

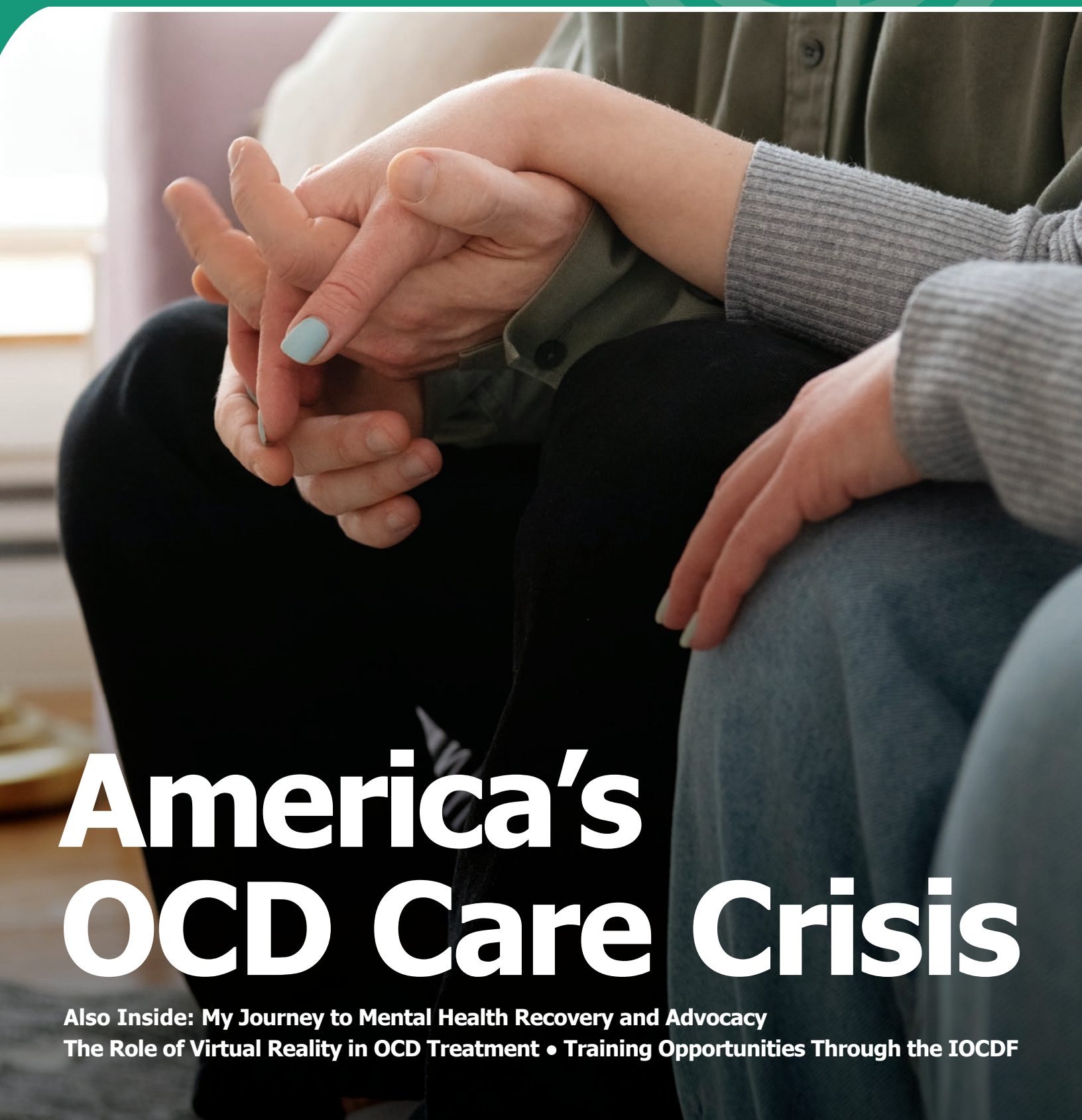


International
OCD
Foundation

OCD Newsletter

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America's OCD Care Crisis

Also Inside: My Journey to Mental Health Recovery and Advocacy

The Role of Virtual Reality in OCD Treatment • Training Opportunities Through the IOCDF

From The Foundation

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OCD Care and Connection, Close to Home

IOCDF Affiliates extend the mission of the International OCD Foundation into local communities across the United States. Each affiliate is a nonprofit organization, run entirely by dedicated volunteers, offering connection, education, and grassroots advocacy at the community level. With more than 30 affiliates nationwide, there may already be support near you. Whether you're looking for local resources, opportunities to connect with others, or ways to get involved in awareness and fundraising efforts, your regional affiliate is a great place to start. iocdf.org/about/local-affiliates

IOCDF Institutional Members are clinics and programs with specialized expertise in treating OCD and related disorders. This includes residential programs, intensive treatment programs (ITPs), specialty outpatient clinics, and research-based clinics. The IOCDF Clinics & Programs directory includes more than 200 treatment programs nationwide, helping individuals and families explore evidence-based care options and find programs that match their needs. iocdf.org/clinics/

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:
 - **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 support allows us to expand our resources and grow, empowering us to take on bold initiatives and turn the goals in this plan into reality. Together, we can bring this vision to life and provide life-changing support to millions of individuals and families affected by OCD and related disorders worldwide. iocdf.org/donate



“The road ahead is challenging, but also filled with incredible possibility, because of this community.”

President's Letter

Dear IOCDF Community,

As we continue advancing Vision 2030, our shared strategy to break down the systemic barriers that keep effective OCD treatment out of reach for so many, I am encouraged by the growing momentum behind our mission. Vision 2030 is intentionally ambitious because the challenge before us demands it: too many people with OCD are suffering in silence, undiagnosed, untreated, or unable to access effective care.

Our strategy took a meaningful step forward with the release of America's OCD Care Crisis. The white paper is a tangible expression of Vision 2030 in action. It shines a powerful spotlight on just how significant the gaps in OCD care remain, while also providing the data, clarity, and urgency needed to alert the world to this crisis and mobilize change. The findings are sobering. But they also strengthen our voice as advocates and reinforce why the work ahead matters so deeply.

Importantly, this report is not an endpoint. It is fuel to drive our ability to engage the broader public with evidence that effective OCD treatment exists, and that the failure to deliver it at scale is both unacceptable and fixable. It reinforces why IOCDF must continue to lead and advocate on behalf of the millions of people who are still waiting for answers and access.

That leadership comes to life most visibly when we come together as a community. Our 2026 IOCDF Annual Conference in Seattle from July 9-12 will be a critical forum for driving progress as we bring our community together to share and learn from one another. The issues raised in America's OCD Care Crisis will directly inform these conversations, helping ensure that our collective energy translates into real-world impact.

At the same time, advancing this mission requires resources. Our upcoming IOCDF fundraising walks are one important way we generate the capital needed to turn awareness into action. These events are powerful symbols of solidarity and hope, and the funds raised support our critical mission. Every step taken helps move us closer to ending this crisis.

Of course, our walks are not just about fundraising. As with just about every other aspect of what we do as an organization, they are about community. My introduction to the IOCDF was participating in the Boston Walk in 2016. I arrived at that Walk alone, but I left as a part of an incredible community that I will never leave, and which will never leave me.

The road ahead is challenging, but also filled with incredible possibility, because of this community. With sustained focus and investment, the gap between need and care can close. Thank you for your continued commitment to Vision 2030 and to building a future where people with OCD receive the support they deserve, sooner and more effectively.

With gratitude,

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

David Calusdian
President
International OCD Foundation

From The Foundation



Annual OCD Conference | July 9-12, 2026

Join us in Seattle or online — most sessions available virtually

The Annual OCD Conference is a unique, immersive event filled with educational programming for the OCD and related disorders community — including clinicians, individuals with OCD and related disorders, family members and supporters, youth, students, and researchers. Attendees come together to connect, learn, and share experiences with others impacted by OCD and related disorders, as well as with expert clinicians and researchers.

Registration now open: iocdf.org/ocdcon

Welcome OCD Finland!

IOCDF Global Partnerships bring together like-minded organizations committed to advancing mental health, with a shared focus on OCD and related disorders. Through these partnerships with 21 organizations, we work collaboratively to reduce stigma, increase awareness, share resources, professional training and provide community support worldwide.

We are pleased to welcome OCD Suomi ry (Finland) to this growing list of partners. This volunteer-run organization provides peer support groups, workshops, and awareness raising for all those affected by OCD in Finland.

Learn more at: ocdsuomi.fi



A photograph of a man with a full, reddish-brown beard and mustache, wearing a brown sweater and blue jeans, sitting in a black office chair. He has his hands clasped in his lap and a tattoo on his left forearm. An older man with white hair, wearing a white long-sleeved shirt, is leaning over him from the left, placing his hand on the younger man's shoulder in a comforting gesture. The background shows a modern office setting with a white desk and various items on it.

America's OCD Care Crisis
**The Most Effective
OCD Treatment Reaches
Almost No One: Here's
What We Can Do About It**

By Rebecca Deusser and Sanjaya Saxena

From The Foundation

The Most Effective OCD Treatment Reaches Almost No One: Here's What We Can Do About It

“It took me years to find out that what I was dealing with was OCD!”

This is a phrase all too often repeated by people living with obsessive compulsive disorder. Currently, individuals live with OCD for an average of 7 years (Dell’Osso et al, 2019) before they even receive a diagnosis, all while symptoms may intensify and daily life often becomes increasingly constrained.

Clinicians, researchers, and advocates have long raised this concern. What has been missing is clear data behind how many people with OCD in the U.S. are missed in clinical settings or are not receiving the most effective treatment.

When the International OCD Foundation undertook this analysis, the scale of the problem became unmistakable. Millions of people in America are currently struggling with OCD in isolation and without effective support.

The challenges we detail in our new white paper, *America’s OCD Care Crisis: National Findings on the Failure of Effective OCD Treatment to Reach Patients*, are significant, but fixable. They are symptoms of structural oversights that can be changed. Effective, evidence-based treatment for OCD exists, and through intentional action, we can dramatically change these unacceptable outcomes for people with OCD.

Where People With OCD Fall Through the Cracks

Well established prevalence rates for OCD indicate that nearly 10 million people in America — roughly 3% (Ruscio et al, 2010; Stein et al, 2025; Ringeisen et al, 2025) — will have OCD at some point in their lives. Yet our findings suggest that 75% of them are never even identified, and up to 95% aren’t receiving the most effective treatment for the disorder.

In our analysis, we discovered significant systemic breakdowns at several key points of a patient’s journey: screening, diagnosis, referral, and treatment.

- **Screening and Diagnosis:** Receiving a clinical diagnosis is an important step toward recovery as it promotes understanding and opens paths to effective treatment. Yet our findings suggest that this crucial initial step is missing for many millions of people. Of the 10.4 million patient records reviewed in our analysis, only 0.51% received a formal OCD diagnosis, far below the 3% expected prevalence rate.
- **Referral to appropriate care:** After a diagnosis is obtained, a handoff to appropriate care is needed to keep the patient from falling out of the treatment pathway. Here, too, we found an alarming gap within our sample: more than 72% of patients identified as having OCD did not receive a referral for cognitive-behavioral therapy (CBT), the most effective treatment for OCD.
- **Effective Treatment:** Decades of research has established Exposure and Response Prevention (ERP) therapy, a specific form of CBT, as the most effective, first-line therapy for OCD. Yet, an astounding 95-98% of people with OCD had not received ERP treatment. Even when people seek help — and even when they are diagnosed — the vast majority never reach the treatment most likely to help them recover.

What We Can Do About It

The breakdowns seen in each step of the care pathway reinforce the focus of IOCDF’s Vision 2030, our five-year strategy to address the systemic barriers that keep effective OCD treatment out of reach.

While the findings are stark, they illuminate many opportunities for change:

- Identify symptoms earlier by implementing routine OCD screening in primary healthcare and mental health settings.
- Support clinicians in better understanding and treating OCD by expanding training in assessment, diagnosis, and evidence-based treatment modalities.
- Help people receive care that works by strengthening adherence to existing professional treatment guidelines.
- Increase the number of people with OCD who receive effective treatment by supporting affordable access to ERP and other evidence-based therapies.
- Let people know they're not alone by raising accurate public awareness of what OCD really is — and that it is treatable.

Vision 2030 outlines how the IOCDF is committing its resources, partnerships, and expertise toward advancing these priorities — by increasing awareness and community, expanding access to effective treatment, and advancing research. Together, these efforts are designed to work in concert, improving clinical training, implementing screening for early identification, strengthening pathways from diagnosis to care, and increasing the likelihood that people receive evidence-based treatment.

At the same time, the scale of the problem revealed in this report makes clear that progress depends on collective action across the field. Clinicians, health systems, educators, researchers, policymakers, advocates, and people with lived experience all have a role to play. Together, these efforts can help ensure that people with OCD reach effective treatment sooner, reducing years of unnecessary confusion and distress.

How You Can Help

Join us in building better access to effective treatment for people with OCD:

- Become a member of our grassroots advocacy community.
- Share America's OCD Care Crisis and other IOCDF resources with your clinicians and healthcare professionals.
- Donate to the IOCDF to support training programs, advance research, and raise awareness of OCD and related disorders.

The current state of treatment for OCD in the U.S. is sobering, but it is not the end of the story. OCD is treatable, recovery is possible, and change can happen as awareness grows and access expands. With continued effort, the gap between how many are struggling and how many receive effective care can begin to close. A brighter future is possible — and we can build it together.

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Read the white paper: iocdf.org/ocdcarecrisis

My Journey to Mental Health Recovery and Advocacy

By Lauren Ryan
Founder of the OCD Education Project

I stare out the window, thinking about what to write- I want to inspire OCD sufferers, but how?

How did I get here?

I was no stranger to mental illness — I was diagnosed with Bipolar Disorder when I was 13, and Schizoaffective Disorder when I was 22 — and I had felt the sting of the stigma that came with it.

But what I didn't know was that my doctors were wrong.

Several years later, I started to exhibit checking compulsions- touching the stove over and over, sometimes crying, for 45 minutes every morning before leaving my house in the morning. I decided to reach out to an OCD therapist. They had told me to finish several questionnaires to help the therapist assigned to me diagnose me and treat me correctly.

How did I get here?

I read the first paragraph of the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), not knowing what to expect.

I really only need to work on my checking compulsions. Why do I have to take this test?

As I completed the questionnaire, I noticed that I had many more intrusive thoughts and did many more compulsions than I had thought!

Why does this FIT me? Why do I have so many thoughts that fit all of these categories?

I let myself review my life since before I was diagnosed with Schizoaffective disorder — the thoughts I had, the crippling anxiety, the pain I felt mentally.

I think I don't like people. If I say "I love you" to someone they will die. I hit a pedestrian or cyclist with my car. I'm going to get arrested.

I realized that my thoughts weren't delusions like my psychiatrist thought — they were obsessions! I had been misdiagnosed for years with Schizoaffective Disorder when I actually had Bipolar Disorder and OCD.

Was this why my therapy wasn't helping me with my anxiety?

In therapy, I had been taught "thought stopping", which meant that if I got an intrusive thought I mentally "stopped" the thought. This had never worked.

When I finished the Y-BOCS, I felt a great sense of relief- the OCD diagnosis really fit me!

I finally started Exposure and Response Prevention (ERP) therapy. The first exposure was terrifying — I was to check the lock for 40 minutes instead of 45 before leaving for work in the morning. Looking back, I could still feel my heart beating in my chest and my breaths getting short. But as time went on, I was able to decrease the time it took to check the lock until one or two minutes was necessary!

After performing more and more exposures, I became incredibly surprised about how much relief I was feeling! Not only was I able to stop most of my physical compulsions, I then had the knowledge and awareness to address my mental ones.

Why don't more people know how someone with OCD suffers? Why do so many therapists treat OCD with some therapies that make OCD worse?

I wanted to make a difference- to ensure that more OCD sufferers can be treated with the gold-standard therapy. I started the OCD Education Project, whose aim is to get college students who plan to become therapists excited about ERP. Together with myself as an OCD survivor and a trained ERP therapist, we speak to psychology and social work classes, as well as psychology organizations, in universities via Zoom. We distribute pamphlets to all interested and reach out to OCD sufferers and their families through social media. We hope to spread the word about OCD and ERP so it becomes easier for OCD sufferers in the future to get proper care!

How did I get here?

Taking a step back to think about my mental health journey, from bipolar disorder diagnosis to OCD therapy to mental health advocacy, I am reminded of my strength, resilience, and determination. I smile and start typing. The words come easy as my fingers fly over the keys. I finish this creative writing piece with a smile on my face, thinking:

I can go anywhere from here!

The Role of Virtual Reality in OCD Treatment: A Tool for Reclaiming Reality

By Maddy O'Neill



Warning: This article includes discussion of suicidal ideation.

During especially tough times, it can be nearly impossible to imagine a better future.

By age 17, Victoria Sardella reached a point where she was no longer functioning.

Plagued by intrusive, unwanted thoughts and images surrounding car crashes, self-harm, and suicide, she recalls being terrified by her own mind. She says OCD soon took complete control over her thoughts and body, leaving her feeling like a shell of a human.

When the suffering became too painful, she says she didn't want to be alive anymore.

"That was super scary for my family to hear," she says. "But when your OCD is so severe and takes over every aspect of your life, you reach a point where you just can't take it anymore."

Sardella took a big leap into uncertainty, moving across the country to Oconomowoc, Wisconsin, where she spent months in residential care at Rogers Behavioral Health. It was there she began to see hope for a better future.

"I was determined to do well in treatment," she says. "There were so many things I wanted to be able to do."

Treatment was hard work. A core element of research-backed OCD treatment involves Exposure

and Response Prevention (ERP), meaning Sardella faced her fears progressively — moving from looking at a clipart photo of a knife to holding the real thing.

While ERP is a proven way to help people with OCD find relief, recreating certain experiences isn't always simple.

"The things that patients want or need to be exposed to are often outside of the treatment environment and difficult to replicate, such as boarding a plane, driving, and handling severe weather," says Kelly Piacsek, PhD, executive vice president of research at Rogers Behavioral Health.

However, virtual reality may offer virtually endless possibilities, opening up new avenues in OCD treatment.

Virtual Reality to Overcome Fears

Emerging research indicates that virtual reality shows promise for both assessing and treating OCD (Kim et al., 2010; Laforest et al., 2022). VR environments can reliably induce OCD-related distress (Kim et al., 2010) and can aid in effective treatment (Laforest et al., 2022), though researchers have called for additional research into their effectiveness in therapeutic and clinical settings.

Rogers Research Center, located at Rogers' main headquarters in Oconomowoc, is examining how VR works in a clinical environment to simulate exposures. As part of a VR pilot program operating at three Rogers locations, clinicians have access to more than 1,000

The Role of Virtual Reality in OCD Treatment (Cont'd)

full 360-degree exposure simulations, from scenarios in grocery stores to hospitals.

“We can really elevate some of the treatment experiences for patients while allowing them to stay in a safe clinical environment,” Dr. Piacsek says, adding that eventually generative artificial intelligence may further personalize VR exposures.

“We’re not quite there yet, because creating videos with generative AI can be very complicated and requires quite a bit of data and computing power,” she says. “But the idea that we can take something from a patient’s personal environment and then create an exposure that’s really tailored to them — something personally meaningful — will be a game changer for how we’re able to deliver care.”

Virtual Reality Paves the Way for Mindfulness

Sardella may not have had VR as part of her care a decade ago, but she now works with it firsthand.

She has returned to Rogers — not as a patient, but as a researcher. Now, as part of a second VR pilot study at Rogers, she outfits teen patients at the Nashotah Center for DBT, who often have trouble managing emotions, with virtual reality headsets.

It’s not to escape reality; it’s to practice living within it.

“For many of our patients, mindfulness is a big part of their long-term recovery, but it’s very difficult to teach,” Dr. Piacsek says.

Mindfulness is a simple enough concept with proven mental health benefits (American Psychological Association, 2012), but in practice, internal and external distractions such as noises or noisy thoughts act as barriers. As a possible solution, research indicates VR can provide a sense of immersion that supports mindfulness interventions (Seabrook et al., 2020), with a systematic review demonstrating the promise of immersive VR-based mindfulness training (Ma et al., 2023).

Rogers researchers are exploring how Nashotah patients in treatment engage with mindfulness using Liminal VR, a platform of sensory engaging experiences designed by neuroscientists and psychologists to promote feelings such as calm and focus.

“It really is immersive and very realistic,” Dr. Piacsek says.

While Rogers’ pilot is not specifically exploring VR and mindfulness within patients who are diagnosed with OCD, mindfulness has been found to support OCD treatment, particularly in combination with ERP. Beyond OCD, VR as a tool to support mindfulness has also been shown to reduce high levels of anxiety, stress, and depression in university students (Yildirim & O’Grady, 2023).

Through her role as researcher, Sardella has seen how VR experiences not only transport users to ethereal worlds of light, color, and sound, but also to new places of experience.

“The first time we demoed the VR headsets on Nashotah, one of the girls started tearing up, explaining she had never truly experienced mindfulness,” Sardella says. “Experiences like these are so important because they put a human face on research.”

“That was a pivotal point in her care journey,” Dr. Piacsek adds.

VR is Creating a New Reality in Behavioral Health Treatment

Despite promising preliminary results, research takes time, and VR requires careful implementation in mental health care, Dr. Piacsek says, stressing the importance of ethics, intention, and integrity.

“VR is an enhancement to treatment, not a standalone,” she says. “But we have these tools in our hands, and we can see great potential for helping our patients.”

Sardella says that if she had had access to VR in treatment, there are quite a few things she would have had the chance to overcome that could not have been replicated in treatment.

“...the idea that we can take something from a patient’s personal environment and then create an exposure that’s really tailored to them — something personally meaningful — will be a game changer for how we’re able to deliver care.”

But now, she is starting to see how barriers are becoming less imposing. Sardella recalls how one patient considered their most feared and contaminated place to be their home — inopportunately located more than 1,000 miles away from residential care.

But with VR supplied by the patient’s family, the patient could visit a virtual version of his own bedroom under clinical supervision, allowing them to habituate before discharge.

“That brought the patient and his parents a sense of relief and confidence,” Sardella says. “It made a world of difference.”

Though certain situations can still trigger her OCD, Sardella says that when she was first admitted to Rogers as a young adult, she never could have foreseen her return a decade later as a clinician and then a researcher. She now looks ahead to the promising impact of VR, imagining the exciting places it may take the mental health field next.

“VR gives me hope for innovative, expanded healing,” Sardella says. “Everyone deserves evidence-based and personalized treatment to give them the best chance at recovery and a beautiful life.”

Help is available for those struggling with thoughts of suicide and their loved ones.

Contact the 988 Lifeline by text or phone call 24/7.

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From Foundations to Expertise: Training Opportunities Through the IOCDF

The **IOCDF Training Institute** is a comprehensive professional education program designed to expand access to high-quality, evidence-based treatment for OCD and related disorders worldwide. With offerings that span introductory learning through advanced clinical mastery, the Institute supports clinicians at every stage of their professional journey.

On-Demand Webinars & OCD Basics: The On-Demand Webinar Library offers flexible, self-paced learning through expert-led video lectures covering OCD assessment and treatment, symptom presentations, diverse populations, CBT, ERP, and pharmacotherapy. Within this series, OCD Basics is a free introductory webinar that provides a foundational overview of OCD care, includes mock sessions, and offers 2 continuing education credits (see course details for further CE information), making it an ideal entry point for clinicians new to the field.

Behavior Therapy Training Institute (BTI): The BTI is the Institute's flagship, intensive training. Offered as a three-day in-person course or a five-day virtual program, BTI provides

hands-on instruction from world-renowned faculty. Options include General (adult), Pediatric, Treating OCD in Communities of Color, and Virtual en Español to tailor your experience.

Online Consultation Groups: These expert-facilitated, small-group virtual sessions help clinicians refine ERP skills through case consultation, feedback, and applied guidance. The Spring 2026 schedule is now live!

Advanced Forum: Designed for experienced clinicians, participants engage in lectures, expert panels, and case presentations on complex clinical topics. Each forum centers on a specific theme, for example, pediatric OCD or strategies for treatment engagement and adaptation providing the opportunity to deepen expertise, connect with peers, and learn from leaders in the field

Join a global community of clinicians committed to evidence-based OCD care- explore the IOCDF Training Institute's training opportunities today!

Learn more at: iocdf.org/training

Digital Approach-Avoidance Training as an Augmentation to Partial/Residential Treatment for Contamination OCD

By Olivia Woodson, Mary E. McNamara, Jennie M. Kuckertz, Courtney Beard, Christian A. Webb, and Martha J. Falkenstein

This article describes the results of a 2018 Michael Jenike Young Investigator Award OCDF-funded research project.

Avoidance is something all people with obsessive compulsive disorder (OCD) often feel a strong urge to do, which can keep them stuck instead of moving forward. To find relief from distressing thoughts or feelings, someone might change where they go, what they touch, or how they respond in triggering situations. Avoidance can show up in many ways: it may look like staying home more than usual, washing or checking more often than feels comfortable, or relying on familiar routines to feel safe. These strategies can bring temporary comfort, but over time they may also keep the cycle of OCD going. Avoidance can be linked to more intense symptoms and can make treatment feel more challenging, which is why learning ways to face fears is such an important part of exposure and response prevention (ERP) therapy.

One intervention that may help reduce avoidance in people with OCD is a computerized program called Approach-Avoidance Training (AAT), which is designed to retrain the automatic habits that drive avoidance. It was originally developed for spider-related fears (Rinck & Becker, 2007), then adapted and tested for people experiencing obsessive-compulsive symptoms (Najmi, Kuckertz, & Amir, 2010). With the support of the IOCDF's Jenike Young Investigator Award Program (awarded to Principal Investigator Martha J. Falkenstein, PhD), we pilot tested it with the goal of discovering whether people with contamination-related OCD would find this program doable, helpful, and relevant. We recruited 20 adults with contamination-related OCD to test this new training, all of whom were patients in the partial/residential treatment program at the McLean Hospital OCD Institute with high scores on a measure of contamination fears. Before starting,

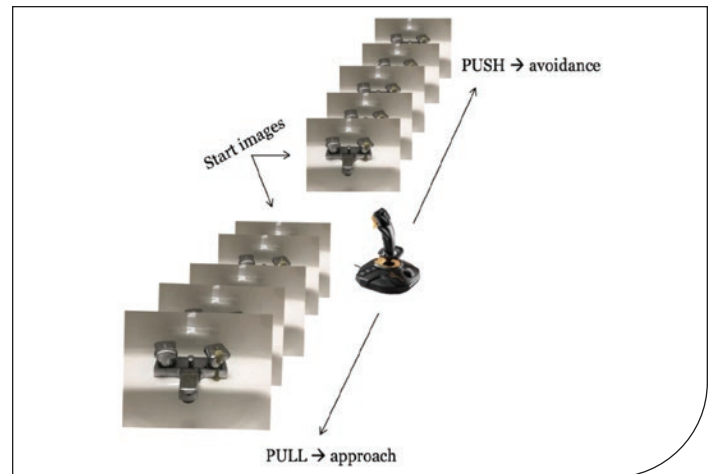


Figure 1.

participants looked at several images and rated how triggering each one felt. Those ratings were used to personalize the training so that each person worked with images most relevant to their own fears. After rating the images, participants completed an assessment to measure their tendencies to approach or avoid contamination-related images before starting the training. They then completed up to eight training sessions over four weeks.

The training itself works a bit like a video game. Using a joystick, participants were asked to “push” or “pull” images depending on how they were oriented on the screen. Some of the images were neutral (e.g., a rubber duck, grass field) while other images were contamination-related (e.g., dirty toilets, doorknobs, needles, body fluids). People were asked to either push or pull these images by their orientation. For example, if an image was horizontal, the person would pull the image toward them, making the image bigger. If an image was vertical the person would push it away and it would become smaller. (See Figure 1 for a visual of how this worked). Again, because everyone has different triggers, both the contamination-related and neutral images were personalized based on each participant's ratings, so the training felt more tailored to them. However, the goal was for participants to learn to “pull” contamination-related images towards themselves. As participants practiced pushing and pulling images, their reaction times revealed

Digital Approach-Avoidance Training (Cont'd)

automatic patterns. Each training session lasted just 10–15 minutes and took place on a computer within the treatment center. These sessions were scheduled alongside participants' regular treatment appointments. Over time, repeating these training sessions was intended to help rewire participants' avoidance habits. With repetition, the idea is that people can retrain those habits, making it easier to approach rather than “push away” from what they fear. After the training sessions were complete, participants completed an assessment to measure their habits again to see how they changed.

Our results show that this new computerized training shows promise for being easy to use in a treatment setting. Participants said they were willing to use it and found it helpful in reducing their distress when viewing triggering images. We set a goal to see if most people could stick with the program, which was achieved: 75% of participants completed at least six of the eight training sessions. Participants also rated the program helpful and easy to use, which met our goal for satisfaction.

In qualitative interviews, many participants shared that the AAT program felt practical and helpful. For example, one participant explained that it “made me look at triggers I don't normally look at.” Others reported that completing it made daily life easier when contamination-related images unexpectedly appeared on social media or when they were at the doctor's office. Although this was a small study, the positive responses highlight the potential of AAT to provide meaningful support for people with contamination-related OCD. Looking ahead, our goal is to test AAT in larger groups across multiple treatment settings to better understand how it works; if it could be helpful as a smartphone-based app alongside outpatient treatment; and how much it can enhance ERP, the gold-standard treatment for OCD.

The IOCDF Jenike Young Investigator Award Program has been essential to making this work possible. With this support, our team was able to successfully pilot the AAT program in a hospital-based treatment setting — a first step toward moving this idea out of the lab and into real-world care. We are now preparing a peer-reviewed publication based on these findings, which will share this work more broadly with the scientific community. We also

presented these findings at the annual Association for Behavioral and Cognitive Therapies (ABCT) conference in New Orleans, LA, in November 2025. During the award period, we built valuable collaborations with other researchers and treatment centers, which will allow us to expand this line of work into larger studies. These partnerships will be key as we continue to refine AAT, evaluate its impact, and determine how best it can complement ERP. Ultimately, our aim is to provide clinicians and patients with another tool that makes it easier to face fears, break free from avoidance, and find greater success in treatment.

Summary or “Take Home Points”

- Avoidance is something all people with obsessive compulsive disorder (OCD) often feel a strong urge to do, which can keep them stuck instead of moving forward.
- We adapted and pilot tested a digital training in a partial/residential OCD program, previously developed for people with spider fears and later tested with people who had OCD symptoms, called Approach-Avoidance Training (AAT). It is designed to retrain the automatic habits that drive avoidance.
- In AAT, people with OCD practice “approaching” (rather than “avoiding”) feared images by using a joystick to pull (rather than push) images of contamination-related objects in a video game-like task.
- Our objective was to find out whether people with OCD would be able to do this program as part of their care, and whether they would find it to be a good fit for them.
- Results suggest that this new computerized training is not only feasible to deliver to patients in a treatment setting, but also something patients found helpful when it was built into their daily treatment schedules.
- Our ultimate goal is to provide clinicians and patients with another tool for OCD that makes it easier to face fears, break free from avoidance, and find greater success in treatment.

References:

- Najmi, S., Kuckertz, J. M., & Amir, N. (2010). Automatic avoidance tendencies in individuals with contamination-related obsessive-compulsive symptoms. *Behaviour Research and Therapy*, 48(10), 1058–1062. <http://doi.org/10.1016/j.brat.2010.06.007>
- Rinck, M., & Becker, E. S. (2007). Approach and avoidance in fear of spiders. *Journal of Behavior Therapy and Experimental Psychiatry*, 38(2), 105–120. <http://doi.org/10.1016/j.jbtep.2006.10.001>

Spring 2026 Research Participants Sought

Do you have obsessive-compulsive disorder (OCD) and identify as spiritual or religious – or formerly spiritual or religious?

The Psychiatry and Behavioral Sciences Department at Baylor College of Medicine is partnering with Stick with the Ick, an inclusive spiritual community for individuals across religious/spiritual traditions navigating OCD, on an anonymous online study that we hope will help us understand how religion and positive and negative faith-based experiences might relate to symptoms of OCD. To learn more about the study, you can access the anonymous survey at https://bcmpsych.sjc1.qualtrics.com/jfe/form/SV_8CSV5XdwAxZynuS or email Kate Foshee at Katherine.foshee@bcm.edu or kate.foshee@bcm.edu.

Stanford: Pilot Study of RR-HNK in OCD

This study explores whether the drug RR-HNK (a metabolite of ketamine that has no anesthetic and dissociative activity) relieves symptoms of OCD, such as repetitive thoughts and behaviors. Eligible participants **with OCD (ages 18-65)** will be randomized to receive a single infusion of RR-HNK or the placebo (saline), with EEG (brain wave) recording before and after the infusion. OCD symptoms will be monitored for 4 weeks.

Funding: Donor Funding

Enrolling; Sep 2025- Jul 2027, **in-person**

Please contact us about participating at: ocdresearch@stanford.edu; 650-723-4095; <https://med.stanford.edu/rodriguezlab/research>

Stanford: MDMA-Assisted Cognitive Behavioral Therapy for OCD

This study investigates the safety, feasibility, and preliminary efficacy of MDMA-assisted cognitive behavioral therapy (CBT) in participants with OCD. Eligible participants **(ages 18-65) with OCD** will be randomized to receive either a single dose of MDMA or an active control drug plus 10 exposure therapy sessions over the following two weeks. OCD symptoms will be monitored for 4 weeks after the completion of therapy. This study will require 2-3 in-person visits; the remaining follow-ups will be completed remotely via secure videoconference.

Funding: New Venture Fund

Enrolling; Sep 2025- Jul 2027, **in-person**

Please contact us about participating at: ocdresearch@stanford.edu; 650-723-4095; <https://med.stanford.edu/rodriguezlab/research>

Seeking Participants

Are you...

- A registered psychotherapist and/or counselling/clinical psychologist
- 2+ years post-qualification
- Aware of the distinction between POCD and PD (Paedophilic Disorder), whereby:
 - “The paraphiliac [PD] has often performed the behavior, wants to repeat it, and feels sexual arousal. The obsessive [POCD] has not performed it, wants to stop thinking about it, and feels disgust and fear over their inability to control their thoughts on the subject” (Gordon, 2002)
- Someone who has had clients with POCD in 1:1 settings
- Someone who has had 40+ hours of personal therapy
- Currently in clinical supervision
- An English speaker
- Willing to be interviewed about your personal and professional experiences working with clients with POCD?

How Do I Participate?

EMAIL: 06197@metanoia.ac.uk

WHATSAPP OR CALL: 07554348646

Please note that you will be sent a consent form, participant advertisement sheet, and a participation information letter before the interview.

I thank you for your time and consideration,
Charlie Rowley
DCPsych Researcher, Metanoia Institute, UK

Authors in This Issue

Rebecca Deusser, MS, MBA

America's OCD Care Crisis (Pg. 5)

Rebecca Deusser, MS, MBA, is the executive director of the International OCD Foundation. She previously served as the vice president for strategy & growth: communications and external affairs at Tufts Medicine as well as within senior leadership positions for the Commonwealth of Massachusetts.



Sanjaya Saxena, MD

America's OCD Care Crisis (Pg. 5)

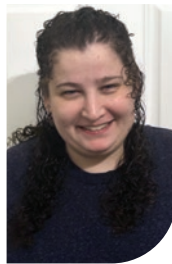
Sanjaya Saxena, MD, is the director of clinical & research affairs at the International OCD Foundation. He previously served as Director of the UCLA OCD Research Program and Director of the UC San Diego OCD Program and has been elected into Best Doctors in America and US News & World Report's America's Top Doctors.



Lauren Ryan

My Journey to Mental Health Recovery and Advocacy (Pg. 8)

Lauren Ryan was misdiagnosed before finally receiving an OCD diagnosis as an adult and began Exposure and Response Prevention (ERP). She has started a mental health advocacy group called "OCD Education Project" to teach future psychology and social work students about the benefits of ERP.



Maddy O'Neill

The Role of Virtual Reality in OCD Treatment (Pg. 9)

Maddy O'Neill is the Communications and PR Lead with Rogers Behavioral Health. With a decade of experience as a professional journalist, she elevates stories to advance understanding of mental health.



Olivia Woodson, BS

Digital Approach-Avoidance Training (Pg. 13)

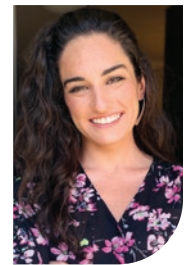
Olivia Woodson, BS, served as the primary research coordinator for this project when she worked at McLean Hospital's OCD Institute. She is a doctoral student in the San Diego State University/University of California San Diego Joint Doctoral Program in Clinical Psychology.



Mary E. McNamara, PhD

Digital Approach-Avoidance Training (Pg. 13)

Mary E. McNamara, PhD, is a postdoctoral fellow at the McLean Hospital OCD Institute and Instructor in the Department of Psychiatry at Harvard Medical School.



Jennie M. Kuckertz, PhD

Digital Approach-Avoidance Training (Pg. 13)

Jennie M. Kuckertz, PhD, is a research psychologist at the McLean Hospital OCD Institute, Instructor in the Department of Psychiatry at Harvard Medical School, and serves on the OCD SoCal Board of Directors and is currently the Programs Co-Chair overseeing strategy across six sub-regions and evaluation of these programs.



Courtney Beard, PhD

Digital Approach-Avoidance Training (Pg. 13)

Courtney Beard, PhD served as a Co-Mentor for this project, and is the Director of the Cognition and Affect Research and Education (CARE) lab at McLean Hospital, and Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School.



Christian A. Webb, PhD

Digital Approach-Avoidance Training (Pg. 13)

Christian A. Webb, PhD, served as a Co-Mentor for this project, and is an Associate Professor in the Department of Psychiatry at Harvard Medical School, Co-Director of the Center for Depression, Anxiety and Stress Research, and Director of the Treatment and Etiology of Depression in Youth (TEDY) Laboratory at McLean Hospital.



Martha J. Falkenstein, PhD

Digital Approach-Avoidance Training (Pg. 13)

Martha J. Falkenstein, PhD, served as Principal Investigator (PI) of this project, after having been a recipient of a 2018 Michael Jenike Young Investigator Award. She is the Director of Research at the McLean Hospital OCD Institute and Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School.



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.