Bipolar Disorder. Our intent with this grant is to improve scientific knowledge in this under-researched area, with the ultimate goal of improving treatment outcomes for people with this dual diagnosis.
- **Michael Jenike Young Investigator Award**s — Grants of up to $50,000 for early career researchers pursuing projects investigating OCD, BDD, hoarding disorder, or other disorders related to OCD. These awards are intended to support the career development of the next generation of OCD and related disorders researchers while providing seed funding for promising and innovative research.

Every grant application that we receive will be evaluated by an expert panel of experienced researchers. This panel's recommendations ensure that precious research dollars — 100% of which are contributed by donors — are directed to the strongest possible research with the greatest potential for impact.

Applications will be accepted beginning January 4, 2022 at ***iocdf.org/research***. Complete application instructions, guidelines, and the official 2022 request for proposals (RFP) are now available. The deadline to submit an application is February 28, 2022.

Please consider supporting the next breakthrough in OCD and related disorders research with a financial contribution to our Research Grant Program. Visit ***iocdf.org/donate*** to learn more and contribute.

2022 Events Call for Proposals

ONLINE RESEARCH SYMPOSIUM: A HYBRID EVENT

July 7, 2022

The 7th Annual IOCDF Research Symposium will be a hybrid online and in-person event! The in-person Symposium meeting will take place in Denver, Colorado, and will be streamed live to an online audience. We invite researchers of all backgrounds and experience levels to submit a proposal to speak at the symposium. For more information and to submit your idea for a presentation, please visit ***iocdf.org/research***. The deadline for proposals is February 14, 2022.

POSTER SESSIONS: IOCDF RESEARCH SYMPOSIUM AND ANNUAL OCD CONFERENCE

July 7 & July 9, 2022

The IOCDF Research Symposium and the Annual OCD Conference will both feature poster session opportunities for researchers. These poster sessions allow researchers of all experience levels to bring their research to new audiences and network with leaders in their respective fields. Posters submitted by students and trainees will be judged by an expert panel, and authors of outstanding posters will be awarded cash prizes. Please submit poster abstracts at ***iocdf.org/research*** by March 1, 2022 to be considered.

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***.

Are you the parent of a child aged seven to 17 with anxiety or OCD symptoms? Join a free treatment study!

What is this study about?

Baylor College of Medicine is conducting a research study that provides a free scientifically backed, parent-based treatment program for anxiety and OCD in children and adolescents (ages 7–17 years old). This program is delivered over videoconferencing to your home.

What's involved?

— A free 12-week course of parent-based therapy for children with anxiety or OCD with sessions delivered via video conferencing

— A total of three assessments conducted over video-conferencing

— Participants will receive free parent-based therapy for children and teens with anxiety and OCD.

Is this study right for me?

— Do you have a child between the ages of seven and 17 with anxiety and/or OCD?

— Can your child communicate verbally?

— Do you and your child speak English?

— Do you currently reside in Texas?

If you're interested or unsure if you meet the requirements, contact a member of the study team at ***spacestudy@bcm.edu***.

Online study looking at interpretations of ambiguous situations to develop a new OCD intervention

We are researchers based at King's College London investigating how people interpret various scenarios containing an element of uncertainty. This will help us to develop an online intervention to reduce negative interpretations for individuals with OCD. We are looking for adults (aged 18 and over) living anywhere in the UK who are fluent in English to take part in this study.

Participating involves being presented with a series of scenarios with an element of ambiguity where you will be asked to complete the final sentence by adding a single word, followed by a few short questionnaires. This is anonymous and will take up to 40 minutes. All you require is access to a smartphone, tablet, or computer.

After taking part, you will be invited to enter a prize draw with an opportunity to win gift vouchers worth £75, £25, and £15.

To find out more or to take part, view the online survey: ***bathpsychology.eu.qualtrics.com/jfe/form/SV_22ZSieO5drRUI5M***

Baylor College of Medicine online OCD study

If you treat patients with OCD, Baylor College of Medicine would like to invite you to take part in a brief online study! The research team is interested in hearing your thoughts/experiences with delivering ERP via telehealth for your OCD clients. To take part, please access our brief survey here: ***bit.ly/telehealthERPsurvey***

Thank you in advance for your time!

Developing a measure of beliefs in hoarding disorder

About the study: This study aims to develop a tool that will help clinicians identify different types of beliefs in people with hoarding disorder, so that treatments can better target the core beliefs held by patients who seek help from mental health professionals.

Participants can complete the study anonymously by clicking this link: ***tinyurl.com/hoardingbeliefs***.

This will lead you to Qualtrics where you will be shown an information sheet and consent form. Demographic information will be collected and there is a screening measure to identify people whose hoarding behaviour reaches the threshold for the study. Those who qualify will be asked to rate how strongly they believe certain statements about their possessions. Finally, a debrief statement with further information and contact details will be shown.

This stage of the study just requires the completion of a single questionnaire with no follow-ups required. In total, the survey will take approximately 20 minutes. Those who complete the full questionnaire will be given the opportunity to win an Amazon voucher. Those who choose to provide their email address for the prize draw or other reasons can be assured that their email address will be kept separately from their responses to ensure anonymity is maintained.

Research Participants Sought

This study is supervised by Dr. Claire Lomax (DClinPsy Programme Director, Newcastle University) and Dr. Rowan Tinlin (Clinical Psychologist, CNTW NHS Trust).

Requirements: Anyone over the age of 18 can complete the study, as the questionnaire will screen people in or out at an early stage based on the severity of their hoarding and clutter. The study is open to anyone who can speak English, regardless of what country they live in. You do not need to have a diagnosis of hoarding disorder to take part.

About the researcher: My name is Kathryn Ragan and I am a trainee clinical psychologist studying at Newcastle University and working for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. This study is for my doctoral thesis. Contact details: Kathryn Ragan, ***k.ragan2@newcastle.ac.uk***

Do you love possessions? Participate in our study!

We are looking for adults (aged 17+) with hoarding and/or compulsive buying problems to participate in a study about acquiring and saving behaviors. If deemed eligible after a short phone interview, you will be asked to complete a three-hour session completing interviews, tasks, and questionnaires at Macquarie University OR online via Zoom. You will be paid AUD$20/hr in the three-hour session and will be given the opportunity to earn up to $10 bonus prize money.

If interested, contact ***bsl@mq.edu.au*** for more information.

Are you a minimalist, a collector, or a shopper? ... or something in between?

We are looking for adults (aged 17+) to participate in a 45-minute online survey about acquiring and saving behavior. Survey completers will be entered into a draw to win one of three AUD$50 prizes. Two weeks later, you will be able to complete a 30-minute follow-up survey to go into a separate draw to win another AUD$50.

For more information: ***redcap.link/1p2kqnjx***

Provider perspectives study

The UBC Centre for Collaborative Research on Hoarding is doing research to understand perspectives of service providers who at least occasionally assess, intervene, or inspect hoarded homes.

The Provider Perspectives study is recruiting people who encounter hoarding as part of their work in housing, code enforcement, child welfare, older adult services, mental health, or fire prevention. You do not need to be a hoarding specialist or expert (although experts are welcome, too).

The online survey takes about 30 minutes. The questions focus on service providers' knowledge and perspectives on hoarding and mental illness. Participants will receive a $10 gift card or they can choose to donate the $10 to a charity on our list.

Are you Interested? Find out more at ***hoarding.psych.ubc.ca/partners***, or email us at ***hoarding.centre@ubc.ca***, and lastly pass this on to your colleagues!

The effect of difficult interpersonal memories on emotional responses

We are researchers from the Clinical Psychology Department at The University of Oxford, and we are interested in learning more about the link between difficult interpersonal memories and emotional responses.

We are interested in hearing from people who identify as having obsessional and compulsive problems, and those without current experiences of mental health difficulties.

We are hoping to develop a deeper understanding of factors that may contribute to distress in this area, with the hope of tailoring and improving treatments for these individuals.

We are looking for volunteers aged 18 years and over. Participating in the research will take approximately one hour, and will involve a short telephone discussion, an experimental task via video, and completion of some questionnaires.

If you are interested and would like more information, please contact ***sam.french@hmc.ox.ac.uk***.

Measuring shame associated with unacceptable thoughts

What is the study about?

Current treatments for OCD tend to focus on anxiety to the exclusion of shame. Research indicates shame is prevalent in OCD and treating shame can be helpful for those who may not find anxiety-based support helpful. There is currently no way to measure if treatment for shame associated with unacceptable thoughts, images, and urges is helpful. Our aim is to create a questionnaire that measures shame associated with perceived unacceptable thoughts, urges, and images in order to improve treatment outcomes for people with OCD.

What will I need to do?

If you are one of the first seven people to respond:

- Take part in a 30-minute interview about perceived unacceptable thoughts, images, and urges and associated feelings of shame.
- Take part in a follow-up survey rating how much you agree that the questions developed through the interview process accurately measure shame associated with perceived unacceptable thoughts, images and urges.

Continued on next page>>

RESEARCH NEWS

Research Participants Sought *(continued)*

If you are not one of the first seven people to respond:

- Take part in a follow-up survey rating how much you agree that questions developed through an interview process accurately measure shame associated with perceived unacceptable thoughts, urges and images.

Can I take part?

- You can take part if you are a clinician who has provided therapy to people who perceive themselves to have unacceptable intrusive thoughts and associated feelings of shame, or a researcher who has published on perceived unacceptable thoughts and associated feelings of shame.

What should I do if I wish to take part?

Follow this link: ***cccusocialsciences.az1.qualtrics.com/jfe/form/SV_4IQxThZhz3je-AV8***

You will be provided an information sheet on the study to read. You will also be asked to confirm you meet the criteria of an expert. You will then be provided a consent sheet to read and sign electronically. You will also be asked to provide your demographic details. You will then be contacted with further information about how to participate.

Who should I contact if I want to know more?

ac985@canterbury.ac.uk

OCD in children and youth: Celecoxib versus placebo as an adjunct to treatment-as-usual

ACE-OCD is a clinical trial being run by Drs. Evelyn Stewart, a child and adolescent psychiatrist and professor at UBC, and Clara Westwell-Roper, a UBC Psychiatry Research Track Resident, at the Provincial OCD Program at BC Children's Hospital Research Institute. Together they are investigating whether celecoxib, a non-steroidal anti-inflammatory drug often used for pain relief such as Advil, can help children and youth with obsessive compulsive disorder (OCD).

OCD is a condition that is characterised by unwanted upsetting thoughts or feelings (obsessions) that cause distress and anxiety and force individuals to perform actions or rituals they do not want to do (compulsions) to reduce the stress and anxiety caused by obsessions. OCD can interfere with daily activities such as socializing, self-care, and school functioning. The usual treatments include cognitive behavioral therapy and medications called serotonin reuptake inhibitors, but almost half of children continue to experience symptoms despite these treatments.

Both genetic and environmental factors contribute to the development of OCD, but not all of these factors are understood. Research studies have suggested that proteins and cells related to inflammation may be affected in children and adults with OCD. Celecoxib belongs to a medication class called non-steroidal anti-inflammatory drugs (NSAIDS). A common NSAID that many children have taken previously is ibuprofen (Advil/Motrin), but it requires multiple doses per day to effectively reduce inflammation, whereas celecoxib is taken twice daily. NSAIDs such as celecoxib may limit inflammation and improve the function of neurons in parts of the brain involved in OCD symptoms.

This study will assess the effect of celecoxib on OCD symptom severity. Symptoms in participants receiving celecoxib (added to their usual treatment) will be compared to those receiving placebo, an inactive substance that looks identical to the test drug but contains no therapeutic or experimental ingredients. We expect that a total of 80 participants with OCD will be enrolled in this study, which is a single-site trial based at BCCH.

Health Canada, the regulatory body that oversees the use of natural health products/drugs/devices in Canada, has not approved the sale or use of celecoxib for OCD in either children or adults. Health Canada has allowed celecoxib to be used in this study.

The goal of this study is to determine whether 12 weeks of treatment with celecoxib added on to usual treatment results in improvement in OCD symptoms compared to placebo. This study is a randomized placebo-controlled trial, which means that half of participants will receive celecoxib and half will receive placebo, an identical capsule that does not contain the active drug. Participants may be assigned to either treatment. They will also continue their regular treatment (medication and/or psychotherapy) under the care of their regular doctor(s).

This is a Phase II study, which is undertaken after preliminary safety testing on a drug or treatment. Celecoxib has already been tested in previous studies for safety in children. Phase II studies are usually conducted on a small number of individuals. In this case, it will allow researchers to begin to find out what effect celecoxib has on OCD and to further evaluate its safety.

Who can participate:

1. Age 7-18 years
2. Resident of British Columbia
3. Diagnosis of moderate-to-severe OCD
4. Able to take medication twice daily in capsule form (in whole form or sprinkled contents)

Research Participants Sought

5. Negative pregnancy test (either serum or urine) in participants with child-bearing potential
6. Use of highly effective and/or double barrier contraception, or abstinence, in participants with child-bearing potential

You are not eligible to apply if you meet the non-eligibility criteria below*

Potential risks

NSAIDs are well tolerated in children at doses and durations exceeding those delivered in this trial, with the most common treatment-related adverse events including mild gastrointestinal symptoms that are mitigated by taking the medication with food. These include abdominal pain, nausea, diarrhea, and stomach upset.

Serious adverse events are very rare in children (<0.01%); these include gastrointestinal bleeding, ulcer, or perforation, kidney disease, and allergic reactions.

End date

September 30, 202

Study Involvement

The initial survey will take about 30 to 40 minutes, and subsequent surveys can take between 15 to 20 minutes.

Contact

Interested participants can contact us at ***aceocd@bcchr.ca*** and our research team will then arrange a phone call with you to provide more information about the study.

*Children and young adults are not eligible to participate in this study if any of the following apply:

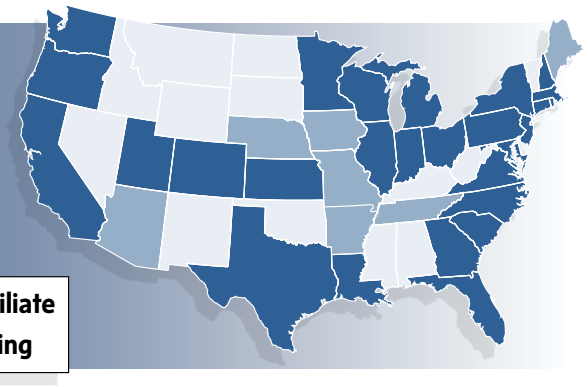
- They have been previously diagnosed with or develop conditions that would increase their risk of harm with NSAID use, including kidney or liver disease, gastrointestinal bleeding or peptic ulcer disease, inflammatory bowel disease, bleeding disorders, severe asthma, or NSAID allergy.
- They have a current major depressive episode, psychosis, suicidality, or active substance use.
- They have an active infection or are taking antibiotics.
- They have used any NSAID at any dose more than three times per week in the two months prior to participation.
- They currently take steroids (IV, oral, or inhaled) or drugs that may interact with celecoxib (detailed list included in Appendix A).
- There is an abnormality identified on baseline blood work including liver enzymes, kidney function, and blood cell counts, or they have a form of an enzyme that metabolizes celecoxib that will significantly increase their levels.
- Changes have been made to CBT or other psychotherapy in the four weeks prior to participation
- They have started a new medication in the 10 weeks prior to participation
- There are planned changes to their usual treatment during the study period
- They or their parents are unable to provide informed consent or assent, or to participate in study procedures or assessments in English.
- They do not have a doctor (family physician or specialist) or other primary care provider (e.g., nurse practitioner) providing regular medical care.
- Because there are risks associated with NSAID use in pregnancy, you should avoid becoming pregnant during this study. She should be aware of the risks to an unborn baby/fetus, and will be advised by study staff to work with her study doctor to find the best solution to make sure she does not get pregnant, if she wishes to be in the study.
- They are unable to have blood pressure measured within two months prior to enrollment (either on-site at BCCH or by a primary care provider).
- They have an intention of pregnancy.

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***



OCD ARIZONA

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) Mervich and Bridget Henry by emailing Kristin at ***kristin@outsmartingocd.com***.

OCD CENTRAL & SOUTH FLORIDA

ocdcsfl.org

OCD Central & South Florida was thrilled to host our inaugural 1 Million Steps 4 OCD Walk! Our walk was held in St. Petersburg, and it was a beautiful day to spread awareness for a good cause! In addition to the Walk, our event included music, raffles, plenty of food, trivia, and activities for kids. We had over 120 registrants, and we raised over $10,000! We'd like to thank all of the attendees, sponsors, and supporters for helping make this event a huge success.

As we transition into 2022, our board has opportunities to get more people involved in our Affiliate, either as a board member or volunteer. If you are interested in getting involved in OCD Central & South Florida, please email us at ***info@ocdcsfl.org*** to express your interest.

Check out our website for information about our events, and to learn more about OCD Central & South Florida. You can also find us on Facebook @OCDCSFL.

We would like to wish everyone a wonderful holiday season, and a happy new year!

OCD LOUISIANA

ocdlouisiana.org

OCD Louisiana would like to extend our thanks to Jon Hershfield, MFT who graciously donated his time to speak with our board members during OCD Awareness Week. Watch the AMA on ocdlouisiana.org to learn about Jon Hershfield's experiences and insights as an OCD clinician. We would also like to send thanks to all who helped make our annual 1 Million Steps 4 OCD Walk a success, despite Hurricane Ida's best efforts. We had a great time getting to know the walkers and have earmarked the funds raised to go towards sponsoring training opportunities.

We look forward to more in-person and virtual events in 2022! OCD Louisiana continues to host our monthly virtual consultation group for professionals, where we discuss diagnostic and treatment questions related to OCD and OC-spectrum disorders. We have plans to offer more virtual events discussing OCD in popular media. Have a favorite memoir, movie, or podcast that deserves some attention? Interested in bringing more OCD awareness and support to Louisiana? Please email us at ***info@ocdlouisiana.org*** to get involved!

OCD MASSACHUSETTS

ocdmassachusetts.org

OCD Massachusetts recently completed our executive board elections and are excited to announce our Affiliate's executive board: Nathaniel Van Kirk, PhD (President), Carla Kenney, LMHC (Vice President), Maria Fraire, PhD (Secretary), Bethany Burke (Treasurer), Meghan Schreck, PhD (Director), Jayme Valdez, LMHC (Director), Sean Shinnock (Director), and Christina Albano Gugino, LMHC (Director).

We want to extend our heartfelt appreciation to Carla Kenny for her dedication and unwavering commitment throughout her term as president over the last four years. Carla has been instrumental in evolving the offerings of our Affiliate and leading us as we have navigated the evolution of our programing/community outreach initiatives.

In September, OCD Massachusetts kicked off our virtual lecture series (follow us on Facebook, Instagram, or our website to see upcoming lectures and the Zoom link) with a wonderful discussion with Shannon Shy. As part of the lecture series, we are continuing to record and post the lectures to the Affiliate's YouTube channel, making them available to the community at large. Check out our channel for recent lectures by Shannon Shy, Dr. Jason Krompinger, and Kimberley Quinlan, LMFT, and to get caught up on past presentations from last year!

Affiliate Updates

OCD MID-ATLANTIC

ocdmidatlantic.org

OCD Mid-Atlantic would like to thank one of our board members, Brad Hufford, for running a half marathon to raise awareness and funds for the IOCDF!

During OCD Awareness Week, an OCD game night was offered to our members; our hope is to have more participants next time.

We are partnering with the Black Mental Health Alliance, a nonprofit organization that helps develop, promote, and sponsor culturally sensitive education forums, training, and referral services that support the health and wellbeing of Black people. Keep an eye out for the first collaboration in early 2022 where we will do a Lunch and Learn event to raise awareness about OCD.

Keep looking for our member stories on Facebook and upcoming content!

OCD MIDWEST

ocd-midwest.org

OCD Midwest had a series of four very successful 1 Million Steps 4 OCD Walks in September, raising more than $28,000 combined between events in Chicago, Akron/Canton, Cincinnati, and Columbus. We hope to add events in Cleveland, OH and Indianapolis, IN in 2022! We are actively developing our board and seeking to expand membership and reach into Indiana; to that end, we are sponsoring a Pediatric BTTI in Chicago in December of 2021 and have awarded three full scholarships to clinicians from Indiana to attend the training and support our mission to expand and develop OCD expertise in that state. We've also increased the number of professional consultation groups we offer to three by adding a Northeast Ohio group run by Joanna Hardis, LISW-S to our existing two Chicago-based groups.

OCD NEW HAMPSHIRE

ocdnewhampshire.org

It is hard to believe that 2021 is almost over! We are grateful for the support we have received from so many in our community as well as the resources, programs, and events we have been able to offer this year. On November 19th we held our first clinician training in partnership with the New Hampshire Psychological Association where over 30 licensed clinicians from New Hampshire (in person) and around the county (via Zoom) participated in ERP and ACT presentations, a Q&A with panelists who live with OCD, and case study groups.

Join us on the fourth Wednesday of each month at 7:30pm EST for our Virtual Educational Series featuring those living with OCD, clinicians, and more. Upcoming topics include Relaxation & Grounding Techniques (December), Sharing Your Story (January), and Building Bridges and Reducing Stigma (February). You can find more information on our Facebook (@OCDNH).

In January, we will be starting our second Supportive Parenting for Anxious Childhood Emotions or SPACE virtual group. This parent training course will help parents create strategies and language to help their child with OCD or anxiety and related conditions. This methodology, created by Dr. Eli Lebowitz out of Yale, has been scientifically proven to be as effective as children undergoing ERP. SPACE offers parents tangible tools and action steps and can work on its own or as a great complement to ERP work with an OCD specialist. Information and registration will be available in late December on our website and our Facebook page (@OCDNH).

OCD NEW JERSEY

ocdnj.org

OCD New Jersey had an active fall season, with both online and in-person engagement. In recognition of OCD Awareness Week, OCDNJ Board members Dr. Marla Deibler, Dr. Jordan Levy, Dr. Rachel Strohl, and Dr. Allen Weg participated in an "Ask the Experts" online forum discussing OCD-related topics and questions from community members. OCDNJ also successfully hosted its first in-person 1 Million Steps 4 OCD Walk on a beautiful, sunny autumn day, joining together as a community to support one another, raise awareness, and fundraise in support of IOCDF and this important mission. Looking ahead, OCDNJ is excited to host its virtual conference on March 27th, 2022, with invited speaker Dr. Reid Wilson who will present "Playing against OCD: Strategies for the 6-Moment Game" as well as the annual "Living with OCD" panel. We hope you'll save the date and join us on this day of learning.

OCD PENNSYLVANIA

ocdpennsylvania.org

OCD PA had a busy fall!

- We held four successful 1 Million Steps 4 OCD Walks in the state of Pennsylvania (Pittsburgh, Erie, Harrisburg, and Philadelphia), raising thousands of dollars for OCD sufferers and punctuated by a moving keynote from Denis Asselin, the man who began the walk in 2012.
- OCD PA is excited to share that we awarded 28 scholarships to provide ERP training to therapists who are new to treating OCD.
- OCD Awareness week had us posting OCD content on social media every day, with the intention of reaching out to people who have not had access to evidenced-based information regarding OCD.
- On November 4, four of our board members presented to the state School Psychology conference on how to help students with OCD.

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FROM THE AFFILIATES

Affiliate Updates *(continued)*

OCD SAN FRANCISCO BAY AREA
ocdbayarea.org

OCD San Francisco just had quite a month! October started with our annual 1 Million Steps 4 OCD Walk around beautiful Lake Merritt in Oakland. Despite being in the midst of the pandemic, 70 people, including family members and friends, came out this year to support those with OCD and related disorders.

The following week was the terrific Online OCD Conference, and the week after that was our annual OCD Awareness Week event, co-sponsored by the Translational Therapeutics Lab with Stanford's Department of Psychiatry and Behavioral Sciences and OCD San Francisco. Highlights of the half-day event included Ethan Smith's inspirational keynote address and sessions on body dysmorphic disorder and novel therapeutics such as psychedelics, ketamine, transcranial magnetic stimulation (TMS) and deep brain stimulation (DBS). For the first time, the event also included opportunities to attend 10 breakout discussions on multiple OCD-related topics and a Bay Area meet and greet.

All of us at OCDSF would like to thank the many people who helped make October such a special month for the OCD and related disorders community and to all who participated with us.

OCD SOUTHERN CALIFORNIA
ocdsocal.org

OCD SoCal's board members would like to thank everyone who attended our OCD Awareness Week interactive and educational two-hour event! We had a large and active audience, and we are grateful for everyone in the community who joined us. Each of our board members presented on topics relevant to OCD: Exposure and Response Prevention (ERP) for OCD by Evelyn Gould, PhD, BCBA-D, Medications for OCD by Sepehr "Sheperd" Aziz, DO, How a Family Member Can Best Support a Loved One with OCD by Melissa Mose, LMFT, and Our Journey With Overcoming OCD by Chris Trondsen, MS, AMFT, APCC, Liz Trondsen, Patricia Bosvay, Shannon Switzer, and Andrew Cohen, LMFT!

Special guest speaker Kim Quinlan, LMFT presented on Learning How Self-Compassion Can Help Supercharge Your OCD Recovery! The recording of the presentations, along with the accompanying slides, is available on our website!

OCD SoCal also participated in the IOCDF's 1 Million Steps 4 OCD Walk! We offered hybrid Walks in four counties in our catchment area: Los Angeles, Orange, Inland Empire, and San Diego, allowing families to walk safely while sporting the official walk T-shirts!

SAVE THE DATE! OCD SoCal is currently planning our sixth annual OCD Southern California Conference! It will be held in April 2022 and will once again be virtual, allowing anyone from anywhere to attend! We will be opening submissions for speakers and recruiting for volunteers soon. If you are interested in more information, please email us at ***info@OCDSoCal.org***.

To keep up with the events coming up from OCD SoCal, including our upcoming conference, please follow us on Facebook and Instagram: @OCDSoCal

OCD TEXAS
ocdtexas.org

After an eventful year, OCD Texas is preparing for 2022. This fall, we partnered with Communities in Schools to present Anxiety in the Classroom before reuniting with Austin, Houston, and San Antonio communities for the 1 Million Steps 4 OCD Walk. After that, many of our board members provided presentations on pediatric anxiety and BDD at the Texas Psychological Association Annual Convention. At long last, we sponsored the General BTTI in Austin on December 10–12 in support of Texas clinicians gaining OCD treatment expertise.

We have wrapped up our monthly Learn-At-Lunch educational series for 2021 and have our sights set on the return of our Annual OCD Texas Conference next spring. Coming April 2022, Andrea Alvarez, MA, LPC will be chairing the conference in her local area of San Antonio. Stay in touch on our social media pages or website to learn more about this event!

OCD WISCONSIN
ocdwisconsin.org

OCD Wisconsin's inaugural "Beyond Treatment Network" (BTN) launched in October around OCD Awareness Week, and will continue to meet every second Tuesday of the month at 6:30pm. BTN provides a safe space for people in various stages of working to overcome OCD and who want to have a connection to a group to receive understanding and information. Not a lecture series or Q&A session, not a clinical intervention or therapy, BTN is a safe space to share experiences and walk together down the sometimes challenging road of recovery. We have an hour of programming — 20 minutes from a clinician, 20 minutes from someone with lived experience, and 20 minutes of informal sharing and networking, with Q&A. Our first session focused on "Staying Well During a Time of Uncertainty," and was very well received.

Upcoming topics include:

- December 14th — OCD in school settings
- January 11th — OCD-related disorders
- February 8th — OCD in work settings
- March 8th — How to incorporate gains from treatment into lifestyle changes post-treatment

All are welcome! Visit our website for latest topics and registration information.