



A Thought is Just a Thought: A Buddhist Guide to OCD by Naomi Matlow



I am coming up on my 20th anniversary of my OCD diagnosis. I distinctly remember visiting the adolescent psychiatric wing at our local hospital and attempting to explain the complete lack of control I was experiencing within my own mind. My thoughts were terrifying me and I wished there was a way to turn my brain off, even for a moment. I was weeks away from my 16th birthday, yet every part of me felt like a scared, confused child. Twenty years later, the scared child continues to live inside of me, but I have met, learned from, and cultivated so many more parts within my own internal family system. A spiritual seeker is one of them, and I aspire to continue to spend more time with her.

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President's Letter

by Susan Boaz



Dear IOCDF Community,

As I reach the end of my tenure as President of the IOCDF Board of Directors, I am more excited than ever about our future. As a community, we have accomplished a great deal in the past several years, and there is much to be optimistic about regarding the future of OCD research, awareness, and treatment.

GETTING INVOLVED

Like many of you, my involvement in the IOCDF began on a personal level, but quickly became about being a part of a community working together to help people with OCD and related disorders. What stands out most when I think back on my six years as Board President is the time spent listening to your stories — from individuals with OCD and related disorders and their loved ones, from therapists dedicated to treating and seeking answers for patients, and from advocates who are deeply committed to serving our community.

Being a part of the IOCDF, we have all heard both heart-wrenching and inspirational stories. My involvement started because the most courageous thing I have ever witnessed was my six-year-old daughter fighting off the OCD that was trying to take over her life. She determinedly told OCD that she COULD do what she wanted to do. What she wanted to do was always simple: eat what she wanted, play on the same playground as other kids, read her favorite book, attend school, be with a friend at their house, wear her favorite shirt, or hug her mom and dad. But the struggle to reclaim these seemingly simple activities was a war. And it's a war I'm sure most of you are all too familiar with.

I have met hundreds of other parents of kids with OCD who've had similar challenges — trying to find a doctor, loving the child in the fight of their lives, believing in the future, hunting for answers — while also doing everyday parental responsibilities. I learned so much from other parents and caregivers who had their own experiences with their brave children, and I have applied those lessons in my life as a mom and to support others.

OUR OPPORTUNITY AS A COMMUNITY

We are only at the beginning of our understanding of this often-disabling disease. There is much to learn and certainly much to do. The fact remains that an incredible number of patients with OCD face hurdles in getting a diagnosis and good care due to the lack of trained providers. Up to 236 million people worldwide have OCD. However, the number of trained providers can only handle a small portion of that need. We are proud that the IOCDF trained over 500 providers last year — but we know we need thousands more. We raised over a million dollars for research last year to fund seven grants, a fantastic accomplishment. However, with 98 research grant applications received this year, we could learn much more about treating this insidious disease if we could raise millions more to fund research.

The IOCDF Board and leadership are developing our strategy to advance our vision that everyone with OCD and related disorders has immediate access to effective treatment and support. As we do so, we face the dual need to train more providers to treat OCD by using the therapies and medications that work incredibly well for the majority of OCD sufferers, while also finding ways to treat those who do not respond to current treatment options. This enormous job demands that we continue acting as the determined and compassionate community we have always been. I have every confidence that we are up to this task and that by the time the next generation of kids starts to show symptoms of OCD, they receive immediate diagnosis and care.

As we continue on this path, I'd like to introduce our new IOCDF Board executive committee: David Calusdian as President, Ben Gambrel as Vice President, Elizabeth McIngvale as Secretary, and Ron Prevost as Treasurer. We also welcome Crystal Fulwood and Shawn Assad to the Board. Shawn will be on our Finance Committee, and Crystal and Ben will both sit on our Strategic Planning Committee.

Thank you for the honor of serving as the President of the Board of the IOCDF. It has been incredibly rewarding, and I look forward to continuing as a dedicated member of this compassionate community. Come say hi at the upcoming Conference!

Sincerely,

Susan Boaz

A handwritten signature in black ink that reads "Susan M. Boaz".

President, IOCDF Board of Directors

And Mom of a Young Adult

FROM THE FOUNDATION

The IOCDF Celebrates Leadership Appointments and Promotions

The IOCDF is thrilled to celebrate the appointment of several leadership positions within the organization. We are elated to welcome these esteemed individuals to their new roles and are enthusiastic about what their leadership means for our future.

SANJAYA SAXENA, MD



Sanjaya Saxena, MD, was appointed several months ago as the foundation's first-ever Director of Clinical and Research Affairs. In this position, Dr. Saxena represents the IOCDF to the broader clinical and research community, oversees the IOCDF Research Grant Program, and assists the

staff with conference planning, clinical training programs, and communications. He also serves as the liaison to the IOCDF Scientific and Clinical Advisory Board (SCB), and facilitates communication and collaboration between the SCB and IOCDF staff and Board of Directors.

Dr. Saxena previously served as Director of the UCLA OCD Research Program and Director of the UC San Diego OCD Program. He has been elected into Best Doctors in America and U.S. News & World Report's America's Top Doctors. His research focused on the neurobiology and treatment of OCD and hoarding disorder, and he and his colleagues developed the DSM-5 diagnostic criteria for hoarding disorder.

KRISTEN LYNCH




Kristen Lynch has been promoted to Director of Development. Kristen joined the IOCDF six years ago, and most recently has served as Senior Development Manager. Kristen will continue to oversee all philanthropy and fundraising program activities including donor relations, fundraising campaigns, grants, and sponsorships. This year, Kristen will play an essential role in developing a roadmap for fundraising that will support our five-year strategic plan. She is a member of the Association of Fundraising Professionals and Women in Development—Greater Boston, serving on the WIDGB Programs Committee. Please join us in congratulating Kristen in this exciting next step in her career!

RACHEL CROFUT



Rachel Crofut recently started as the IOCDF's new Director of Communications and Digital Strategy. Rachel has 10 years of experience leading communications and marketing in the nonprofit sector. She has strong experience in managing teams, developing integrated strategies, and creative content development.

She is based in Boston and has lived experience with OCD. Rachel is thrilled about this role where she can focus her talent and skills on advancing IOCDF's mission. 

With these new leadership roles, the IOCDF looks towards its bright future poised to fulfill our mission in new and exciting ways. We are excited about the appointment of these new positions, and look forward to seeing all that Dr. Saxena, Kristen, and Rachel will bring to their roles!

A Thought is Just a Thought: A Buddhist Guide to OCD *(continued from front cover)*



This past fall, I completed my Master of Arts in Mindfulness Studies at Lesley University in Cambridge, MA. It is one of the only programs of its kind in the U.S. that combines studies of the Buddhist lineage of mindfulness meditation with courses that respond to the modern secular mindfulness movement, such as cognitive neuroscience and mindful leadership. Though I am no longer debilitated by my disorder, obsessive thinking and compulsive impulses do play a role in my life today; in fact, they are what motivated me to learn techniques to quiet the mind through meditation practices and mindful awareness. Little did I know in the fall of 2020, when I began the MA program, the Buddhist concept of the mind would be deeply relevant for my personal experience with OCD, and become a doorway for me to help others born with an obsessive mind like my own.

My graduate thesis is a workbook entitled, "A Thought is Just a Thought: A Buddhist Guide to OCD," and it is written for individuals that struggle with an OCD-inclined mind who are also interested in developing a relationship with Buddhist psychology as a vehicle for deeper insight into their own minds. Based on my learning and personal experience, I came to see that Buddhist psychology can provide a new paradigm for individuals to understand their thoughts and how they, most often unknowingly, contribute to their own suffering. A path that leads to the end of suffering is what the Buddha himself discovered over two thousand years ago under the Bodhi tree during his awakening. It became clear to me that greater wisdom leads to greater wellbeing in both OCD treatment and Buddhist practice. The more we understand the inner workings of the mind, the less we suffer.

According to Buddhist wisdom, it is possible to train the mind toward greater ease and wellbeing. Evidence-based therapies for OCD, such as cognitive behavioral therapy (CBT), exposure and response prevention (ERP), and

acceptance and commitment therapy (ACT) prescribe the same intervention. CBT works because it trains the mind to notice obsessive thoughts and develops tools to practice not responding to them with a compulsive action. This is mind training 101. Recognizing and labeling obsessive-compulsive thoughts as what they are, "OCD thoughts," requires mindful awareness, and — as anyone who has experienced ERP will tell you — a lot of bravery, discomfort, and practice. CBT, ERP, and ACT are the scientifically proven standard treatments for OCD and they work partly because they address one's ability to tolerate uncertainty and doubt. The Buddhist tradition provides tools to deal with the discomfort of tolerating uncertainty and coming closer to the truth of experience — that a thought is just a thought. How? I plan to turn my thesis into a published book soon, but I hope this article provides a helpful start.


From a Buddhist psychology perspective, asking, "Why does the mind think?" is akin to asking, "Why do the eyes see?" or "Why does the mouth taste?" According to Buddhism, there are six internal sense doors or sense mediums of perception. They are: "The eye-medium, the ear-medium, the nose-medium, the tongue-medium, the body-medium, the intellect medium" (*Bhikku, 2003*). Even though thoughts may appear to arrive in our intellect fully formed, they do not belong to us any more than a sunbeam does to our eye door or a bird call to our ear door. Thoughts are experiential phenomena too, though Western society has conditioned us to deem them more important or indicative of truth than other phenomena. Additionally, our thoughts are not "us." They are not breadcrumbs on a path that leads to an ultimate understanding of our identity. When in the midst of an OCD thought spiral, it may feel like the hardest thing in the world to not follow those thought trains and hop on board, but recognizing the passing nature of thoughts

FROM THE FRONTLINES

as phenomena rather than something that reveals who we are internally is something that we can practice. In the words of legendary spiritual leader Ram Dass, “Everything changes once we identify with being the witness to the story instead of the actor in it.” This may seem new from a Buddhist psychology standpoint, but it is not too dissimilar from the key assumptions on which all of cognitive therapy is based. Practicing differentiating between ourselves and our thoughts is a key to recovery, and essential for the cultivation of a life that is driven by our personal values, not our scary OCD thoughts.

With mindful awareness, the OCD interface point of “thought to action” is brought to the forefront. With mindfulness, we have a choice to participate in a compulsive behavior or let the thought exit out the door when it’s ready to on its own. According to Thai Buddhist monk Ajahn Chah, our minds are naturally luminous and peaceful but get carried away by thoughts and moods. In the words of Chah (2007), the mind “is still and calm like a leaf that is not being blown about by the wind. But if the wind blows then it flutters. It does that because of the wind. And so with the mind it’s because of these moods — getting caught up with thoughts.” We practice mindfulness to remember that we are the leaf and not the wind. An OCD-inclined mind easily

gets carried away by a thought and the uncomfortable feeling it elicits, so then we practice reconnecting to the leaf to find stability once again. Inclining the mind to focus on the stability and presentness of the body is a great way to do this.

In my view, OCD recovery is dependent on this understanding and necessitates continuing to remind ourselves of this truth: we are our mind’s witness, not its creator. I personally need to remind myself that I am not my thoughts multiple times a day, and practicing mindful awareness and exploring the wisdom of Buddhist psychology does help in this endeavor. As the Buddha himself said to his followers, don’t take my word for it, try it out for yourself. 

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Naomi Matlow is a musical theater lyricist, writer, and educator. She recently completed her MA in Mindfulness Studies at Lesley University. BA: University of Toronto, MFA: NYU Tisch’s Graduate Musical Theatre Writing Program. naomimatlow.com



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30 ERP Guidelines

by Jordan Levy, PhD and B.P.

The following was compiled by B.P., a patient suffering from obsessive compulsive disorder (OCD) and later edited by Jordan Levy, PhD. It was originally composed to provide treatment parameters when dealing with this irrational and often complex disorder. These exposure and response prevention (ERP) guidelines can be implemented for any OCD subtype.

1. When in doubt, blindly treat triggering situations as if they are OCD.
2. Choose to not figure out the answer to OCD questions and instead proceed forward.
3. Anytime you draw a line in the sand or build a wall by telling OCD what you are not willing to do for ERP, OCD just pounces on you and tortures you; be willing to take it to the extreme with ERP exercises.
4. Act as if you do not have OCD which means NOT getting caught up in thoughts, such as "Oh my God, what just happened? Why is this happening? Where is this coming from? Let's figure this out now!"
5. A good response back to OCD is, "I think I'm going to move on even though I don't feel like moving on and this seems wrong, but I'm going to choose to do it anyway."
6. You must be disciplined in order to "snap out of it" and not keep engaging with the OCD.
7. Don't allow your ERP practice to become compulsive; keep moving on with your day instead of sitting there and organizing the whole exposure and making sure you're doing it the right way.
8. You have permission to think and experience anything.
9. Make quick decisions when you are stuck. Once you start obsessing over whether something is a ritual, an exposure, or OCD, then you are setting yourself up for failure; just make a decision, right or wrong, and learn to be okay with not knowing.
10. Let intrusive thoughts come up, let them be there, do not assign them any importance, and accept uncertainty.
11. Risk making the wrong choice rather than sitting there for 15 minutes ensuring that you're making the right choice. Your efforts to figure it out will never get you anywhere and it will keep you stuck.
12. Anxiety tolerance is the goal, not anxiety reduction. You are not curing OCD — you are simply learning how to manage it.
13. OCD will let up once you have taught it with enough persistence that you are not going to allow it to push you around.
14. OCD will always tell you that you might be doing the wrong thing.
15. When it feels like you want to give up, remind yourself why you're doing ERP and what you have to gain.
16. The more exposures you do, the more beneficial it will be. Set aside specific time for ERP and at points throughout the day.
17. You don't have to like it, but sit with it anyway. ERP is not about what you want in the moment.
18. Do ERP in the morning if you wake up dreading it and wanting to push it off. Do ERP at night if you are trying to get it out of the way as fast as possible in the morning.
19. You can accept or agree with the OCD — you are sending the message that this isn't that important right now.
20. You may need to include evaluations about your relationship with your thoughts during ERP. For example, if you feel fearful that you are enjoying your intrusive thoughts and questioning why you are, you can respond with, "I'm enjoying them because they're not OCD thoughts, it's who I really am."
21. The purpose of ERP is to MAXIMIZE anxiety in those moments, as much as you can tolerate.
22. When you avoid, you make it more important and stronger (it becomes more of a monster than it needs to be); instead, run right towards it.
23. Sitting in your feelings is uncomfortable, but you have to in order to let it melt off naturally.
24. You will become aware of how much better you're doing organically. You don't need to keep checking in on your progress.
25. Do the opposite of what OCD is telling you to do (within reason).
26. You're allowed to be ridiculous and have a sense of humor with it even though it makes you feel uncomfortable.
27. It is always hard work but when you go to battle you're going to come out on top if you are willing to take those heroic steps — OCD is not going to last a long time if you're willing to put up a tough fight.
28. Don't wait for the opportune time to engage in ERP exercises.
29. You don't have to do everything, but you do have to do something.
30. The bottom line is to just do the damn thing!

ERP treatment for OCD is a challenging endeavor that is easy to comprehend, but difficult to implement. Self-help workbooks for OCD are available and are helpful for some but more often than not, it is necessary to seek out the assistance of an OCD specialist. The treatment parameters listed above are intended to serve as a useful framework that can assist in the goal of living a full life with OCD in the background. 

Jordan Levy, PhD, is a licensed clinical psychologist and co-director at North Jersey Psychology Associates in Livingston, NJ. He specializes in treating OCD and anxiety disorders.



ADVOCATES CORNER

Kyle's Story

by Kyle King



It all started with a library book...


Honestly, I don't remember it too well. I just remember picking up that library book and having this tingling feeling on the tips of my fingers while some voice in my head told me that something was wrong, that my hands were dirty. The voice told me to wash my hands, so I did. And the next time I went to pick up that library book, that same voice told me it was dirty and that I ought to avoid it. So, I did.

Soon more things began to feel dirty. Within a few weeks I was avoiding anything I had touched after touching that book. A few weeks later and I was avoiding things I had touched after touching things outside. Quickly, my world became divided into "clean things" and "dirty things," and I could only touch those "clean things" when I was "clean." But I so rarely was "clean" because, to be clean, I had to follow some elaborate set of rules about how many times I needed to wash my hands and what I could wear and how long I had to shower. And no matter how hard I tried to follow these rules, something always made me feel "dirty" and I had to start the process again. And again. And again. By my 14th birthday, I was hardly able to leave my house, talk to my friends, or do much of anything that had previously brought me some comfort. I spent most days sitting on the floor, waiting for time to pass.

Soon thereafter, I was diagnosed with OCD and began exposure and response prevention therapy. Well, "began" might be a stretch. Because despite how miserable I was trying to keep track of all these rules, I was more scared to break them. In fact, I didn't think I could. No matter how many times my parents and therapists told me I could get better, I didn't believe them. I lied to my parents and therapists about getting better for about six months, but they never gave up on me. Gradually, I began to break some of OCD's rules. I broke the smallest rules first and cried and yelled and panicked while doing so, but I did it. And then did it again. And again. And again. Slowly but surely, I began to make some progress. Sure, I slipped up from time to time, but I was soon taking more steps forward than I was back. Importantly too, the more rules I broke, the more it became clear to me that I was stronger than my OCD. I could beat it, and so I did.

By my 15th birthday, OCD no longer determined my schedule — I did. I don't think I could have gotten to that point had it not been for others — clinicians, parents, close friends — believing in me when I couldn't believe in myself. And it was precisely because I knew just how hard it is to see a future without OCD when all of its rules are clouding your vision that I became interested in advocacy work. I was scared at first, scared to share a story that felt so unique and personal with others, but the more I spoke up, the more I felt welcomed. I quickly came to find that I am far from alone in my experiences with OCD.

Of course, it's not all perfect and I still have my fair share of bad days. But, for the past seven years, the good days have far outnumbered the bad and I've been able to live my life according to my values, not those of OCD. If you told me back when I was 14 that I would soon be able to live free of OCD's rules, I wouldn't have believed you. I knew, intellectually, that treatment worked for some people sometimes, but I didn't feel it was possible. If you're reading this, you may have felt the same. Just seven years later, though, I can confidently say that recovery is possible. There is reason to hold on to hope. Things can get better. I know this sounds cliché but it's true. I know because I've lived it.

I recovered from OCD, and others can too. — Kyle King, IOCDF Advocate 

You can help make more stories like Kyle's possible. Make a gift to support IOCDF programs that provide families with help, healing, and hope on their journey to recovery.

Donate today at iocdf.org/helpkids

“That sounds like OCD talking!”: Behind the Scenes of a Multi-Family CBT Group Therapy for OCD

by Marianna Graziosi, MA, Christine D’Urso, PhD, and Anthony Pinto, PhD



This article will take you behind the scenes of a unique cognitive behavioral therapy (CBT) group for patients and family members at the Northwell Health OCD Center that targets family accommodation of OCD symptoms. We provide a brief overview of family accommodation, as well as how it is measured using the Family Accommodation Scale — Self-Rated Version (FAS-SR; Pinto et al., 2013). We discuss the goals of the group and how weekly sessions are facilitated. We present vignettes of two families seeking to decrease family accommodation of OCD rituals, including outcome data. Finally, we synthesize themes, barriers, and effective adaptations. We hope this information can be useful both for providers looking to target family accommodation, as well as individuals and their families living by the “rules” of OCD.

WHAT IS FAMILY ACCOMMODATION?

Family accommodation (FA) refers to well-intentioned behaviors and actions by family members, significant others, or other loved ones that inadvertently reinforce the symptoms of an individual with OCD. These behaviors include directly participating in the individual’s rituals, providing excessive reassurance, adapting family routines to accommodate OCD-related demands, or facilitating a family member’s OCD-

driven avoidance (Steketee et al., 1998). While motivated by a desire to alleviate distress, FA can perpetuate OCD symptoms, interfere with progress in treatment, and strain family relationships. Research has demonstrated that significant FA is involved in 90% of OCD cases (Calvocoressi et al., 1995).

The Family Accommodation Scale — Self-Rated Version (FAS-SR; Pinto et al., 2013) is a 19-item self-report measure completed by a family member or loved one. A few sample items from the FAS-SR include “I directly participated in my relative’s compulsions” and “I avoided talking about things that might trigger my relative’s obsessions or compulsions.” The FAS-SR is a valid and reliable measure of FA with higher scores generally associated with higher levels of OCD severity. The FAS-SR is a useful tool for clinicians to measure treatment progress and better understand which types of FA to target.

WHAT DOES A MULTI-FAMILY CBT GROUP INVOLVE?

At Northwell Health’s OCD Center, we provide a Multi-Family CBT group for adults and their family members. This weekly group takes place virtually, runs for one hour, and welcomes new members on a rolling basis. When new families join, they are asked to watch a 50-minute video prepared by the co-leaders that introduces viewers to exposure and response prevention (ERP) for OCD and the collaborative process of removing FA and supporting loved ones in a more beneficial manner. Each family also identifies a “primary” family member to complete the FAS-SR at baseline before their first group session, and then roughly every four months thereafter.

Sessions consist of family members identifying their primary sources of FA and then creating family behavioral contracts,

THERAPY COMMUNITY

“That sounds like OCD talking!”: Behind the Scenes of a Multi-Family CBT Group Therapy for OCD *(continued)*

a concept first devised by Dr. Barbara Van Noppen to practice for the week ahead (*Van Noppen & Steketee, 2003*). Below is an example of a family behavioral contract adapted from the work of Van Noppen:

Family Behavioral Contract	
What is the target OCD behavior?	Reassurance seeking (RS)
What is the requested accommodation (patient) and current family response?	Partner provides both direct/indirect reassurance every time he is asked for it (around 20 times a day)
What is the goal?	Eliminate RS
What is the contract?	Patient is allowed up to three RS coupons per day and a warning from the partner after two coupons are used. If the partner is asked for any more reassurance beyond the three coupons, he will respond with a supportive statement instead. The patient agrees to practice ERP so she can increasingly refrain from RS. Plan to further decrease RS coupons until none are granted.
How will progress be monitored?	Chart on the fridge. Check in on progress/challenges during weekly sessions.
What is the reward?	Trip to patient’s preferred coffee shop if patient seeks reassurance no more than three times in one day using the three RS coupons, for five days.

Each subsequent week focuses on troubleshooting and identifying next steps for practice. We emphasize the role of effective communication, incorporate distress tolerance strategies, and identify “cope ahead” plans to help family members prepare to mindfully acknowledge significant feelings (e.g., walk away when feeling anger escalating) in order to deescalate an exchange that could become contentious. See the table to the right for an overview of tools and strategies used in group therapy sessions.

Anti-Accommodation Tools and Strategies	
Behavioral Contracts	(See example above)
“Coupons”	Individuals with OCD work to gradually eliminate requests for FA by “limiting the ask” to an allowed number of coupons per week (e.g., coupon for reassurance, for asking a family member to shower, etc.)
In-session ERP	Example: family member with OCD engaging in a cross-contamination ERP exercise during group session
Family member “exposure” targets	In asking family members to limit FA, they are asked to change their behaviors and tolerate the distress of not “rescuing” their loved ones
Focus on values	Emphasizing targets and goals that reflect individuals’ and family’s values rather than trying to “eliminate anxiety.” The whole family learns to tolerate discomfort in the service of values-aligned choices.
High-quality connections	Shifting the emphasis on family dynamics away from accommodating OCD to spending high-quality time together (e.g., having a family member grow from the role of “caretaker” to “sister”)
Emphasizing self-care	Encouraging family members to focus on their own needs (e.g., mother of a teen with OCD assigning other family members to complete household chores that she typically takes responsibility for)
Fostering inter-family validation within group	“Veteran” families supporting “newer” families by identifying with challenges that “newer” families face
Self-compassion after doing a compulsion	Teaching all group members to more gently move on when they do a compulsion or “break” the contract

THERAPY COMMUNITY

CASE ONE: REASSURANCE SEEKING

Tara* was a college senior with a long history of OCD related to obsessive thoughts about whether she was misunderstood by others, and that she didn't inadvertently emotionally harm others. Her baseline Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score was 30 (severe). Her primary source of FA was reassurance-seeking.

Family engagement was crucial to Tara's OCD symptom reduction. Tara's all-or-nothing thinking (e.g., "I can't have a good day unless the thoughts aren't there") and her rigid standards for improvement (e.g., "I am not better until I am not asking for reassurance at all") made it difficult for Tara to engage in individual ERP. Once Tara's parents joined in her treatment and learned to stop reassuring Tara, her symptoms eventually decreased. Their behavior contracts focused on the use of RS coupons, with gradual reduction of daily and then weekly coupons, until Tara's parents stopped providing any reassurance. When her parents initially reduced their accommodation, Tara turned to her friends for this accommodation. However, she was receptive to delaying her reassurance-seeking in general, and eventually asking for reassurance from her friends and parents very infrequently. At their last weekly family group, her mother shared:

"I have learned to have empathy for my daughter, but not for OCD."

CASE TWO: CONTAMINATION FEARS, COMORBID OCPD

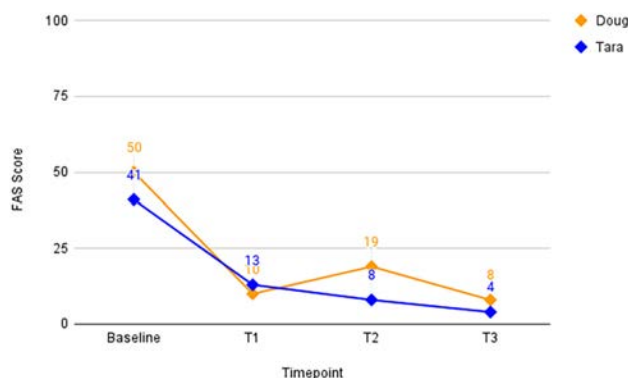
Doug* was a male in his mid-20s living at home with his parents who attended this group with his mother. Doug's baseline Y-BOCS score was 31 (severe). He also met criteria for obsessive compulsive personality disorder (OCPD).

Doug had been in individual ERP therapy, an ERP practice group, an OCPD group, but was continuing to report significant interference from OCD. His referral to our family group became a turning point for his treatment. At the beginning of their time in the group, Doug was reliant on his mother for FA in various domains (e.g., meal preparation, laundry). By the end of their time in the group, Doug was successful in achieving his goal of moving out on his own. One issue that arose was his avoidance of cleaning his bathroom, from procrastination driven by a desire to clean it perfectly. At this point, we encouraged his mother to avoid volunteering to help Doug clean his bathroom, and to instead offer praise for cleaning it imperfectly. In our family group, Doug was guided through exposures such as cleaning tasks or mail sorting with his mother's encouragement.

Doug shared: "It's a lot easier to justify ERP when I bring in my values, and I care about my relationship with my mom so I'm increasing my willingness to do ERP for my mom's sake."

Doug would often get stuck debating what "counts" as reassurance, getting "lost in the weeds." At their last session, Doug and his mother identified a plan of continuing to touch base each week to identify how Doug's mother would help support her son's progress without accommodation. (See Figure 1 for FAS-SR scores throughout treatment completed by both Doug and Tara's mothers).

Figure 1: FAS-SR (completed by Doug and Tara's mothers)




COMMON BARRIERS AND SOLUTIONS

Barriers and Solutions	
Barrier	Solution
When family members are differentially engaged in treatment (e.g., husband dropped out of group, but his wife, who had OCD, was strongly committed to group)	Emphasized self-validation, self-care, and allowed wife to continue attending group, connecting with other members, and setting her own anti-accommodation goals, which she then shared with her family
When non-attendance interferes with engagement	Created a behavioral contract which made continued group membership contingent on group attendance
When OCD symptoms decrease, and depression becomes primary	Targeted "opposite action" goals (e.g., taking a shower when you don't feel like it) and referring this group member to outside individual therapy targeting depression as an additional treatment modality
An expressed sentiment from the patient with OCD that losing reassurance feels like losing a family member's love and attention	Emphasized family members planning high-quality engagement (e.g., going out to dinner, planning "sister" time together)

THErapy COMMUNITY

“That sounds like OCD talking!”: Behind the Scenes of a Multi-Family CBT Group Therapy for OCD *(continued)*

It is often the case that various barriers arise when working on OCD treatment in the context of a family system. We describe the barriers we have encountered in our work at the Northwell Health OCD Center, as well as how we managed each challenge (see *Common Barriers and Solutions table*).

In summary, we feel fortunate to be able to provide an adjunct service to our patients and to their family members that is well received and effective. As can be seen in our two vignettes, if a patient is stuck in their OCD treatment, it is important to assess and address the role that FA may be playing in maintaining their symptoms. We hope to inspire other providers to consider the important role of FA in the treatment of OCD. 

*Names changed for confidentiality.

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AUTHOR BIOGRAPHIES:



Marianna Graziosi, MA, is currently a fifth-year clinical psychology trainee in Hofstra University’s PhD Program in Clinical Psychology. Marianna is currently a clinical psychology extern at the Northwell Health OCD Center at the Zucker Hillside Hospital on Long Island, NY. Marianna has been in this role for the past two years, and has co-led Multi-Family OCD therapy groups at the OCD Center, under the supervision of Dr. Christine D’Urso. Marianna will complete her predoctoral clinical psychology internship at the Zucker Hillside Hospital on Long Island, NY, beginning in July 2024.



Christine D’Urso, PhD, is a senior psychologist at the Northwell Health OCD Center at Zucker Hillside Hospital on Long Island, NY, and Assistant Professor of Psychiatry at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. Dr. D’Urso oversees psychology and psychiatry training and co-leads multi-family OCD therapy groups at the OCD Center. She earned her PhD in clinical psychology from Hofstra University. Dr. D’Urso completed her pre-doctoral internship at the Institute of Living (CBT Track- Anxiety Disorders Center) in CT and her post-doctoral fellowship at the Center for Cognitive-Behavioral Psychotherapy in NYC.



Anthony Pinto, PhD, is Director of the Northwell Health OCD Center at Zucker Hillside Hospital on Long Island, and Associate Professor of Psychiatry at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. Dr. Pinto has an extensive publication record, with over 100 manuscripts/chapters on OCD and related conditions. He is a leading authority on OCPD and co-edited a comprehensive book on the subject. He is the lead author of the self-rated Family Accommodation Scale for OCD, which is being used worldwide. He serves on the IOCDF Scientific and Clinical Advisory Board.

Institutional Member Updates

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

ANXIETY EXPERTS

1482 East Valley Rd
Montecito, CA 93108
(805) 705-0614

intake@anxietyexperts.com
anxietyexperts.com

Anxiety Experts is thrilled to announce that registration is now open for our Virtual Youth Summer Camp! Join us June 13–15 for three days of engaging ERP activities tailored for two age groups: 8–12 year olds and 13–17 year olds. If you know a child or adolescent dealing with an anxiety-related problem, make sure they don't miss out on this transformative camp experience. Get ready for breakthroughs and lots of fun! To register, visit AnxietyExperts.com or email intake@anxietyexperts.com for more details.

In March, we happily introduced our second IOP track, providing more treatment times to accommodate our clients' schedules. Our adult anxiety track options now include Track A: 9:30AM–12:30PM and Track B: 11:30AM–2:30PM on Mondays, Wednesdays, and Thursdays.

ANXIETY INSTITUTE

75 Holly Hill Lane, Ste 300
Greenwich, CT 06830
(844) 881-1846

info@anxietyinstitute.com
anxietyinstitute.com

Anxiety Institute is thrilled to announce our Summer Intensive Outpatient Program (IOP) and our new Back-to-School Transition Programs!

Summer IOP: Our program provides customized, comprehensive care for clients ages 13–25 struggling with OCD and anxiety. This program offers a structured yet flexible approach providing more individual attention for clients than any other IOP. Our professionally trained clinicians utilize cognitive behavioral therapy (CBT) as their core modality employing daily exposure therapy which allows clients to gradually confront their fears, rewiring their brain by desensitizing the anxiety response.

August Back-to-School Transition Programs: As the school year draws to a close and summer plans take shape, you may be anticipating the challenges of supporting your child's transition back to school, especially if anxiety, avoidance, and somatic symptoms have been prevalent during the academic year. Our Back-to-School Intensives offer targeted support for students ages 12–21 to overcome these hurdles and thrive academically and socially. Equipped with preparedness skills,

students return to school knowing they can manage their own anxiety armed with the essential tools to tackle academic pressures and social challenges.

Both programs are now open for enrollment. Contact us today at (844) 881-1846 or visit anxietyinstitute.com to learn more and secure your spot.

ANXIETY SPECIALISTS OF ATLANTA

1360 Center Dr., Ste 100 and 200
Dunwoody, GA 30338
(678) 825-2320

admn@anxietyatl.com
anxietyspecialistsofatlanta.com

Founded in 2014 by Dr. Josh Spitalnick, Anxiety Specialists of Atlanta has served as a center of excellence for the last decade, focused on serving children, adolescents, adults, families, and couples who battle anxiety, OCD, and related disorders. Headquartered in beautiful Dunwoody, GA, our multidisciplinary team of over 20 specialists provides in-person treatment to the Metro Atlanta community along with telehealth services to more than 40 states in the US.

Our brand of clinical care emphasizes the science of anxiety assessment and treatment, along with compassionate, culturally informed, and highly engaging treatment approaches, including CBT, ERP, ACT, I-CBT, DBT, CBIT, and CPT for trauma. We offer treatment intensive programs (TIPs) for those who seek a higher level of care but who do not require residential treatment. Our team also provides a wealth of no-cost and low-cost group offerings, including groups for parents, caregivers, and romantic partners supporting those with OCD, as well as groups for those with lived experience with OCD, health anxiety, BFRBs, and social anxiety. We remain dedicated to increasing the availability, accessibility, and affordability of evidence-based treatment and educational resources for everyone.

Please visit our newly developed resource: overcominghealthanxiety.com for information and support specific to health anxiety.

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

10419 Old Placerville Rd
Sacramento, CA 95827
(916) 366-0647

drrobin@atsac.net
anxietytreatmentexperts.com

The Anxiety Treatment Center sends a grand farewell to our students and interns who are moving into their next year of training. We congratulate James Fitzgerald, Jackie Shandley, Kate Whitfield, Ben Pritchard, and Danielle Martin for their exemplary work and achievements in the past year. The knowledge and training they will take with them will be highly contributory to their next placement and the community at large.

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

As we move into this next phase, The ATC is looking for individuals who are passionate about learning about the various anxiety disorders and treatment. If you or someone you know is looking for a training practicum, internship, or therapist position, feel free to reach out by calling our main number or email at drrobin@atcsac.net.

ARCHWAYS CENTRE FOR CBT IN PARTNERSHIP WITH NUVISTA MENTAL HEALTH

**460 Springbank Dr, Ste 205
London, ON, Canada N6J 0A8
(519) 472-6612**

info@archways.ca
archways.ca

We are a private psychology clinic based in Ontario. Our OCD-BFRB Clinic is staffed by a multidisciplinary team, combining psychology with psychiatry, to provide the most optimized and individualized treatment plans. We provide evidence-based therapies for OCD as well as assistance with starting, ending, or changing medications. Having access to pharmacotherapy is not the goal for all our clients, but many have found a combined medication and therapy approach to be a game changer. Our physical office is in London, Ontario and we are pleased to additionally offer our services remotely to all residents of Ontario.

At Archways, our paramount goal is to provide timely and effective treatment in a safe, respectful, and inclusive environment.

ATLANTA CBT

**834 Inman Village Pkwy, Ste 220
Atlanta, GA 30307
(404) 710-6605**

admin@atlanta-cbt.com
atlanta-cbt.com

Atlanta CBT is proud that Cameron Mosley, PhD, is now board certified in child and adolescent psychology! Dr. Mosley celebrates a year at Atlanta CBT this summer and continues to provide excellent evidence-based therapy with children, adolescents, and their families.

We have grown to a strong team of eight licensed therapists who provide vast experience treating OCD and related disorders as well as other anxiety disorders and beyond. We see patients (ages 2+) in person at our downtown Atlanta, GA, office and provide telehealth services in 35+ states through PsyPact.

In addition to offering telehealth in 35+ states, two psychologists offer evening and weekend telehealth appointments for adults 18+ to accommodate work and life schedules. We aim to practice in a warm, responsive, and flexible way and to keep caseloads low so we can provide timely access to care for our patients.

We continue to have offerings for group therapy options in the areas of PEERS®, SPACE, and CBT skills for teens. Check out our website, atlanta-cbt.com, to learn more!

BETTER LIVING CENTER FOR BEHAVIORAL HEALTH

**1333 W McDermott, Ste 150
Allen, TX 75013
(972) 332-8733**

admissions@betterlivingbh.org
betterlivingbh.org

Better Living Center for Behavioral Health is now accepting most insurances for partial hospitalization, intensive outpatient, and individual therapy services.

We offer an integrated model of evidence-supported treatments (ERP, ACT, etc.). Medication management is available for day treatment and intensive outpatient levels.

We treat clients from 12 to 85 in higher level. We treat related disorders, including: panic disorder, health anxiety, ARFID, BFRBs, and misophonia.

BIO BEHAVIORAL INSTITUTE

**935 Northern Blvd, Ste 102
Great Neck, NY 11021
(516) 487-7116**

info@biobehavioralinstitute.com
biobehavioralinstitute.com

Bio Behavioral Institute is offering a variety of treatment groups into the summer months. All of our groups are hybrid and can be attended in person or via telehealth. We have a Young Adult Group for individuals aged 18–30 who are struggling with the transition into adulthood due to a variety of factors, including anxiety, depression, or OCD-related disorders. The group will help address difficulties with change, learn ways to enhance self-efficacy, as well as strengthen social, occupational, and life skills. We will be launching a Supportive Parenting for Anxious Childhood Emotions (SPACE) group. SPACE is a parent-based program to help children and adolescents with anxiety and OCD. The group will be open to all parents (caregivers). We also have openings in our ongoing abbreviated dialectical behavior therapy (DBT) Group which meets in 10-week cycles. The DBT group is open to adults aged 18 and up. Please contact us at (516) 487-7116 to learn more.

BULL CITY ANXIETY & OCD TREATMENT CENTER

**918 Broad St
Durham, NC 27705
(919) 808-2318**

info@bullcityanxiety.com
bullcityanxiety.com

Our clinic has grown a lot this year! As we've added clinicians, we've been thrilled to be able to expand our service offerings as well. This past spring we started an intensive ERP program, built to be tailored flexibly to the needs of each individual. This program is ideal for folks who may be struggling to make progress in typical, once-weekly therapy and who could use some extra support. We've also added therapeutic and support groups, rounding out our services by giving community

THE THERAPY COMMUNITY

members some lower-cost options. Our team is also thrilled to be representing Bull City Anxiety & OCD Treatment Center at the Annual IOCDF Conference in Orlando this summer. Come check us out in the exhibit hall!

CASCADE ACADEMY

430 W 200 N
Midway, UT 84049
(435) 562-5800
info@cascadeacademy.com
cascadeacademy.com

The Cascade team is preparing to announce the opening of Cascade Home, a short-term residential treatment center. This will be specialized treatment for adolescent girls aged 13–18 who need assessment, engagement in therapy, and support in daily functioning due to their severe anxiety and OCD.

Weekly individual and family sessions along with clinical groups, recreation therapy, virtual reality, and neurofeedback will be part of the program offerings. Exposure response prevention (ERP), I-CBT, RO DBT, and ACT will be the primary treatment modalities. Parent and family training is given using the Supportive Parenting for Anxious Childhood Emotion (SPACE) program.

The Cascade Home is located in Heber City, UT, a beautiful community that is situated in the picturesque mountains along the Wasatch Back. Families have quick and easy access to their child as it is only 50 minutes from the Salt Lake City airport. We look forward to supporting families here at Cascade Academy, our long-term residential treatment center, and Cascade Home, our short-term.

CBTEAM

81 Hartwell Ave, Ste 310
Lexington, MA 02421
(617) 797-9387
kimsmith@cbteam.org
cbteam.org

CBTeam is a specialty clinic devoted to the treatment of OCD and anxiety disorders across the lifespan. Emotion processing theory, inhibitory learning, ACT, DBT, inference-based cognitive therapy, and mindfulness inform our therapeutic approach. Most of all, we are close and careful observers and tailor treatment to the person, the moment, and the mission.

Our services can be found on our website and include:

- Psychological assessment/testing
- ERP
- Individual and group psychotherapy
- Behavioral coaching
- Intensive outpatient program (IOP)
- Camp Courage in June and August 2024

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

1930 Rte 70 E
Cherry Hill, NJ 08003
(856) 220-9672
drdeibler@thecenterforemotionalhealth.com
thecenterforemotionalhealth.com

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

The Center for Emotional Health (CEH) is an outpatient behavioral healthcare organization that delivers excellence in evidence-based assessment and treatment of anxiety disorders, obsessive compulsive and related disorders, and neurodevelopmental disorders across the lifespan. CEH brings expertise within reach by providing both on-site services at multiple office locations in New Jersey and Pennsylvania, and via telehealth to 41 states across the US. Moreover, CEH is dedicated to increasing access to effective clinical care, providing continuing education programming (APA, ASWB, NYSEd, NBCC approved) and consultation to enhance the clinical skills of mental health care providers across disciplines.

CEH congratulates postdoctoral fellow Megan DeRiso, PsyD, on being selected as a recipient of the Career Development Leadership Program (CDLP) award by the Anxiety & Depression Association of America (ADAA)! Dr. DeRiso participated in the program at ADAA's annual conference in Boston. Marla Deibler, PsyD, ABPP, presented two workshops with colleagues at the ADAA conference and served as a mentor for the CDLP program.

CEH clinicians look forward to presenting workshops at the Annual OCD Conference in Orlando, FL, and to participating in the One Million Steps for OCD Walk in Clark, NJ, on June 2. We hope to see you there!

THE CHILD MIND INSTITUTE OCD SERVICE & INTENSIVE OCD PROGRAM

215 East 50th St
New York, NY 10022
(212) 308-3118
info@childmind.org
childmind.org/care/areas-of-expertise/anxiety-disorders-center/ocd-service/intensive-treatment-ocd

The Child Mind Institute OCD Service specializes in diagnosing children with OCD and providing individualized treatment by using cognitive behavior therapy (CBT) and exposure and response prevention (ERP). For children experiencing significant impairment, we offer our Intensive OCD Program, which provides an immersive, holistic experience uniquely tailored to each child. This treatment program can make an extraordinary difference in a short period of time by condensing typical treatment sessions that occur weekly over a few months into daily three-hour sessions over one to four weeks.

Families from outside the New York City area are welcome to reach out for treatment. We include parents and family members in every stage of the child's care. Services are available in both English and Spanish. The Child Mind Institute offers a financial aid program to help families with the cost of services.

THE GATEWAY INSTITUTE

Institutional Member Updates *(continued)*

Additionally, we are excited to welcome John Wyetzner, LMSW, and Josefina Toso Salman, PhD — who provide individual exposure therapy to children and adolescents in the Intensive OCD Program.

COLUMBIA UNIVERSITY CLINIC FOR ANXIETY & RELATED DISORDERS

155 White Plains Rd, Ste 200/203
Tarrytown, NY 10591
(212) 305-6001
columbiadoctors.org/childrens-health/anxietydayprogram
anxietytreatmentnyc.org
acp2137@cumc.columbia.edu

This summer, CUCARD is providing a range of services for children, teens, and adults struggling with OCD at both our Manhattan and Westchester locations. Our Anxiety Day Program in Westchester provides daily, multidisciplinary treatment for teens dealing with acute OCD symptoms. Both of our locations offer individual intensive treatment options as well as weekly group treatment for teens and young adults with OCD and anxiety disorders.

We look forward to welcoming our incoming trainees: postdoctoral fellows Gabriela Rodrigues and Abigail Weber; psychology externs Jill Malik, Rebecca Mirhashem, Paul Spano, and Kimberly Tom; and social work interns Lauren Gunther, Sam Katel, and Ohemaa Poku!

If you are interested in learning more about OCD services at CUCARD, please call us or check out our website. Happy Summer!

THE GATEWAY INSTITUTE

11900 NE 1st St, Ste 300
Bellevue, WA 98005
(833) 432-5623
info@gatewayocd.com
gatewayocd.com

We are thrilled to announce the grand opening of The Gateway Institute mental health clinic in the vibrant city of Seattle, WA, nestled in the heart of Bellevue.

At The Gateway Institute, we are dedicated to providing unparalleled support and treatment for individuals struggling with OCD and related anxiety disorders. Our esteemed three-week Intensive Outpatient Treatment Program offers a comprehensive approach to overcoming and managing OCD effectively, tailored to meet the unique needs of each individual.

Whether you're seeking weekly therapy sessions, multiple weekly sessions, or the convenience of telehealth remote therapy, our team of experienced clinicians is here to guide you on your journey to wellness.

Our specialized therapy modalities address a range of conditions, including OCD, generalized anxiety disorder (GAD), body dysmorphic disorder (BDD), post-traumatic stress disorder (PTSD),

trichotillomania (TTM), panic disorder, and social anxiety.

Don't let anxiety hold you back from living your best life!

Reach out to us today at (833) 432-5623 and check out gatewayocd.com to learn more about why The Gateway Institute is the leading choice for OCD and anxiety treatment.

Let's walk the path to wellness together!

HOPEWELL THERAPEUTIC COMMUNITY

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admissions@hopewell.cc
hopewellcommunity.org

Hopewell Therapeutic Community's OCD treatment program is a three to six month evidence-based residential program with ERP therapy at its core which is interwoven within the broader primary mental health residential therapeutic community on campus. In addition to the specific OCD treatment options, residents engage with the various work programs, the farm, the diverse natural environment, and all holistic healing options the center offers. Hopewell's clinicians are experienced at treating primary OCD and complex OCD, individuals carrying another diagnosis (including thought and mood disorders) in addition to OCD. Hopewell creates an environment where individuals can learn life skills, build autonomy, and gain independence in a supportive, unique environment. Hopewell is a sprawling 325-acre campus located in beautiful northeast Ohio and offers its residents a wide variety of clinical offerings including individual and group therapy, art therapy, music therapy, ecotherapy, animal-assisted learning, and much more. Residents also engage in family therapy, case management, and vocational training. Treatment at Hopewell includes psychiatry, medication management, a full nursing department, and transitional options offering a higher level of independence. We offer cottage-style living where all residents have their own room for privacy.

INSTRIDE HEALTH

396 Washington St, 266
Wellesley, MA 02481
(855) 438-8331
info@instride.health
instride.health

InStride Health has immediate availability for individuals ages seven to 22 living in Connecticut, Maine, Massachusetts, New Jersey, New Hampshire, New York, Pennsylvania, or Rhode Island. We contact families within 24 hours of application, conduct a diagnostic evaluation shortly thereafter, and begin treatment for approved patients typically within one to four weeks.

We specialize in treating young patients whose anxiety or OCD is causing significant impairment in life (i.e., school avoidance, restriction of activities, social isolation, family disruption, and physical manifestations). Our dedicated, multidisciplinary care

THERAPY COMMUNITY

team of a psychiatrist, therapist, and exposure coach guide patients as they face their fears in the real world, using everyday tools like text, phone, and video chat to stay connected in real-world situations. InStride Health provides individual and family therapy, groups for kids and for parents/caregivers, exposure coaching (scheduled and in between sessions), and medication management, if needed.

We are in-network with most major insurance providers including Anthem BCBS (including Empire), Blue Cross Blue Shield of Massachusetts, ConnectiCare, EmblemHealth, Group Health Incorporated (GHI), Harvard Pilgrim, Horizon Blue Cross Blue Shield of New Jersey, Mass General Brigham Health Plan, NYSHIP, Optum, Oscar, Oxford, UnitedHealthcare, and WellPoint (formerly UniCare).

NBI & NBI RANCH

**2233 N Commerce Parkway 3
Weston, FL 33326
(954) 217-1757**

info@nbiweston.com
nbiweston.com

NBI & NBI Ranch warmly welcome our new team members, Human Resources Generalist Gabrielle Argyrou, Residential Counselors Sharmaine Clarke and Laorea Rambeau, and Intern Sarah Schwartz. We also congratulate Victoria Cooney, LMHC, for completing Level 3 Gottman Training for Couples. NBI recently co-sponsored a free community gathering in Miami to raise awareness and destigmatize OCD in the Hispanic community. Our own Wilfredo Rivera-Perez, PsyD, Monica Gamez, PsyD, Rosanna Rodriguez, PsyD, and Jillian Armstrong-Motta, MA, BCBA, were presenters at this great event. Also, congratulations to Denise Hardt, PhD, on her new position as clinical director at NBI. As of the date of this writing, we are anticipating a great weekend of training on OCD and anxiety-related topics for our entire team here in South Florida by David Tolin, PHD, ABPP. Finally, kudos to Katia Moritz, PhD, ABPP, for her inspiring TEDx talk at UC Davis in California about finding hope and purpose through uncertainty amidst extremely challenging life circumstances. Looking ahead to a fantastic Annual OCD Conference this July in Orlando!

NEW ENGLAND OCD INSTITUTE

**392 Mellow Rd, Ste E
Tolland, CT 06084
(860) 830-7838**

ocdtypes.com
bewellpsych.ca

admin@behavioralwellnessclinic.com

Happy Summer from the New England OCD Institute! We are pleased to introduce our new in-house prescriber to our Canadian branch, Michèle Berthiaume, NP! She is now accepting new patients for psychiatric medication services, as well as ketamine-assisted therapy at our Ottawa office! With over 10 years of nursing experience and a passion for psychedelic and plant medicine therapy for mental health healing, Michèle is planning to partner with our OCD specialists to enhance our

Ketamine-Assisted Psychotherapy for OCD program in Canada as well as our other treatment areas. She is also fluent in both English and French, being able to cater to a wide variety of potential clients. Michèle embodies compassion, expertise, and a commitment to holistic well-being. She is committed to empowering her patients on their path to mental wellness, advocating for inclusive and culturally sensitive care throughout their journey. Welcome Michèle!

NOCD

**225 Michigan Ave, Ste 1430
Chicago, IL 60601
(312) 766-6780**

care@nocdhelp.com
treatmyocd.com

NOCD is the number one telehealth provider of specialized treatment for OCD, a highly debilitating and misunderstood mental health condition. We help people reclaim their lives from OCD with clinically proven therapy delivered by highly trained specialists and between-session support.

By deeply training each NOCD therapist in OCD and ERP, developing state-of-the-art technology to support our therapists and the members they serve, and establishing processes to ensure a world-class treatment experience, we've built OCD care that drives significant reductions in OCD symptoms and dramatically improves quality of life.

In our pursuit of greater transparency within the healthcare system, we'd like to give you complete visibility into these areas of investment and our ongoing efforts to make the NOCD therapy experience even better in the future.

Learn more: treatmyocd.com/blog/nocd-therapy-is-delivering-a-world-class-ocd-treatment-experience

If you have patients with OCD who are seeking in-network specialized therapy, please consider referring them to NOCD. NOCD therapy is available in all 50 U.S. states and many other countries, allowing many of our members to see an OCD-trained therapist within seven days, on average.

Send us a referral: treatmyocd.com/referral

NORTHWELL HEALTH OCD CENTER

**Zucker Hillside Hospital
75-59 263rd St
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 OCPD. It is one of the only specialized OCD/OCPD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group CBT and medication management. The OCD Center offers in-person and virtual individual sessions as well as 15 virtual therapy groups (e.g., ERP practice and skills-

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

building, OCPD treatment, family OCD education/support without accommodation, DBT skills, and weekly/monthly improvement maintenance). Please email us at ocdcenter@northwell.edu to inquire about treatment.

As always, our team is looking forward to reconnecting with the broader OCD community at this year's Annual OCD Conference. Dr. Pinto will co-present on the treatment of OCPD and Dr. D'Urso will co-present on overcoming challenges in family-based OCD treatment. Dr. D'Urso and postdoctoral fellow Dr. Kleiman will also co-lead a discussion group for graduate students interested in specializing in OCD treatment. Additionally, in July, we are looking forward to welcoming our newest psychology and psychiatry trainees for the 2024–25 academic year. Our team is eager to continue its treatment, training, and research missions in the new academic year.

OCD & ANXIETY PROGRAM OF SOUTHERN CALIFORNIA

3205 Ocean Park Blvd, Ste 250
Santa Monica, CA 90405
(310) 488-5850

info@socalocd.org
socalocdprogram.org

We, the clinical team at the OCD & Anxiety Program of Southern California, are thrilled to announce that on April 2nd, 2024, our program hosted its first Bergen 4-Day Treatment (B4DT) group for OCD. Patients from around the world, including Australia, Germany, Switzerland, and various parts of the United States participated.

It was an extraordinary experience for our patients to witness such a dramatic reduction in OCD symptoms over just four days. We are deeply humbled by their courage and individual transformations. To date, over 4,500 people with OCD have completed the B4DT in Norway, Iceland, Sweden, Finland, Germany, Singapore, and the US. Results have been consistently impressive, with approximately 90% of patients significantly improved after treatment across all countries.

Looking ahead, we plan to host at least one B4DT group in English per month. Additionally, we will be providing training to teams from Kenya, Ecuador, and Australia, as well as therapists from the US. If you are interested in learning more, participating, referring patients, or receiving training in this evidence-based, concentrated treatment for OCD, please contact the OCD & Anxiety Program of Southern California at (310) 488-5850 or info@socalocd.org.

OCD INSTITUTE

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Belmont, MA 01886
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ocdiadmissions@partners.org
mcleanhospital.org/treatment/ocd-institute

Lots of changes are happening at the OCDI! OCDI Jr. is thrilled to welcome a new post-doctoral fellow, Dr. Rebecca Wolenski! Dr. Wolenski completed her internship at McLean Hospital, including a rotation at OCDI Jr., and we are so excited to have her join our team for her fellowship year. On the adult side, we will be having two new post-docs joining us this summer: Yangquian Shen, who is currently completing her internship at Long Island Jewish/Zucker Hillside Hospital, and Molly McNamara, who will be joining us from the McLean internship program. We are sad to say goodbye to Judy Xu, Heather Martin, and Olivia Woodson, who have all worked with us as RAs for the past two years. We also regretfully say goodbye to Thea Cawley, our longtime family therapist. Thea has been at the OCDI for many years and has been a foundational member of our staff. We will miss her deeply. Finally, a huge congratulations to Jennie Kuckertz, a member of our Office of Clinical Assessment and Research (OCAR) for being awarded her first RO1 award!

OCD INSTITUTE | TEXAS

708 East 19th St
Houston, TX 77091
(713) 702-8641

info@houstonocd.org
ocditexas.com

OCDI is welcoming new members to the team! Cali Werner, our new director of referral relations and behavioral therapist, is an LCSW and PhD candidate who specializes in athlete mental health, OCD, and related anxiety disorders. Rev. Katie O'Dunne is our faith and OCD/scrupulosity consultant helping those with scrupulosity to understand the intersection between faith and OCD, providing the space for patients to lean more fully into their treatment.

At OCDI, we strive to provide the highest of quality evidence-based care. We are excited to have such a vast range of mental health expertise amongst our staff. Visit our staff page to learn more about our team! ocditexas.com/staff

OCD NORTH

11 Sophia Street W
Barrie, ON, Canada L4N 1H9
(705) 243-9923

info@ocdnorth.com
ocdnorth.com

Our Intern Led Clinic (ILC) remains a valuable resource for the OCD community and social work interns looking to become experts in training. Using OCD-informed practice, the ILC supports individuals who are not yet ready for ERP, or are facing barriers

THErapy COMMUNITY

to accessing treatment. Our intern program equips students with the tools to become experts in OCD, fostering innovation in care and instilling hope in Canadians with lived experience.

OCD North is dedicated to maintaining our status as a prominent force in the OCD community. Our focus remains strong in creating innovative opportunities to make gold-standard OCD treatment more accessible across Canada. As spring and summer draw nearer, our followers will want to pay attention to our social channels as we announce big changes to the Clinic!

OCD WELLNESS

**15 Gallie Ct, Ste 110
Barrie, ON, Canada L4M 7G1
(705) 818-4225
avass@ocd-wellness.com
ocd-wellness.com**

OCD Wellness was founded on the principle of supporting individuals and families in regaining their life and learning how to live well with OCD, BFRBs and tics, using an evidence-based, gold-standard approach. We ensure individuals are provided with an empathetic, educational, and empowering environment, met with integrity and respect.

OCD Wellness currently provides ERP, ACT, CBIT, and HRT; I-CBT to be available in the near future!

PALO ALTO THERAPY

**407 Sherman Ave, Ste C
Palo Alto, CA 94306
(650) 461-9026
info@paloaltotherapy.com
paloaltotherapy.com**

**940 Saratoga Ave, Ste 240
San Jose, CA 95129**

At Palo Alto Therapy, we specialize in cognitive behavioral therapy. With years of experience in the field of behavioral health, we've supported children, teens, adults, couples, and families to overcome anxiety, depression, OCD, panic, PTSD, and more.

Our therapists provide OCD treatment with exposure and response prevention (ERP) and Feedback Informed Treatment (FIT) to help clients feel relief.

We are happy to introduce our three new therapists to our team, Sara Hopkin, LMFT, and Lauren Timmerman, ASW, in our Palo Alto location, and Nancy Stephenson, LPCC, in both our San Jose and Palo Alto locations. We are excited to have them join our practice with their experience and backgrounds working with children, teens, and adults with OCD, anxiety, panic, low self-esteem, and many other concerns.

We have current openings in our Palo Alto and San Jose locations as well as virtual-only appointments during the day and afternoon hours.

For more information on our individual, couples, and family, or video or in-person therapy, please feel free to contact us. Our Care Coordination Team will help you find a therapist who is right for you.

PEDIATRIC ANXIETY RESEARCH CENTER (PARC)

**1011 Veterans Memorial Pkwy
East Providence, RI 02915
(401) 432-1469
PARC@lifespan.org
parcanxiety.org**

PARC is accepting adolescent patients (ages 12 to 18) in our DBT-X Track. The DBT-X Track is part of PARC's Intensive Program for OCD and Anxiety Related Disorders, a partial hospital program (PHP) that provides evidence-based services for youth with a primary concern of OCD and/or anxiety. The DBT-X Track augments intensive exposure-based treatment with dialectical behavior therapy (DBT) for the subpopulation of teens with primary OCD and/or anxiety who also have co-occurring DBT treatment targets, including suicidal and non-suicidal self-injurious (NSSI) behaviors, and emotional and interpersonal dysregulation. PARC is insurance-based and local housing accommodations at the Ronald McDonald House are available to families from out of state who are participating in the partial program.

PARC DBT-X Team Leader, Dr. Andrea Gold, wrote an article about exposure as an integral skill across both DBT and CBT interventions. She describes the exposure process using DBT terminology to highlight shared principles across DBT and CBT/exposure traditions, which underlie our treatment in the DBT-X Track. Check out her article published in *DBT Bulletin* (dbtbulletin.org), Volume 3, Issue 1, p. 7–10.

Please visit parcanxiety.org to learn more about PARC's DBT-X Track and see updates across our center!

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 (RFC) offers highly specialized, individual outpatient, and intensive outpatient treatment for OCD, anxiety, and related disorders for all ages. We see our patients as students learning to master a set of skills to manage their distressing symptoms that interfere with their daily functioning through the use of ERP, reduction in family accommodation, and CBT.

RFC is currently accepting new patients in our outpatient and intensive outpatient programs. If you would like to learn more about whether RFC would be a good fit for you, please contact us at info@renewedfreedomcenter.com to schedule a complimentary phone consultation with one of our clinicians.

THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

ROGERS BEHAVIORAL HEALTH

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

Rogers Behavioral Health now offers Primary Behavioral Health partial hospitalization, intensive outpatient care, and residential treatment for adults and teens. In Primary Behavioral Health, we don't take a one-size-fits-all approach, but rather use evidence-based therapies to go deeper into understanding what is at the root of each individual's unique mental health challenges. From there, the program focuses on skill building and empowering each patient on their recovery journey. Primary Behavioral Health is currently available in California, Florida, Illinois, Minnesota, and Wisconsin, with new sites coming soon.

For children, teens, and adults experiencing avoidant/restrictive food intake disorder (ARFID), Rogers' new Severe Picky Eating program, offered in Los Angeles, can help. Under the guidance of Rogers' skilled, compassionate treatment team, patients participate in cognitive behavioral therapy, meal exposures, and independent work to improve their relationship with food and eating.

Rogers continues to offer free monthly CE webinars on a wide variety of topics. For upcoming webinar dates and additional information on CE events being held across the country, visit rogersbh.org/events.

UPMC WESTERN BEHAVIORAL HEALTH

100 N Bellefield Ave
Pittsburgh, PA 15213
(412) 246-5600, option 2
sufrinla@upmc.edu
upmc.com/services/behavioral-health

UPMC Western Behavioral Health wishes you all a happy summer! It has been about one year since we opened our new Perinatal OCD and Anxiety IOP. Time flies! We have continued wonderful care in our general OCD IOPs we offer. We are thrilled to be growing and offering expanded care to the Pittsburgh and greater Pennsylvania community. For services in any of our Adult IOP and PHP programs, please ask your current mental health or medical provider to make a referral by contacting us: upmc.com/ioppreferral


THE WAVEMIND CLINIC CHILD/TEEN IOP

1849 Sawtelle Blvd., Ste 543
Los Angeles, CA 90025
(310) 299-8319
hello@wavemindclinic.com
wavemindclinic.com/ocd-anxiety-iop

The WaveMind Clinic Child/Teen OCD & Anxiety Intensive Outpatient Program (IOP) serves youth ages 5–19 with severe anxiety and OCD. Our program operates Mondays through Thursdays 2pm–5pm at our specialty clinic in West Los Angeles. What sets our program apart from others in the community is that all patients are paired individually with an exposure & response prevention (ERP) specialized therapist for the entirety of the time they spend in our program. This means our whole team of experts is involved in designing exposures and treatment tailored to each individual patient. In addition, children/teens participate in regular groups with the other patients in our program, plus weekly multi-family groups and parent groups are offered so that all family members feel supported. When children/teens are ready to graduate from our program, we support families in transitioning out of our program gradually on a tapered schedule and make sure they're connected to care to continue their progress. Our team takes care to stay in close contact with any outside providers (e.g., psychiatrists, therapists, teachers) to ensure smooth transitions. After graduation from our program, patients have access to support groups. Reach out if our program seems right for your family!

WESTWOOD INSTITUTE FOR ANXIETY DISORDERS

921 Westwood Blvd 223
Los Angeles, CA 90024
(310) 443-0031
thewestwoodinstitute@gmail.com
hope4ocd.com

We now have availability to provide psychological, psychiatric, neuropsychiatric, and medical services, assessments, integrated treatments, and individualized programs. Our offerings include treatments for OCD spectrum disorders such as body dysmorphic disorder (BDD), anorexia nervosa, bulimia, binge eating disorder, avoidant/restrictive food intake disorder, and others. We work with multidisciplinary teams including PsyD, PhD, psychiatrists, neuropsychologists, and medical experts specializing in gastrointestinal issues, endocrinology, gynecology, allergies, and nutrition correction. Our services extend to strength coaching, stretching training, and cardio exercises with OCD-trained physical trainers. Our program provides help for those refractory cases that have failed in other programs. All treatments are provided on a one-on-one basis. We offer lectures for family members and provide daily guidance. Breakfast and lunch may be included upon special arrangement, as well as living accommodations. 

Developing a Toolkit to Improve the Cultural Responsiveness of Evidence-based Treatment for Youth with OCD and Anxiety

by Amanda L. Sanchez, PhD, Michal Weiss, BS, and Emily M. Becker-Haimes, PhD



This article describes the results of an IOCDF Michael Jenike Young Investigator Award-funded research project.

Young people with obsessive compulsive disorder (OCD) and anxiety who hold marginalized identities are affected by systemic and structural inequities (e.g., racism and discrimination, lack of resource access) that lead to disproportionately unmet mental health needs. Improving both access to and the effectiveness of therapy services for these youth, who are underrepresented in clinical trials, is critical for OCD research. Exposure-based cognitive behavioral therapy (Ex-CBT, also known as exposure and response prevention, or ERP) can be adapted to address stressors and strengths unique to marginalized youth, but there is little guidance on what and how to adapt.

Our IOCDF Michael Jenike Young Investigator study begins to fill this gap by developing guidance for therapists on how to provide person-centered culturally responsive OCD and anxiety treatment to young people with marginalized identities. In partnership with an advisory board — composed of community therapists and experts in CBT, culturally responsive care, and implementation science — we carried out three specific study goals.

Goal One: *Learn what OCD and anxiety treatment looks like in a publicly funded mental health setting — how effective is it, and how are therapists using Ex-CBT and other strategies to support treatment success for youth underrepresented in clinical trials?* Leading treatment trials that show Ex-CBT is effective mainly tested with white, middle-to-upper-middle-class youth. Young people treated in public mental health settings often present with more socioeconomic

stressors, and are more likely to hold a marginalized or minority identity. To better understand what treatment looks like for these youth, we made a chart review of youth receiving services at the Pediatric Anxiety Treatment Center at Hall-Mercer (PATCH), the only anxiety specialty clinic in Philadelphia dedicated to serving young people with Medicaid. We examined 3,286 anonymous treatment notes for 104 youth treated for anxiety and OCD at PATCH, and coded information about therapists' treatment strategies and whether the youth met treatment goals and successfully completed treatment.

What were the characteristics of these young people? Young people were four to 22 years-old, and were 67% female. In terms of race/ethnicity, 56% were white, 14% were African American, 12% were Asian, 11% were Hispanic/Latino and white, 3% were multi-racial, and 4% reported "Other." About three-quarters were low-income and qualified for medical assistance. Almost half reported some trauma exposure at baseline, and almost 20% reported experiencing suicidal ideation.

How successful was treatment? Overall, 73% of young people successfully completed treatment over an average of nine months. This is much longer than treatment studied in research (usually three to four months). There were no differences in whether or not youth successfully completed treatment depending on their race/ethnicity or insurance status. Clients who received more virtual sessions were more likely to complete treatment, suggesting that online services may improve engagement and treatment completion for this population.

RESEARCH NEWS

Developing a Toolkit to Improve the Cultural Responsiveness of Evidence-based Treatment for Youth with OCD and Anxiety *(continued)*

What strategies did therapists use to achieve this success rate? Most strategies were common to Ex-CBT, including exposure (42%), assessment (35%), psychoeducation (34%), cognitive skills (29%), emotion identification (27%), homework review (31%), and family work (26%). However, 20% of sessions included a focus on case management, and 24% had content about cultural (e.g., family values, social identity) or contextual (e.g., transportation, poverty related stressors) factors.

What is the key takeaway? While youth at PATCH were more diverse and had more complex clinical presentations than youth in Ex-CBT treatment trials, we saw that Ex-CBT can be delivered effectively with diverse youth in a publicly funded clinic. However, strategies not typically included in Ex-CBT treatment, such as case management and directly addressing culture and context, were commonly used to support treatment success.

Goal Two: *Learn more about how therapists make decisions to adapt Ex-CBT to support diverse youth, and about the client/family experience receiving treatment.* We interviewed eight therapists from PATCH, eight therapists providing anxiety and OCD services in generalist community clinics, 10 youth who had received treatment at PATCH, and seven caregivers of treated youth. Below are some key themes we heard in these interviews.

Understanding clients' social identities and environment is key to treatment planning. One major theme was how complex and challenging successful delivery of Ex-CBT is in the community mental health setting when young people have many social identity and environmental stressors (e.g., racism and discrimination, immigration-related stressors, neighborhood violence). Therapists discussed the need to assess and address stressors and strengths related to young peoples' social identities and social determinants of health to guide their case conceptualizations and plan treatment. Clients and therapists both noted that clients' cultural background can impact how they and their caregivers understand and experience OCD and anxiety. They shared that explicit conversations about these experiences can help therapists provide more relevant and responsive case conceptualization and treatment planning. Therapists also shared that it could feel like a delicate balance to conduct Ex-CBT with youth experiencing realistic fears and stressors alongside pathological OCD and anxiety symptoms. They noted the importance of disentangling realistic and adaptive fears from those that are maladaptive together with youth and families, in order to identify what

to target with exposures and what to address with other strategies to support coping and healthy living. Similar to what we saw in our data, therapists frequently shared the need to incorporate case management into treatment, and sometimes took on the role of a youth advocate alongside their therapist role to ensure that youth needs were met. Importantly, many therapists reported feeling ill-equipped to have conversations about social identity or to address related stressors (e.g., racism and discrimination, immigration-related stressors) within the context of Ex-CBT, despite recognizing the need to do so.

Relationship building is foundational for successful Ex-CBT. Consistent with past research, the therapeutic relationship was noted as essential, especially for marginalized youth who may have had negative past experiences with medical systems. The young people we interviewed especially emphasized the need to feel understood and develop a reciprocal relationship with their therapist. They appreciated when their therapist shared information about themselves, including acknowledging when their own identity may differ from that of the client. Therapists noted how important relationship development was for delivering Ex-CBT in the following ways: slowing the pace of therapy; spending extra time learning about the clients' interests, values, and identities; engaging in collaborative decision making; and engaging in their own self-disclosure and reflection.

Person-centered culturally responsive adaptations improves the appropriateness of Ex-CBT for marginalized youth. *Therapists described the specific adaptations they make to adapt Ex-CBT to cultural and contextual factors.* Based on what we learned, we are creating categories of core adaptations therapists make, and how each is intended to support better treatment outcomes. We look forward to publishing this information soon.

Goal Three: *Integrate what we learned above to develop and get feedback on a toolkit to support therapists delivering culturally responsive Ex-CBT.* We called it the RESPECT Toolkit (Revamping Evidence-based Supports to Promote Effective Culturally Responsive Treatment) for OCD and anxiety. We used the Health Equity Implementation Framework to guide all study activities, including to organize the content we learned from our partners and content that went into the toolkit (see Figure 1). This helped us understand cultural and contextual factors and experiences that needed to be addressed within the toolkit.

What content was included? The toolkit first explains why a culturally responsive approach is important, and provides guidance for common cultural and contextual factors often relevant to OCD or anxiety treatment. We developed guidelines and tip sheets for therapists on how to: (1) deliver core elements of Ex-CBT in a culturally responsive way, and (2) incorporate strategies not traditionally included in Ex-CBT to optimally address youth mental health needs and address cultural and contextual factors. Each toolkit section contains practical guidance and sample questions or scripts therapists can use to guide their practice. Our advisory board reviewed the toolkit for content and design, formatting, and layout. To enhance usability, they suggested developing a website with options to download each section as a PDF. The website’s development is underway with continued advisory board feedback.

What did therapists think of the toolkit? We surveyed 182 therapists across the country who specialize in treating young people with OCD or anxiety and worked in community mental health settings. We provided them with brief descriptions of eight core components of the toolkit and asked them to rate the perceived utility of each, as well as their overall perceptions of the toolkit. About 75% of surveyed therapists thought all components of the toolkit would be relevant or useful, while 98.4% thought at least one component would be useful. Therapists rated the toolkit as useful and appropriate for work with their clients overall. We also asked four open-ended questions to understand how this toolkit might be helpful to therapists or how we can improve it. Most therapists shared positive feedback, as illustrated here: “This would be very useful as a tool to tailor treatment to be culturally appropriate for each individual client. I find that the literature and tools we have are severely lacking in that they really do not address cultural issues or individual factors, so a tool like this could help ameliorate that problem.” A small minority of respondents expressed lack of interest in the toolkit and concern that principles included to guide culturally responsive care were reflective of political ideology rather than best clinical practice. We hope to explore these perceptions more in our future work to learn how we can optimally support OCD and anxiety treatment for all youth.


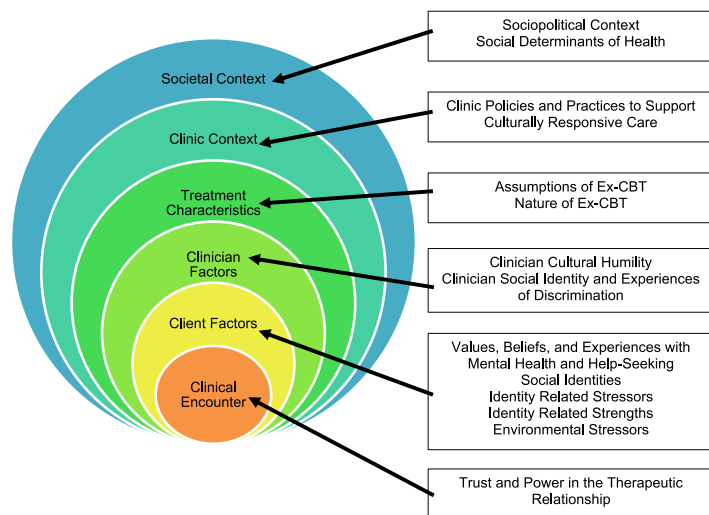
What are our next steps? We are optimizing the design and accessibility of the website and hope to make it freely available by mid-2024. We plan to recruit therapists to formally pilot-test the RESPECT toolkit, and develop and test training protocols for therapists on how to best use it. In the future, we plan to examine the effectiveness of RESPECT in community-based settings and expand the toolkit for other mental health disorders. 

Figure 1. Cultural and contextual factors relevant to delivering equitable Ex-CBT, organized via the Health Equity Implementation Framework.



ABOUT THE AUTHORS:



Amanda Sanchez, PhD, is an assistant professor at George Mason University and is a faculty member in the Center for Evidence-Based Behavioral Health. She is a clinical psychologist whose research focuses on providing more equitable and culturally responsive services to youth and their families.



Michal Weiss is a clinical research coordinator at the Penn Center of Mental Health and plans on going to graduate school next year to study public mental health.



Emily Becker-Haimes, PhD, is an assistant professor at the University of Pennsylvania’s Center for Mental Health and the clinical director of the Pediatric Anxiety Treatment Center at Hall Mercer, which is the only specialty anxiety clinic in Philadelphia dedicated to serving youth in the public mental health system. She is an implementation scientist and clinical psychologist whose research and clinical work is dedicated to improving mental health service quality in specialty mental health settings for youth.

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 Institutional Review Board (IRB). The studies listed include online and in-person studies in the US and abroad.

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

VOLUNTEERS AGED 18-55 YEARS NEEDED TO HELP US UNDERSTAND OCD THERAPY

We need volunteers to take part in an online study looking at why obsessive-compulsive disorder (OCD) therapy works or fails.

Participants will be asked to complete questionnaires, interviews and play computerized games. Knowing the brain causes of why OCD therapy does not work for everyone will ultimately help us improve treatment outcomes. You will receive £8.50 an hour (~ 40 USD per session) as compensation.

We are looking for volunteers who are:

- Experiencing OCD
- Aged 18-55
- Fluent in English
- Normal/corrected vision
- Starting OCD therapy

Interested? Contact the research team at k.hoang@ucl.ac.uk (Karen Hoang) or t.seow@ucl.ac.uk (Dr Tricia Seow) for further details.

A GOOD ENOUGH INTERVENTION: TESTING BRIEF ONLINE SELF-HELP TREATMENT MODULES FOR CLINICAL PERFECTIONISM

Feeling overwhelmed by “simple” tasks? Having trouble getting things done? Criticizing yourself over small mistakes? Feeling stressed about constantly needing to meet high or unrealistic expectations?

You may be struggling with perfectionism. The POIS Lab at the University of Toledo and Personalized Mental Health Lab at Southern Illinois University are testing the effects of two self-help interventions for perfectionism. You can choose how much time to spend on the intervention over a 1-month access period.

As part of the study, you will also be given surveys to complete every week (10–15 min each, 5 total) and 1 month and 6 months after the access period. You may receive up to \$65 for completing the study surveys.

If you're interested in learning more about our research, take a brief screening survey: bit.ly/goodenoughstudy!

NEUROMODULATION + EXPOSURE THERAPY (NEXT) STUDY

Do you have a child or know someone between 12-21 years old seeking treatment for OCD? They might be eligible for the NExT Study! This study uses a type of non-invasive brain stimulation called Transcranial Magnetic Stimulation (TMS). A different form of TMS has been approved for adults with OCD, but this is the first trial of TMS in youth with OCD. Participants will receive two weeks of daily treatment with TMS and Exposure plus Response Prevention (ERP) therapy. ERP is a highly effective standard treatment for OCD in youth and young adults.

WHO can join the NExT Study?

- Must be between 12-21 years old
- Must be right-handed
- Must be able to undergo an MRI scan

WHERE does the NExT Study take place?

This study is being conducted across two sites, the Pediatric Anxiety Research Center (PARC) at Bradley Hospital in East Providence, RI, and the Minnesota Tic and Compulsivity (MnTiC) Lab at the University of Minnesota in Minneapolis, MN.

WHAT will study participants do in the NExT Study?

- Complete two weeks of TMS and ERP treatment for OCD
- Complete behavioral and clinical assessments throughout the course of the study
- Undergo MRI scanning before and after treatment

WHY should you participate in the NExT Study?

Participants will receive ERP, an evidence-based treatment for OCD. Participants will also be compensated for their time. Participation in this study can help us better understand how TMS can benefit kids with OCD and potentially lead to a new option for pediatric OCD treatment.

HOW can you participate in the NExT Study?

Rhode Island: Call us at (401) 432-1662, or visit our website: parcanxiety.org/next-study

Minnesota: Call us at (612) 626-6550 or visit our website: ticlab.umn.edu/our-research/current-research/next

PARTICIPANTS NEEDED FOR RESEARCH STUDY ABOUT TECHNOLOGY FOR PEOPLE WITH OCD

We are a group of researchers at the Department of Computer Sciences, University of Wisconsin-Madison. We are developing wearable technologies to help people better manage their OCD in their daily life, and we need your help.

You are eligible if:

1. you are over 18, and
2. you were diagnosed with mild to moderate OCD, and are willing to talk about them with us.

If you agree to be in the study, you will be interviewed via Zoom by our research team regarding your OCD condition, strategies to manage your OCD, experience of OCD therapies, and assistive technology (if any). Each study session will last no longer than 90 minutes. You will receive compensation at a rate of \$20/hr for participating in our study.

During the study, we will record the video of the interview. All the data collected will only be used for research purposes within our research team at UW-Madison, and NO personally identifiable data will be shared to any other entity.

If you are qualified and interested in participating, please contact us by filling out a survey: forms.gle/hFz3vzPHyra8JMYE8 or contact ru.wang@wisc.edu

Thank you!

BIOHAVEN IS STUDYING AN INVESTIGATIONAL DRUG TO HELP TREAT THE SYMPTOMS OF OCD.

Biohaven is studying an investigational drug to help treat the symptoms of OCD. The investigational drug is called troriluzole and is a glutamate modulator. Glutamate is a key neurotransmitter in the brain and research indicates that there is excessive glutamate in areas of the brain involved in the obsessions and compulsions that OCD patients experience. Troriluzole is expected to normalize glutamate levels in these brain areas, and thus improve OCD symptoms.

To be eligible to take part in this study, you must:

1. Be between the ages of 18 and 65;
2. Have been diagnosed with OCD or have had symptoms of OCD for at least a year;
3. Be taking an OCD medication that you do not feel is fully helping your condition.

Please note: you do not need to have a formal OCD diagnosis. Also, there is no cost to you to participate and insurance is not required.

For more information and to enroll in the trial, go to OCDTrials.com

YOU MAY BE INTERESTED IN OUR RESEARCH STUDY — PROJECT ACCEPT!

Do you ever get upsetting, scary thoughts that pop into your head uninvited?

Thoughts that are the total opposite of who you really are or what you actually want to do?

What is it?

A study aiming to help teenagers identify and cope with upsetting unwanted intrusive thoughts

Who can participate?

People aged 13-25 with unwanted intrusive thoughts who have access to the internet

How do I participate?


To participate, follow this link —> stonbrookuniversity.col.qualtrics.com/jfe/form/SV_3JmCObxol.jpGS34

Will I be paid?

You will receive up to \$15 in Amazon gift cards for participating

Need mental health resources?

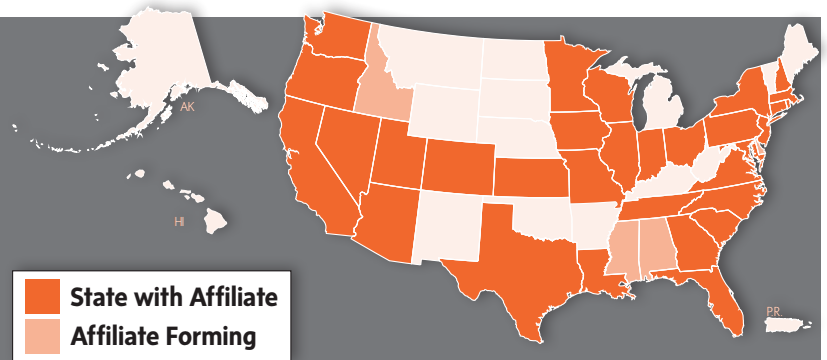
For free digital mental health resources, follow this link —> stonbrookuniversity.col.qualtrics.com/CP/File.php?F=F_OAsEf1ViFajeuMt

All Information Is Kept Confidential 

FROM THE AFFILIATES

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

ocdaz.org

OCD Arizona is planning our second annual OCD Walk this year, which will be held on Saturday, October 12th at Kiwanis Park in Tempe, AZ. We are looking forward to bringing our community together for the second year in a row. We are happy to connect at info@ocdaz.org.

OCD CENTRAL & SOUTH FLORIDA

ocdcsfl.org

facebook.com/OCDCSFL

This year has been off to a great start for OCD Central and South Florida (OCDCSFL), and it's going to be an even more exciting summer. We held our "Anxiety & OCD in the Hispanic Community" event in March, which was informative and well attended by local professionals. Now, we have our eyes set on the upcoming Annual OCD Conference in Orlando, FL. We are so excited to welcome you to the Sunshine State! OCDCSFL is a proud silver sponsor of the conference, and we look forward to seeing you all there. Come visit us at our Affiliate booth for the duration of the event, where we'll have some fun surprises in store, and we'll also be sponsoring the afternoon coffee break on Saturday, July 27th. Be sure to come and say hello!

We are also looking for volunteers to help with our OCDCSFL booth, so please reach out to us at info@ocdcsfl.org if you are interested. We can't wait!

Finally, save the date for our annual One Million Steps for OCD Walk on December 8th, 2024, at Quiet Waters Park in Deerfield Beach, FL. Hope to see you there, as well!

OCD CONNECTICUT

ocdct.org

facebook.com/OCDConnecticut

[@ocdct](https://twitter.com/ocdct)

We are happy to welcome Sara Carpenter as our new Board Member at Large.

In April 2024, OCD Connecticut board members and Dr. Christina J. Taylor, OCD CT Clinical Board Advisor, presented a roundtable at the ADAA Annual Conference in Boston, MA. The board members discussed their experiences with OCD and their activism.

In the spring, we presented two events featuring keynote speakers who are among the nation's leading specialists in OCD research and treatment. In May, we hosted a Zoom event featuring Denis Sukhodolsky, PhD, a professor in the Yale Child Study Center at

Yale University. In June, we held an event in New Haven, CT., featuring Christopher Pittenger, MD, PhD, director of the Yale OCD Research Clinic.

In the summer, we are planning a "Meet and Greet" community event to educate and raise awareness about OCD.

On October 9, 2024, a colloquium titled "OCD: Getting Help and Support for Recovery" will be held at Sacred Heart University in Fairfield, CT, led by Dr. Christina J. Taylor and members of the Fairfield County OCD Support Group.

We are also organizing our One Million Steps for OCD Walk on October 19, 2024, at Jennings Beach in Fairfield, CT.

OCD IOWA

ocdiowa.org

facebook.com/OCDIowa

Greetings from Iowa! Over the past several months, we have been working diligently to grow our team so that we can better serve individuals and families impacted by OCD and associated disorders within the state. We recently advertised and filled volunteer positions for our 2024 Walk committee and outreach team. We are continuing to search for a social media manager. Our Walk committee is working to make our second annual Des Moines One Million Steps for OCD a success. We anticipate holding the walk in September of this year, more details to come. We are eager to get our outreach committee up and running and plan to target early intervention facilitation as an initial goal. In addition, we are excited to have representation from our board at the Annual OCD Conference in Orlando this summer and look forward to connecting with others while there. As always you can find us at our Facebook page or website! If you are interested in joining our team or mailing list for future opportunities please reach out to info@ocdiowa.org.

OCD JACKSONVILLE

ocdjacksonville.com

facebook.com/OCDJacksonville

[@ocdjax](https://twitter.com/ocdjax)

OCD Jacksonville is proud to welcome Ralna Pearson and Jeffrey Murnin to the board of directors. Ralna, an OCD sufferer, works in the public library system. Jeffrey, the spouse of an OCD sufferer, works in the health insurance industry. Both plan to use their respective positions for advocacy and awareness.

FROM THE AFFILIATES

OCD LOUISIANA

ocdlouisiana.org
facebook.com/ocdlouisiana
[@ocdlouisiana](https://twitter.com/ocdlouisiana)

OCD Louisiana, in partnership with Rise Center for OCD and Anxiety, is thrilled to announce the launch of Courageous Campers this July! This one-week therapeutic summer camp is made possible by the generous grant-funding of JACK Mental Health Advocacy (MHA)'s Plant a Summer Camp Program, and sponsorship by Dufrene Surveying and Engineering and LCMC Health. Courageous Campers is designed exclusively for children and adolescents, ages eight to 15, navigating anxiety and OCD. Our unique program seamlessly blends summer camp fun with evidence-based interventions, allowing campers to conquer fears and break free from the cycle of anxiety. Applications are now open at riseocdandanxiety.com/courageous-campers.

Want to help support Courageous Campers? Every contribution, regardless of its size, will help us provide an empowering experience for these extraordinary campers and keep costs low for families. Visit ocdlouisiana.org for more information.

OCD MIDWEST

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

OCD Midwest is excited to announce that we will be hosting the annual OCD walk in Illinois and Ohio in September 2024. We are also excited to announce the launch of our new website. Check it out at ocdmidwest.org and subscribe! Additionally, we are planning our first-ever OCD Midwest Speaker Series, which will take place virtually in September 2024. More to come! Lastly, our case consult groups in Chicago, Indiana, and Ohio continue to be a success. For more information, check out ocdmidwest.org.

OCD NEW HAMPSHIRE

ocdnewhampshire.org
facebook.com/OCDNH
[@ocd_new_hampshire](https://twitter.com/ocd_new_hampshire)

We at OCD New Hampshire are excited to have announced our fourth annual One Million Steps for OCD Walk in Concord, NH! Our walk will be held at 2pm on Sunday, June 23rd, at White Park in Concord. Our Walk Committee is hard at work on acquiring sponsors, donations, and marketing opportunities for the event.

We are thrilled to have welcomed six new executive board members between March and April! We have also undergone a change in board officers, welcoming Christina DeMaio as President, and Dr. David Bradley as Vice President. We are so grateful to our past President Emeritus, Jodi Langellotti, for the years she has dedicated to OCD NH and for her inspiring leadership!

The spring session of our virtual SPACE (Supportive Parenting for Anxious Childhood Emotions) training is underway and has been very successful. The group is hosted by clinicians and executive board members Jeanette Nogales and Phoebe Manchester.

OCD NEW JERSEY

ocdnj.org
facebook.com/OCDNewJersey
[@ocd_newjersey](https://twitter.com/ocd_newjersey)

OCD New Jersey held its annual conference at the Westwood in Garwood, NJ, on March 25, 2024, featuring keynote speaker, Michael Heady, LCPC, who presented, "Inference-Based CBT: A New Hope for OCD." Individuals also discussed their lived experiences with OCD and related disorders in the "Living with OCD" panel session, which was moderated by discussant, Marla Deibler, PsyD, ABPP. The conference was a great success!

OCD New Jersey looks forward to hosting a One Million Steps for OCD Walk in collaboration with the IOCDF in Clark, NJ, on Sunday, June 2, 2024. Our Affiliate is energized to continue working toward its mission of providing resources and support to the greater community in the service of further carrying out the work of the IOCDF in our region.

OCD PENNSYLVANIA

ocdpennsylvania.org

OCD Pennsylvania is busy as ever! We have set our goals for 2024, which include organizing four walks in different parts of Pennsylvania this fall (Pittsburgh, Philadelphia, Harrisburg, and Erie), holding educational presentations for health care professionals and public service staff, enhancing social media presence via various options, and evaluating various ways to support existing initiatives (support group for parents of older adults with OCD, Courageous kids camp, training of healthcare professionals, etc.).

OCD RHODE ISLAND

ocdri.org

OCD Rhode Island is excited to announce two scholarship opportunities to cover the registration fee for the 29th Annual OCD Conference in Orlando, FL. Scholarships are available only to Rhode Island residents who have lived experience with OCD and/or their loved one. If you are a RI resident and are interested in this opportunity, please visit ocdri.org for more information. An OCDRI representative will be at the conference to guide you and answer questions. OCDRI is also welcoming volunteers and potential new board members. If interested in volunteer opportunities, please reach out to us at: info@ocdri.org

If you are an adult looking for a virtual peer-facilitated OCD support group, you can reach out to Barbara Ann at barbaraannborden@gmail.com for more information. The support group takes place the third Wednesday of each month. To keep up with all the happenings at OCDRI, please follow us on Facebook or Instagram, or view our website!

OCD SACRAMENTO

ocdsacramento.org
facebook.com/ocdsacramento

OCD Sacramento expresses our sincerest gratitude to Christopher Weston for reaching out to the community and sharing his testimony and journey navigating the complexities of living a life with OCD in our monthly speakers series. Christopher recently took on the role of Vice President of OCD Sacramento and thus far has made great strides in his contributions. We also want to thank Jeff Bell for also participating in our speakers series sharing his Greater

FROM THE AFFILIATES

Good Perspective and offering a Q&A to those struggling with OCD on how living in your values is one step to taking on OCD.

On May 7, 2024, Cory Adams, LMFT, presented "Family Accommodation: Why it is so difficult to resist." He discussed common ways accommodation can manifest and tips on how reducing these behaviors will contribute to the recovery of their loved one. On June 4, 2024, Robin Zasio, PsyD, presented "How to Build Your ERP Toolbox." Both presentations will be free to the community and on Zoom. Check our Facebook page for further details.

OCD SOUTHERN CALIFORNIA

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

OCD Southern California hosted our Speakers Series in Orange County, Los Angeles, and San Diego in April. These events featured experts presenting on OCD. Speakers included members of our board of directors and guest speakers from the SoCal area. Attendees included mental health professionals and people with OCD, along with their family members and loved ones. We offered continuing education credits to clinicians. In May, we held our virtual Speaker Series, allowing anyone from anywhere to attend. We want to thank the volunteers and guest speakers who made these events successful.

In June, we were thrilled to participate in the One Million Steps for OCD Walk! These Walks were held in Orange County, San Diego, and the Inland Empire. We extend our gratitude to everyone who joined us, walked, and played a crucial role in raising awareness and resources for OCD in our local community!

OCD SoCal will be at the Annual OCD Conference this July in Orlando, and we will hold an open Affiliate meeting. If you are interested in getting involved with OCD SoCal and are at the Conference, please find the meeting in the program and join us! Additionally, please email us at info@ocdsocal.org with any inquiries!

OCD TENNESSEE

ocdtn.org

We are excited to announce that OCD Tennessee has launched and will be hosting our inaugural OCD walk October 19, 2024, in Nashville, TN. Please keep an eye out for further details in the coming months!

OCD TEXAS

ocdtexas.org
[@ocd_texas](https://www.facebook.com/@ocd_texas)

The education committee obtained APA certification for continuing education credits for doctoral-level clinicians. OCD Texas aims to provide low-cost continuing education programming for local clinicians. Community volunteers share educational and inspiring information about OCD. Carefully resourced infographics were included in our social media presence, growing and informing our base of followers with evidence-based content as well as inspiring messages. We revamped our website to include educational resources and events, and soon there will be an inspiration page for community members to participate.

We published a quarterly newsletter for the OCD Texas community to share updates about local events and ways for the community to be involved with OCD Texas. Board members gave presentations at the local Texas Psychological Association (TPA) in November 2023 to discuss Artificial Intelligence: The New Frontier of Exposure Therapy. OCD Texas clinicians presented at the Houston NAMI conference to educate the community about OCD. OCD Texas awarded Aaron Hall the Creative Project Award to support funding for his film to educate the public about OCD.

OCD WASHINGTON

[facebook.com/ocdwashington](https://www.facebook.com/ocdwashington)
[@ocd_washington](https://www.instagram.com/ocd_washington)

OCD WA continues to host quarterly professional meetings online; the next one is on June 6th. Contact us to sign up.

We will be hosting an open and FREE event, "The Process of Being," quarterly to promote awareness and foster more OCD community in Washington. The first one will be May 10th, 4–6pm, at Victrola Cafe, Seattle.

"The Process of Being" is an open studio art gathering aimed at creating common humanity amongst anxiety and OCD sufferers, support systems, and the public. Come join us! Contact us for a sign-up sheet.

We are continuing to look for an IT technician and social media manager. And we always would love to have more volunteers. Join us — contact us if interested. Our website is currently under construction and will be ready soon! Please check back. In the meantime, check us out on our Facebook page or follow us on Instagram.

Our contact for all above is info@ocdwashington.org.

OCD WISCONSIN

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

This summer, OCD Wisconsin and Pure OCD Therapy are presenting our Fearless Family Camp, a summer camp experience aimed at children 10–14 struggling with OCD. Campers and their parents will spend four days at the Cedar Valley UCCI Retreat Center in southeastern Wisconsin, receiving lodging, meals, and structured group CBT with an emphasis on ERP. There will also be recreational activities, free time for quiet reflection or exploring (and llamas!), and opportunities for the campers to connect with peers facing similar mental health challenges.

In February, we were excited to support the book launch of Exploding Head, a memoir of prose poems on life with OCD from Madison poet Cynthia Marie Hoffman. In April, neuroscientist Uma Chatterjee, a member of our Board of Directors, was a keynote speaker for NAMI Wisconsin's annual conference.

OCD Wisconsin is an active provider of information and resources on OCD to those in our state. We are seeking more volunteer board members, so if you have professional or personal experience with OCD and would like to apply, we'd love to hear from you. Interested applicants can send a resume and letter of interest to

ocdwisconsin.org. 