



International
OCD
Foundation

OCD Newsletter

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**Building a
Community,
One Step
at a Time**

Also Inside:

The OCD Ninja

**Body Dysmorphic Disorder
(BDD) Foundation Partnership**

**Bridging Cultures and
Deepening Understanding**

From the Foundation

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Ways to Get Involved

You Belong Here—Find Your Place in the OCD Community

Whether you live with OCD, support someone who does, or work to advance understanding and treatment, you're part of a powerful community. At the International OCD Foundation, we're working to ensure that everyone affected by OCD and related disorders has access to the resources, treatment, and support they need to thrive. Here are a few ways you can get involved.

- **Sign up for emails:** Receive the latest resources, updates, and ways to connect straight to your inbox. iocdf.org/sign-up
- **Attend an event:** Connect, learn, and find hope with others who understand. Upcoming events include:
 - **Jan. 31-Feb. 1, 2026 | Virtual:** Online OCD Camp for youth ages 6-17 and their families iocdf.org/camp
 - **May 9, 2026 | Boston, MA:** One Million Steps for OCD Flagship Walk iocdf.org/walk
 - **July 9-12, 2026 | Seattle, WA and Virtual:** 31st Annual OCD Conference iocdf.org/ocdcon
 - **View all upcoming events:** iocdf.org/events
- **Become a grassroots advocate:** Being an IOCDF Grassroots Advocate means joining a community of people who want to raise awareness and educate the public about OCD and related disorders. iocdf.org/advocate
- **Join a special interest group:** Take part in discussions, networking, education, resource development, and research around OCD and related disorders. iocdf.org/special-interest-groups
- **Donate!:** As a donor-supported organization, your gift fuels our mission to raise accurate awareness about OCD, expand access to effective care, and strengthen community and research efforts. Together, we can change countless lives. Donate today at iocdf.org/power or explore more ways to give at iocdf.org/waystogive.



“Each step and every dollar raised represents the collective determination of our amazing community.”

President's Letter

Dear IOCDF Community,

I'm continually inspired by how our community is bringing the priorities of our new strategic plan to life. One of the three pillars of Vision 2030 is to increase awareness and community to ensure that people living with OCD and related disorders are seen, understood, and supported. This past October's OCD Awareness Week was a remarkable and tangible manifestation of that vision in action.

Together, we reached more people than ever before, amplifying understanding on a truly global scale. Across social media, the IOCDF's #OCDWeek content generated more than 1.5 million impressions, engaging audiences and challenging stigma. Our message resonated across traditional media as well, with over 1,000 mentions of OCD in outlets including *Time*, *Vice*, and *The Boston Globe*.

The visibility extended far beyond words. More than 60 landmarks and structures around the world lit up teal in solidarity with the OCD community, while official proclamations from Arizona, Georgia, Delaware, Illinois, Massachusetts, Rhode Island, and Wichita, Kansas, brought further awareness.

And perhaps most inspiring of all, our grassroots spirit shone brightly through the One Million Steps for OCD Walks, which together raised over \$100,000 across 28 events. Each step and every dollar raised represents the collective determination of our amazing community.

OCD Awareness Week is more than a campaign. It's a reflection of what we can achieve when we act together, guided by a shared purpose. It shows that progress is not an abstract concept in our strategic plan; it's happening now, through your energy, your advocacy, and your generosity.

As we carry this momentum forward, let's continue to build on what we've started: expanding awareness and community, advancing research, and expanding access to effective treatment for all.

With gratitude,

A handwritten signature in black ink that reads "David Calusdian".

David Calusdian
President, Board of Directors
International OCD Foundation



The OCD Ninja

By Anna

OCD has been a part of me for my whole life, although it has changed through the years. When I was younger, routines had to be strictly followed or something horrible would happen. In school, I constantly needed reassurance from my teachers and friends that I was doing a good job and being a kind friend. Until I was about nine, my parents simply thought I was a typical, oldest type-A child. They realized something was off when I started obsessing about being killed and kidnapped by ninjas. My pediatrician said that I had OCD tendencies, but would not give a diagnosis. I continued through life constantly checking over my shoulders, waiting for ninjas to get me, and creating exhaustive compulsions that slowly took over my headspace.

During high school, my mental health went through ups and downs, with the pandemic being one of the lowest. I cried in my closet every day because in the back of my head, I thought that COVID-19 was a plan to kill me. I lost a lot of friends during

this time due to self-isolation and depression. I was also dealing with an injury that did not allow me to move around much, which added to my poor mental health. Starting therapy crossed my mind many times in high school, but every time I was finally ready to start, I convinced myself I was better.

I finished high school and started college in a better mental state, but I was still struggling. I continued to debate going to therapy once I was in college, but I thought I was crazy for thinking I needed help since I was performing very well in school, and had a steady job and a few good friends. What I did not want to admit to myself or anyone else was that I was really suffering. I was fighting battles in my head, and at times, I convinced myself nothing was wrong with me, and I did not have OCD. I was just weak because everyone else was functioning fine with anxiety. I kept burying myself in school and work so that I did not have to face what was going on in my head. During my second year of college, I even

“We cannot spend our lives running from OCD because that means we are also running from feelings of peace.”

went to multiple doctors because I was convinced something was wrong with my heart and lungs; in reality, I was having panic attacks.

By this point, I had pretty much every type of OCD, from contamination, symmetry, somatic, relationship, rumination, cleaning, existential, harm, perfectionism, religious, checking, responsibility, counting, to pedophilia, moral, and sexual OCD. I also had trichotillomania, dermatillomania, olfactory reference disorder, and hypochondria.

In December 2024, I finally accepted that I needed help. I had been accepted to graduate school, and felt as though my life was being flipped upside down. I was going to be moving across the country away from my family and safe spaces. My ups and downs became peaks and valleys as OCD was taking over my life. I went down many Reddit rabbit holes about OCD to make sure I really had it and was not going to make a fool of myself before I started the search for a therapist. Thankfully, after a few weeks of searching, I found a therapist who I thought would be a good fit. She specialized in all the things that I was looking for: OCD, anxiety, trichotillomania, and life transitions, among other things. I was able to make an appointment for a couple of weeks after and anxiously awaited that day.

After the first session, I walked out of her office doors and felt hopeful that I could potentially have a sliver of relief and was proud of myself that after years of struggling, I was on my way to recovery. I started exposure and response prevention (ERP) therapy, and while it was — and still is — scary and really hard sometimes, the moments of peace I have had now are worth it because of it. I also began listening to the “OCD Stories” podcast, which

really helped me build knowledge and, in turn, led me further down the path of recovery.

It was not until a couple of weeks into therapy that I truly realized how debilitating my OCD was. I would start off sessions by explaining to my therapist (now lovingly referred to as “Bestie”) about my week, and she would bring up that what I was doing was OCD. As it turns out, my whole life was OCD. Every decision I made and every thought I had was OCD. I was unsettled by this, but it also led me to think about who I would be without OCD.

As of now, I am still in therapy, have started medication, and still confront OCD daily. If it were not for my therapist, the support I have received, and ERP, I would still be struggling to come up for air. While OCD is as prevalent as it ever was in my life, I now know better how to fight it. Despite this, OCD definitely still wins on many occasions, but the difference is I now win sometimes too.

We cannot spend our lives running from OCD because that means we are also running from feelings of peace. A favorite quote of mine, written by Alessandra Olanow, reads: “In moments of uncertainty, remember that taking a single step forward can reveal what staying still never would. The destination does not need to be clear for that first step to be meaningful. Trust each beginning carries its own wisdom, even when the full journey remains hidden from view.” I have this on the sun visor in my car as a constant reminder to keep walking forward because doing nothing and being complacent changes nothing. Even taking steps in the wrong direction will provide new information and possibilities. Besides, you can never go in the right direction or see your destination if you do not start walking.

Building a Community, One Step at a Time

By Jonathan Clark, IOCDF Advocate



At the registration table of the inaugural Rockland County OCD Walk stood a poster board covered in teal Post-it notes — each answering the question, “Why do you walk?” Participants shared reasons for lacing up, offering hope to those who know the weight of obsessions and compulsions. But the question I was asking myself was different: “Why did I choose to host an OCD Walk?” The answer is simple: To create a community where no one suffers alone.

Through my role as an IOCDF Advocate, I have experienced firsthand the benefits of connecting with others who have OCD. The burden of a noisy, intrusive mind felt lighter when I engaged with people who understood my struggles. Embarrassment, shame, and isolation can’t stand against acceptance. Events like the OCD Walk build a supportive community.

A few years ago, as I dipped my toe into the waters of advocacy, I sought out one of the IOCDF’s local OCD Walks in hopes of that experience. I was disheartened to discover there were none near me. After becoming an advocate earlier this year, this became my top agenda item: bringing the OCD Walk to my community. My plans of easing in were upended when a fellow advocate said something that became my driving force: “Even if three people show up, it will mean the world to them.” Thanks to the introduction of the new Individual Contributor program within the OCD Walk, it was game on.

Working backwards, I envisioned what Walk day would look like if every aspiration I had fell into place. After meeting with the IOCDF, I enlisted the support of family and friends to put my plan into action. The operational tasks of selecting a date and location and coordinating with local government could be arduous at times, but I saw each step as an opportunity to spread the word.

Raising awareness for the Rockland OCD Walk was our priority. You can’t have a walk without walkers. As communicators, my wife and I leaned into social media and traditional methods like signage and word of mouth. We posted flyers, we shared fun videos, reminders, and encouragement online. For this inaugural event, success depended on a focused grassroots effort to boost signups and donations.

Every text, call, and email to our circle and beyond aimed to promote the walk and drive fundraising. Over time, the ripple effect became clear: local businesses began donating, and sign-ups steadily grew. The largest surge followed a county proclamation, which had been a top goal, because there’s no better publicity than free publicity.

Our decision to keep it simple for year one allowed us to focus on creating a welcoming atmosphere and a smooth-running event. We tapped local schools and organizations for students who needed volunteer hours and borrowed nearly every walk-day item to keep costs down.

Earlier, I mentioned the tug-of-war taking place in the brain of an OCD sufferer. Following speeches and introductions, we held a rope taut across the start and “dropped the rope” to begin the walk. Over the next 2.5 miles, smiles, high fives, and hugs filled the atmosphere. Every shared laugh reminded us that this community is alive and moving forward together.

As the last walkers headed to the parking lot, a woman approached me with a simple “Thank you.” She told me about her struggles to find a walk in her area and how meaningful it was to be among others with OCD.

In that moment, it hit me: I had done it. I had created a community — moving forward together, where no one faces OCD alone.



Interested in hosting an OCD Walk?

Visit iocdf.org/host to learn more about the steps it takes to bring this inspirational event to your community and sign up to join an informational session for the 2026 OCD Walk season.



2025 OCD Walk by the Numbers

The full impact of the One Million Steps for OCD Walk is impossible to measure. That's because the OCD Walk is more than a walk — it's a reminder that connection, empathy, and awareness can make a real difference in the lives of those affected by OCD. Our community of walkers has grown year over year, and the 2025 OCD Walk was no exception, bringing in the largest number of participants to date.



57 OCD Walks

in 32 states and 7 countries



5,500 walkers

from around the world



\$300,000 raised

in 2025 of our \$325,000 fundraising goal



We're so close to our \$325,000 fundraising goal—but we need your help to cross the finish line!



Scan the QR code or visit
iocdf.org/last-chance to make
a tax-deductible donation.
Your fundraising dollars help to:

- Provide education about what it really means to have OCD or a related disorder to shorten the time to proper diagnosis,
- Increase the number of trained therapists so everyone impacted by OCD has access to effective treatment, and
- Engage the entire OCD and related disorders community to advocate and educate in order to reduce stigma!

Thank you to our OCD Walk Marquee Sponsor, NOCD, as well as all of our generous OCD Walk sponsors: Rogers Behavioral Health, McLean Hospital, The Concord Center, Eating Recovery Center and Pathlight Mood and Anxiety Center, CBTeam, OCD Anxiety Centers, Compass Health Center, InStride Health, New England Center for OCD and Anxiety, Pediatric Anxiety Research Center, and Mind Journey Therapy.



Body Dysmorphic Disorder (BDD) Is Often Missed Or Confused with Other Mental Health Disorders

By Katharine A. Phillips, MD

BDD Is Often Missed or Misdiagnosed

Many people with body dysmorphic disorder (BDD) — distressing or impairing preoccupation with perceived appearance flaws — don't know that they have it. Friends, family, and even their mental health clinician may not know either.

BDD can be missed for many reasons. People with BDD may be too embarrassed to speak up about it. Or they may worry that if they do, other people will think they're vain (even though BDD isn't vanity). Some clinicians aren't familiar with BDD. And many people with BDD think that they truly do look ugly (even though they actually don't), so they mistakenly think they don't have BDD and that they don't need mental health treatment. They may get cosmetic treatment instead (for example, a nose job or hair transplant), which almost never improves BDD and can make it worse.

BDD can also be confused with other mental disorders. It's often confused with obsessive compulsive disorder (OCD), because both disorders consist of recurring obsessional thoughts that trigger repetitive compulsive behaviors. Or BDD can be confused with social anxiety disorder, because if you think you look ugly, you'll probably feel anxious around other people and may avoid social interactions. These are just a few examples of how BDD can be misdiagnosed.

Why Is It a Problem to Not Diagnose BDD or to Misdiagnose It?

Not recognizing that someone has BDD, or confusing BDD with another disorder, is a problem. The main problem is that the person with BDD may not get any treatment, or they may get the wrong treatment. The two first-choice treatments for BDD are 1) medications called serotonin-reuptake inhibitors (also known as SRIs or SSRIs), often at high doses, and/or 2) cognitive-behavioral therapy (CBT) that is tailored to BDD's unique symptoms.

What Is BDD?

People with BDD are **preoccupied** with flaws or defects that they perceive in their appearance, for example, a large nose, an asymmetrical jaw, or thinning hair. However, other people can't see these flaws or consider them to be only slight. In other words, people with BDD have **distorted body image**. People with BDD think that they look ugly, unattractive, or even hideous, even though they actually look normal or attractive to others. They obsess about their appearance, in total, for at least an hour a day (usually more than this).

For BDD to be diagnosed, the preoccupation with perceived appearance flaws must **cause significant emotional distress** (such as depressed mood or anxiety) or **impairment in day-to-day functioning** (for example, avoidance of social situations, or



The International OCD Foundation is thrilled to announce our official partnership with the BDD Foundation (UK) BDD Foundation, a leading organization dedicated to advancing education and understanding of BDD, supporting research into BDD and its treatments. This collaboration aims to expand our collective outreach and impact throughout the world by joining forces to expand education, awareness and support for individuals affected by Body Dysmorphic Disorder.

Diagnosis	Differentiation from BDD
Obsessive compulsive disorder (OCD)	If obsessions and compulsions focus on perceived appearance flaws (including asymmetry of body parts), BDD should be diagnosed rather than OCD.
Generalized anxiety disorder (GAD)	If anxiety or worry is due to appearance concerns, diagnose BDD rather than GAD.
Social anxiety disorder	When social anxiety, social avoidance, and fear of rejection and humiliation are caused by appearance concerns, BDD should be diagnosed rather than social anxiety disorder.
Agoraphobia	If fear and avoidance of public places is due to appearance concerns, diagnose BDD rather than agoraphobia.
Excoriation (skin-picking) disorder	If skin picking intends to improve perceived skin flaws, diagnose BDD rather than excoriation (skin picking) disorder.
Trichotillomania (hair-pulling disorder)	If hair pulling or hair plucking intends to improve perceived appearance flaws, diagnose BDD rather than trichotillomania.
Major depressive disorder (depression)	Appearance preoccupations that qualify for a diagnosis of BDD should not be considered to simply be a symptom of depression. In these cases, BDD should be diagnosed.

difficulty with work, school, or other life activities). This requirement helps to differentiate BDD — which needs mental health treatment — from less problematic dissatisfaction with appearance that many people experience.

In addition, the appearance preoccupations trigger **repetitive behaviors** (also called compulsions or rituals). Common repetitive behaviors include checking mirrors and other reflecting surfaces, asking people for reassurance about how you look, excessive grooming (such as hair combing), skin picking to try to improve the skin's appearance, and taking excessive selfies to check perceived

flaws. Repetitive behaviors (these are just some of them) can be a clue that a person has BDD.

How to Differentiate BDD from Other Disorders

The table above lists some disorders that BDD may mistakenly be diagnosed as. It contains tips on how to differentiate each disorder from BDD. If BDD is present (based on the definition I discussed above), it needs to be diagnosed and treated.

But keep in mind that people with BDD can have any of the disorders in the table **in addition to BDD**. Any mental disorder can co-occur with BDD.

"We are really delighted to partner with the IOCDF in raising awareness and understanding of BDD. We know how limited resources are for those affected by this debilitating condition, so it is particularly valuable to join forces with organizations who share our mission and values. Earlier this year we collaborated on an online BDD conference, and we look forward to other opportunities to further the cause together."

- Kitty Newman, Managing Director, BDD Foundation

BDD Is Often Missed Or Confused with Other Mental Health Disorders (Cont'd)

For example, many people have both BDD and OCD, or both BDD and social anxiety disorder.

BDD Versus Eating Disorders

Differentiating BDD from an eating disorder can sometimes be a little tricky. Here are some general guidelines:

- In a person who has the eating disorder anorexia nervosa or bulimia nervosa, concern about being overweight or fat is a symptom of the eating disorder. It is not BDD.
- If someone has **some but not quite all** of the symptoms that are required for a diagnosis of anorexia nervosa or bulimia nervosa, preoccupation with being overweight or fat is diagnosed as “other specified feeding and eating disorder” (OSFED).

- In people *without* anorexia nervosa, bulimia nervosa, or OSFED, distressing or impairing preoccupation with weight is considered a symptom of BDD.
- In people with an eating disorder who have distressing and/or impairing preoccupations about nonexistent or slight appearance flaws that **don't** involve weight or body fat (for example, their “ugly” nose), both BDD **and** the eating disorder are diagnosed.

Concluding Thoughts

It's important to diagnose BDD when it's present, and not confuse it with other disorders, so it can be correctly treated (and treatment usually helps!).



Dr. İnözü with Dr. Abramowitz and his graduate students.

Bridging Cultures and Deepening Understanding: Dr. Müjgan İnözü's Year of Cross-Cultural OCD Research at UNC-Chapel Hill

By Jonathan S. Abramowitz, PhD

Over the past year, our OCD research center and clinic at the University of North Carolina (UNC) at Chapel Hill has had the honor of hosting Müjgan İnözü, PhD (Professor of Psychology at Hacettepe

University in Türkiye) as a visiting scholar. Her visit, funded by the Scientific and Technological Research Council of Türkiye (TÜBİTAK), has not only fostered a warm and productive collaboration, but also important cross-cultural research on OCD.

Dr. İnözü is an expert on the cognitive-behavioral

model and treatment of OCD, with a particular focus on non-Western and Muslim-majority cultural contexts. During her year-long visit to Chapel Hill, we developed and launched experimental and survey studies that combined our lab's long-standing focus on cognitive-behavioral processes in OCD with Dr. İnözü's expertise on cultural influences. My undergraduate and graduate students worked closely with her throughout the year, gaining hands-on experience in cross-cultural research and expanding their understanding of how cultural context shapes both the presentation and treatment of OCD. We are deeply appreciative of this collaboration, which enriched our lab through many meaningful and enjoyable intellectual exchanges. The impact of Dr. İnözü's time with us will be long-lasting, influencing how we approach OCD research and treatment for years to come.

Why Does Cross-Cultural OCD Research Matter?

OCD is a global condition; but how it manifests, how people with OCD interpret their intrusive thoughts, and how effective treatment is delivered can vary widely across cultural contexts. Social norms, religious doctrine, and culturally shaped values all influence the content and appraisal of intrusive thoughts — especially those involving taboo topics such as violence, sexuality, and religious blasphemy. Yet, much of the existing scientific literature has relied heavily on Western samples, often leaving critical gaps in our understanding of how OCD presents in other cultural and religious traditions.

Our collaboration begins to address these gaps. By focusing on OCD-related thinking patterns such as the tendency to overestimate threat and responsibility (obsessive beliefs), the tendency to distrust one's senses (inferential confusion), and fear that one has a hidden unacceptable part of themselves (fear of self) across U.S. and Turkish populations, we gained valuable insight into the shared and culturally distinct processes that underlie OCD symptoms — particularly different types of contamination symptoms. Dr. İnözü's

cultural and scientific expertise allowed us to approach these questions with greater depth, nuance, and relevance to the global community.

Our Collaborative Research

Together, we completed three studies during Dr. İnözü's time at UNC, each of which makes a novel contribution to the OCD literature:

1. Scrupulosity and Cognitive Vulnerabilities Across Cultures. This study examined how scrupulosity (fear and rigidity over moral or religious transgression) contributes to OCD symptoms through cognitive factors like obsessive beliefs, fear of self, and inferential confusion. Using data from large samples of U.S. and Turkish university students, we found that while some pathways were consistent across cultures, others were culturally specific. For example, fear of self played a stronger role in the Turkish sample, particularly linking scrupulosity to contamination, responsibility for harm, and symmetry symptoms. This suggests that in more collectivist societies where morality and social responsibility are highly valued, intrusive thoughts may be seen as moral failings that threaten one's sense of moral integrity. In contrast, among U.S. participants, fear of self was primarily associated with mental contamination and unacceptable obsessional thoughts, symptoms of OCD that more directly implicate the personal self and moral purity. Additionally, inferential confusion served as a broad mediator across all symptom dimensions in the U.S. sample, suggesting that American participants may be more prone to doubt their perceptions and rely on hypothetical possibilities when confronting intrusive thoughts.

These cross-cultural differences highlight that while the core cognitive mechanisms linking scrupulosity to OCD symptoms are broadly similar, the relative weight of fear of self and inferential confusion differs across cultural contexts. Such findings underscore the importance of considering cultural conceptions of morality and selfhood when assessing and treating OCD.

2. Cognitive Predictors of Mental Contamination Across Cultures. In this study, we focused on mental contamination — feelings of internal dirtiness not

caused by physical contact, but by perceived moral violations or intrusive thoughts (İnözü et al., 2025a). We found that general distress, obsessive beliefs, and fear of self predicted mental contamination in both U.S. and Turkish samples. However, inferential confusion and the fear of God were stronger predictors in the U.S. sample, while fear of sin was a predictor in Türkiye. These culturally specific findings suggest that different moral frameworks influence symptom development and help make the case for culturally tailored interventions.

3. Differentiating Scrupulosity and Religiosity in Contamination Fears. Our third study examined the distinction between scrupulosity and general religiosity, and how each relates to contact and mental contamination (İnözü et al., 2025b). We found that scrupulosity, but not religiosity itself, was a strong predictor of mental contamination symptoms, with this relationship mediated by inferential confusion and fear of self. This means that it's not religious belief alone that contributes to OCD symptoms, but rather the rigid, anxiety-driven way in which some individuals engage with those beliefs. So, rather than viewing religiosity as inherently problematic, clinicians should identify when religious thinking has become rigid. Moreover, individuals with high scrupulosity may be especially vulnerable to mental contamination because they are more likely to interpret intrusive thoughts as morally significant and respond to imagined fears instead of relying on objective evidence.

These studies have already led to several publications and conference presentations, with more in the pipeline as we continue analyzing the wealth of data collected over the past year. We're especially excited to submit proposals to present our findings at the 2026 IOCDF Annual OCD Conference in Seattle, WA, where we hope to share and discuss the implications of our findings with members of the OCD community from around the world.

A Collaboration that Reflects Unity

In a time when global headlines often emphasize division and cultural polarization, our collaboration has been a powerful reminder of what can happen when people from different backgrounds come together in pursuit of shared goals. Our work

with Dr. İnözü has shown that scientific inquiry transcends borders — that curiosity, compassion, and a commitment to understanding human suffering are universal values. I am especially thrilled by how impactful Dr. İnözü's time at UNC has been for my graduate and undergraduate students. Her presence created unique learning opportunities that challenged them to consider OCD from a broader, cross-cultural perspective. This experience has not only deepened their understanding of the disorder but also helped them grow as future professionals — more thoughtful, culturally attuned, and collaborative in their approach. Moreover, it has laid the groundwork for future projects and has enriched our lab in ways that will continue to resonate for years to come. We are grateful to Dr. İnözü and to TÜBİTAK for supporting her visit to UNC.

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Drs. Abramowitz and İnözü

Research Participants Sought

Help with the PAI-2 Clinical Data Collection!

Shape the Future of Psychological Assessment

PAR, Inc. is revising the PAI to reflect today's diverse clinical populations. We are actively recruiting participants for the clinical normative sample and are inviting clinicians and researchers to get involved. We are specifically seeking adults (18+) with formal mental health diagnoses who are currently engaged in treatment (e.g., therapy, medication, counseling, or ECT).

Pathway to Participate:

1. Complete this form (<https://form.jotform.com/251073746535055>) which reviews project details and confirms your interest.
2. Meet with us to discuss participant eligibility and project procedures.
3. Submit financial paperwork to officially onboard as a clinical referral partner.
4. Begin referring!

Compensation:

\$50 for research participants

\$35 for clinicians, issued upon completion of a clinical form

Ready to learn more?

<https://form.jotform.com/251073746535055>

Contribute to a Study on the Diagnostic Journey for People with OCD

Researchers at Baylor College of Medicine are conducting a study to understand how to improve the detection and diagnosis of obsessive-compulsive disorder (OCD). We are looking for adults with OCD who are willing to speak with us about their experiences of seeking a diagnosis.

If you have been diagnosed with OCD by a licensed mental health professional (psychiatrist, psychologist, clinical social worker, or professional counselor), you may be eligible to participate in a **one-time, paid research interview**. Participation should take no more than 45 minutes of your time, and your responses will be kept confidential.

We can only complete this project with the help of people with OCD. In total, we are looking for 25 adult patients to speak about their experiences of diagnosis. This research is sponsored by the National Academy of Medicine and is led by Dr. Andrea Bradford, Associate Professor, and her colleagues at Baylor College of Medicine.

For more information about the study and to express interest in taking part, visit <https://redcap.link/ocddx>

Acceptance and Commitment Therapy Guide for Obsessive Compulsive Disorder

The USU ACT lab is seeking participants for a study examining the potential benefits of using an online self-help intervention based on acceptance and commitment therapy (ACT) to decrease the impact of OCD symptoms and analyzing the level of feasibility for adults with OCD.

Participation will involve:

- Completing an initial online assessment and an interview via Zoom
- Completing a six-module treatment website over the course of 6 weeks OR wait 10 weeks before being given access to the program
- Completing 3 assessments over the course of 10 weeks via Zoom
- We estimate that participation will take 5-6 hours total

In order to be eligible you must:

- Meet DSM-V criteria for OCD (do not need an official diagnosis before intake)
- Be over 18 years old
- Living in the United States
- Fluent in English
- Interested in receiving treatment for OCD
- Not recently (within the past 30 days) or planning to change medications
- Not currently or planning (in the next 10 weeks) to engage in therapy for OCD or anxiety

Please know that participation is voluntary, and you can withdraw at any time without penalty. You can receive up to \$40 in gift cards for completing all surveys in the study. Please visit <https://utahact.com/ocdstudy> for more information and initial enrollment steps.

Complete our eligibility questionnaire to see if you qualify and let us know you are interested: https://usu.co1.qualtrics.com/jfe/form/SV_cMEGvxXavGSlaMK

If you're eligible based on the initial screening, you'll be invited to complete an intake interview. Please contact Keaton Soileau at Keaton.soileau@usu.edu if you have any questions or concerns.

This study is USU IRB # 14744 and the principal investigator is Dr. Michael Twohig (Michael.twohig@usu.edu).

Participants Needed! Study on Obsessions and Compulsions

You May Qualify If You

- Experience persistent, unwanted thoughts or urges (e.g., feeling like thinking something might cause it to happen).
- Feel driven to repeat behaviors or mental rituals in response to obsessions (e.g., doing rituals to prevent something bad)
- Are between the ages of 21-65
- Fluent in English language
- Reside in the USA
- Computer access with camera and reliable wi-fi

Potential Benefits

- Your participation can help us better understand and serve individuals with OCD

Participation Involves

- A one-time on-line survey (approx. 30 minutes)
- A one-time Zoom session with researchers (approx. 90 minutes)

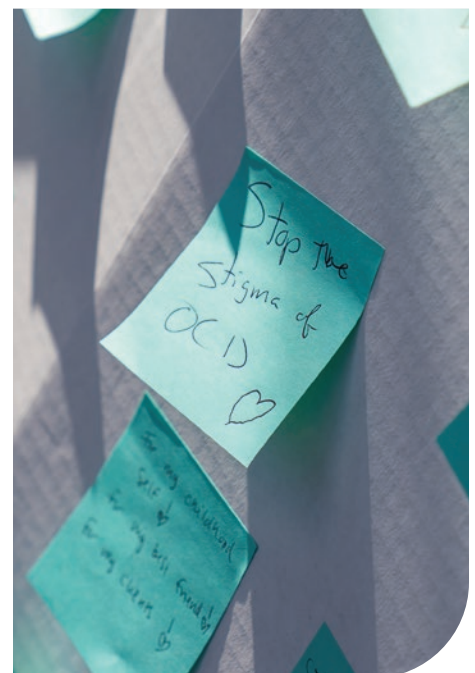
Compensation

- Complete a one-time survey (**LINK BELOW!**) to enter a drawing to earn a **\$100** gift card
- Eligible participants will earn a **\$30** gift card & **\$50** gift card drawing entry for completion of Zoom session with researchers

For more information contact: ocdstudyaiu@outlook.com and mention "OCD study"

VISIT HERE TO PARTICIPATE! https://alliant.qualtrics.com/jfe/form/SV_3yhf72uWjagd21E

Approved by Alliant International University Institutional Review Board # IRB-AY2024-2025-358



Researchers: Drive Discovery. Share Breakthroughs.

2026 Research Grant Program

The IOCDF awards annual grants to research scientists seeking to advance scientific understanding of OCD and related disorders, improve existing therapies, and discover new and more effective treatments. **Applications for our 2026 Research Grant Program will open on Tuesday, February 17, 2026.**

Innovator Award: This three-year grant of up to \$300,000 is for seasoned researchers, and is intended to support innovative and potentially groundbreaking projects—high-impact science that could profoundly impact the field and accelerate progress toward new and more effective treatments for OCD.

Michael Jenike Young Investigator Awards:

These grants of up to \$50,000 will be awarded to early-career researchers pursuing projects investigating OCD, BDD, hoarding disorder, or other disorders related to OCD, and are made possible by thousands of individual donors who contribute to our research grant fund.

Learn more at iocdf.org/research/grant-program

2026 Research Symposium & Poster Sessions

The IOCDF Research Symposium is a forum for researchers and students from around the world to share data and findings from the latest research in OCD and related disorders. Designed “by researchers, for researchers,” this annual event unites scientists to network, learn, and engage in high-level discussion.

Save the Date for the 2026 Research Symposium and Poster Session (July 9, 2026), taking place as part of the 31st Annual OCD Conference in Seattle, Washington (July 9-10, 2026).

Applications for posters and talks will open Monday, January 5, 2026.

Learn more at iocdf.org/research/symposium

Authors in This Issue

Anna

The OCD Ninja (Pg. 4)

Anna is a 21-year-old graduate student studying occupational therapy. She is learning to fight the OCD ninjas after struggling her whole life. Anna wants to help others who are struggling find a sense of calm as it was something she has been chasing her whole life.



Jonathan Clark

**Bulding a Community,
One Step at a Time** (Pg. 6)

Jonathan Clark is an OCD advocate and Public Information Specialist based in Rockland County, NY. With a firm belief in the power of storytelling to inform and impact lives, Clark has translated his two-decade career in news radio to the field of school communication, now working for Rockland BOCES.



Katharine A. Phillips, MD

**Body Dysmorphic Disorder (BDD) Is
Often Missed Or Confused with Other
Mental Health Disorders** (Pg. 10)

Katharine A. Phillips, MD, is Professor of Psychiatry, DeWitt Wallace Senior Scholar, and Psychiatry Residency Research Director in the Department of Psychiatry at Weill Cornell Medical College in New York City. She is also Attending Psychiatrist at New York-Presbyterian/Weill Cornell Medical Center.



Jonathan S. Abramowitz, PhD

**Bridging Cultures and Deepening
Understandings** (Pg. 12)

Jonathan S. Abramowitz, PhD is Professor and Director of Clinical Training in the UNC-Chapel Hill Department of Psychology and Neuroscience. He also maintains a private clinical and consulting practice specializing in OCD and anxiety-related disorders.



The International OCD Foundation is the leading authority on obsessive compulsive disorder (OCD) and related disorders. The largest 501(c)3 nonprofit organization in this space, we are dedicated to serving a broad community of individuals around the world along with their family members, loved ones, mental health professionals, and researchers. The mission of the IOCDF is to ensure that no one affected by OCD and related disorders suffers alone. Our community provides help, healing, and hope. Visit iocdf.org.