

INTRUSIVE THOUGHTS

A NEWSLETTER FROM THE DEPARTMENT OF PSYCHIATRY'S OCD CARE TEAM

Leaves, Death, and Seeds

Happy Winter Season. Thankfully, it doesn't feel like winter at all yet, and I rejoice in that with every cell of my being. I cling to the way the warm autumn sun glories against a backdrop of intense blue sky, glimmering as it darts in and out of tree leaves that gently shift shape and vibrant color hue in the breeze. The fire glowing leaves, arguably more radiant in their dying state than when just plain alive, seem to be a beautiful reminder that dying things can lead to renewed future life if we let them.

Death – We fight against it, run from it, attempt to bargain with it, and with OCD, people often ritualize in an attempt to prevent it.

Many things we love can die – people, pets, relationships, jobs, dreams, hopes, plans, health, etc.

Conversely, we might want some things to die – fear, shame, pride, contempt, regret, pain, OCD, etc.

If we were to count the deaths in our lives – tangible and intangible – there would be various numbers among different people. However, almost invariably, most people would admit that even if they desire to undo some of the losses, some of those very losses have made them who they are. The deaths have shaped them, changed them, and possibly even made them better people.

If you were to count the significant losses of your life how many would you count? Which kinds of death have happened to you? Which one(s) would you do anything to undo? Would you be who you are without the loss(es)? If you were to undo those things, how might your life be different? Could eliminating the pain of the loss enhance the pain you experience in another domain?

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Increasingly often, I hear people reflect on the way that death and loss helped remove things from their lives that were either broken or already dead and subsequently, how this cleared space for compassion, mercy, and understanding to flourish in previously undeveloped ways. A dear friend of mine consistently remarks that the devastating illness she previously thought was some form of cruel punishment was in fact, the “greatest gift” of her entire adult life because it refocused and redefined her values, humbled her and softened her.

As I write, another dear friend’s words echo, “The most beautiful people can come from the weirdest places and most painful backgrounds.” Her life was cut short unexpectedly, shockingly, and painfully over a decade ago. Still, in my mind I can feel her hug, see her smiling, hear her voice, and I still chuckle at her sarcastic facial expressions and the way she would beam and enunciate, “Glorious!”. I miss her, I wish we were drinking passion tea with vanilla syrup today. So much of who I am was formed by her compassionate and gracious presence. Additionally, amidst her loss, I also had the greatest revelation of my life to date and my life is far more abundant because of it and the cascade of change that followed.

What if going through all the suffering is not just about getting through it or getting rid of it? What if it is not about making it through the hard life, but instead it is about letting the hard things in life make you less hard? What brokenness in your life is undeniably connected to future beauty that could not have happened any other way? Maybe death and loss do not have to be the end. Maybe loss and death are seeds for the next season? What if great sorrow contains the nutrients connected to a great future harvest?

When seeds are planted deep within the ground, it may seem to the seed that it has been buried alive. It is only when that seed breaks fully open, everything inside comes out, and it begins to grow into a plant that it becomes apparent the seed wasn’t buried for death—it was merely planted in preparation for the next season. This requires some acceptance, patience, and willingness to sit with the pain so that it can reshape you.

No doubt there are deeply painful, senseless, unspeakably hurtful things that humans experience. With any type of death there is loss. Suffering in and of itself is not purposeful, but it does not have to be wasted. Perhaps, next time you think you have been buried you might consider that perhaps you have been planted – A planting and burial seem the same for a season. Harvest is worth your patience and will not be rushed. -Abby Norouzinia



OUR TEAM

Dr. Rachel Davis MD - Medical Director and Psychiatrist

Emily Hemendinger LCSW, MPH, CPH, ACS – Clinical Director/Licensed Clinical Social Worker and DBS Coordinator

Dr. Stephanie Lehto PsyD – OCD Therapist/Licensed Psychologist

Dr. Abigail Norouzinia PhD – OCD Therapist/Licensed Clinical Psychologist

Kasey Benedict LCSW -OCD Therapist/Licensed Clinical Social Worker

Dr. Alyssa Tran DO --Psychiatrist

Dr. Jake Gadbow --Psychiatrist

Dr. Scott Cypers – Licensed Psychologist/Therapist with Johnson Depression Center

Katie Sinsko MSW -- Social Work Fellow/IOP

Harper Gillard-- MSW candidate and social work intern

Erin LeBeau --MSW candidate and social work intern

Interested in contributing to the newsletter? Email the editor at Emily.Hemendinger@CUAnschutz.edu



GROUP OFFERINGS

Mondays at 4pm (monthly)

Intro to ERP - for new group members

Mondays at 5pm

For adults ages 18+ with OCD and related disorders

Tuesdays at 5pm

For adults ages 18+ with OCD and related disorders

Wednesdays at 5pm

For adults ages 18+ with OCD and related disorders

Thursdays at 4pm

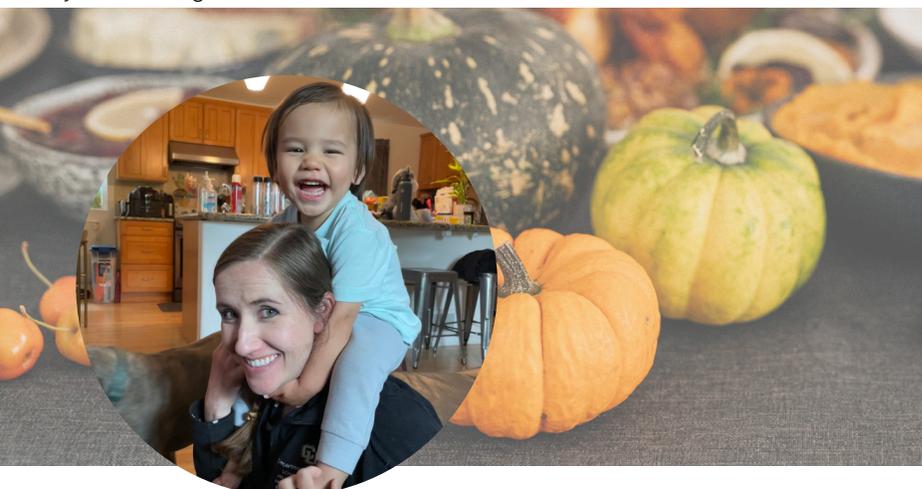
For adults ages 18+ with OCD and related disorders

Our adolescent group is no longer offered

We do have a waitlist for individual and group therapy, please reach out to be added to our waitlist and/or send you other referrals.

Are you a clinician who wants to know more about OCD and ERP? We offer trainings, consultations, and supervisions!

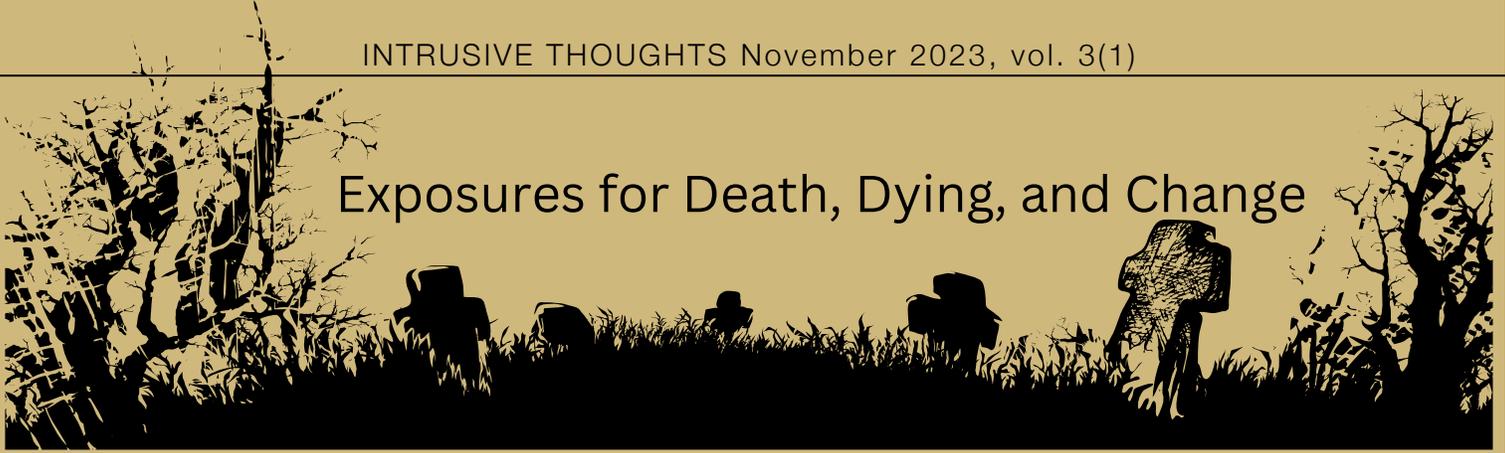
[CLICK HERE FOR MORE RESOURCES ON OCD AND ERP FOR CLINICIANS AND PATIENTS](#)



STAFF SPOTLIGHT: DR. ALYSSA TRAN

Alyssa Tran, DO is a Senior Instructor with the Department of Psychiatry at the University of Colorado. She is part of several teams including the OCD program, Forensic program, START Center, and Integrated Care. (She was once told by Dr. Martinez that she has too many interests!) Dr. Tran has found a passion for first responder mental health and has developed a specialty practice in that area. She has love for psychiatry and deep love for her family, but she found the greatest joy of her life when she became a mother to her now two-year old son, Brooklyn Tran. In her free time, she used to ride motorcycles before Brooklyn (but still fantasizes about it!). She also enjoys baking, traveling, spending time with family, watching Formula One racing (Go Verstappen!), going to car shows, and hugging her American Bully, Ghost.

Exposures for Death, Dying, and Change



Are you fearful of death, dying, and change? Do you avoid things that remind you of death? You're in for quite the TREAT (or maybe trick) this Halloween with these exposure ideas. As a gentle reminder, exposures are completed with the intent of tolerating the uncertainty, intolerable feelings, and catastrophic events OCD likes to convince you will absolutely happen. There are only three certainties in life: Taxes, death, and things will change. Let's do some exposures to practice acceptance of these—using your response prevention plans.

Fear of death:

- Listen to “The Hearse Song”
- Write a script about someone you love dying
- Download the “WeCroak” phone application
- Read quotes on death
- Watch “Supernatural” or any zombie show
- Talk to a spiritual leader about death and dying

Fear of dying:

- Write a script about your untimely death
- Do something that IS SAFE but scares you (example: top rope rock climbing; zipline)
- Make a hierarchy of your values based activities you avoid
- Watch videos of planes having turbulence
- Watch a video of hospice care

Fear of change:

- Do a routine differently
- Change plans last minute
- Download a spin wheel app on your phone and add in impulsive activities
- Choose food in the moment

A reader submitted the following passage after experiencing a ketamine assisted psychotherapy session. This passage captures the current season of change and letting go. The author has opted to stay anonymous.

I was quickly swept away by the effects of the medicine,
rushed down a fast moving river with high walls like a canyon.
I attempted to cling to the red sand colored walls and exit but there was no
exit.

How will I keep myself alive if I let go?
The only option was to float on, flow, move with the water.

I felt the soft waves underneath me.
Struck by the beauty in the peace I was experiencing.

Is this what dying feels like?

Transcendental.

Rocking with the music filling my ears.

Floating.

This journey was brief.

I soon returned to my thinking brain, wanting to resist the peaceful stillness.

Ah, this is what I do.

I find discomfort here and then create distress, attachments.

I cling to the internal chaos.

Otherwise, there is boredom, dullness.

How much time is left? Am I witnessing the isness? Being? Or letting go
enough?

Do not cling to the walls of the canyon or the banks of the river.

Go with the water.

Float on.



Love and Loss



Think about the people in your life who you love the most. Maybe it's your partner, your parents, your children, a beloved pet. Think about how you feel when you are at your most connected. Feel your heart open and soften. Notice the feelings of warmth and safety. At this point though, another type of feeling may begin to creep in. A constriction in the throat, a clenching in the chest and stomach. Dread, fear, anxiety.

When we love someone dearly, we naturally fear losing them. For many with OCD, this fear can feel unbearable and can lead to compulsions that help it loosen its grip in the short term, but ultimately keep people trapped in an endless cycle of distress and compulsive thoughts and behaviors.

Some of these compulsions may seem reasonable. Double checking that doors are locked at night, making sure a car seat is installed correctly, or reassuring ourselves that everything is going to be okay. Sometimes these compulsions may be less logical. Knocking on door frames to be sure that no harm comes to our loved ones, replacing distressing feelings with pleasant ones, or avoiding saying certain words.

The reality is that we will lose the ones we love. Whether or not we die first or they do is the mystery, but ultimately we cannot control these inevitable losses.

It also seems that love and loss are actually two sides of the same coin. To love is to risk loss, and to dampen the grief and sadness that comes with loss is to dampen the heights of our love. You can't have one without the other. By using ERP to accept that loss is an inevitable part of love, we free ourselves up to love completely. We free ourselves up to open our hearts to the some of the most poignant and meaningful experiences that we can have as humans. Although leaning into loss and grief are painful, it is well worth the effort

A Soundtrack of Change

A Farewell from Dr. Scott Cypers

Whenever I think about change, music fills my head. Songs like Let It Be by the Beatles, to Turn! Turn! Turn! by the Byrds, to Everglow by Coldplay, to Circle Game by Toni Mitchell, Good Riddance by Green Day and so much more. These become the songs of change for me and new opportunity. Change creates pivotal moments of opportunity in all our lives, and music helps further narrate and capture that experience. When I work with clients, if they too have music in their hearts, we try to find the songs to help narrate and communicate the experience. The bittersweet elements of remembering and learning from the past, yet making the most of the present. That is why change is so hard and stressful.

As I am turning towards a new chapter in my life, the song that speaks to me at this time is Keep Me In Your Heart by Warren Zevon. This song speaks to the impact that people have on each other. I have had an amazing ride at the University of Colorado for the past 9 years, serving as the Director of Stress

and Anxiety programs at both Children's Hospital Colorado for 2 of those and the Depression Center for 7 more. It has truly been an honor to get to know so many of you and you have had an impact on my own heart. I hope that the work I have done here will also leave a positive impact on the hearts of others as I leave.

So, when you see someone challenging their anxiety in silly ways, "keep me in your heart for awhile." When you see someone standing up for their values and what they believe is the right thing to do, "keep me in your heart for awhile." And lastly, when you see someone slowing down from the busy and just having a chat or a laugh, "keep me in your heart for awhile." Anxiety and OCD work are always a difficult experience, and finding ways to laugh, connect, and support are powerful antidotes. I hope that can spirit will continue way beyond my time here.

We will miss
you Scott!
Thank you!

OCD Program Happenings

We had our inaugural EXPOSUREPALOOZA event on 10/29/23. Despite the snow from the previous night, we had a huge turnout and tons of fun. This event was a long time coming and we faced many barriers (including quite a bit of stigma) along the way. However, our tenacious team pulled it off and we are forever grateful for all the support.



Pictured left: Some of the team, from left to right: Moksha, Harper, Erin, Abby, Rachel, Emily, Stephanie, and Jake

Pictured below: Abby running our Harm OCD table. Her kindness, empathy, humor, and sharp wit made her just the right person for this booth!



Pictured above: one of our amazing speakers, Rev. Katie O'Dunne running our snack toilet...erm I mean table



Pictured above from left to right: Katie and Stephanie checking guests in, while Emily creeps in the background

Pictured right: Part of our contamination station where participants could make their own fake vomit!



Pictured below from left to right: Stephanie, Emily, and Rachel doing what they do best...embracing the silly and weird



Get to know the team

What would your role be in the zombie apocalypse?

My role would be the leader, because I'd be great at that. I'd be the person with a melee weapon (a bat with nails sticking out of the end) that goes into a zombie hoard ready to squish heads. But overall I'd probably end up sacrificing myself because I try to save someone.

-Stephanie



I'd be the scout and the perimeter man.

-Jake

I'd bring the snacks!

-Emily

I'd be the navigator.

-Hunter

My car has bioweapon mode so I'd provide that. I'd also be the trauma surgeon/medic.

-Rachel

I would drive Rachel's fast getaway car

-Alyssa

I think my role would be combat. I'd be there fighting the zombies with my zombie killer rifle 😊

-Abby

I think I would be the resource gatherer. I wouldn't want to be involved in direct combat, but I still would want to contribute!

Going out and finding berries would be my jam.

-Katie



Ok I would actually take care of all the dogs too.

-Emily (again)



Kasey, Harper, and Erin all feel like they're not sure they want to make it through the zombie apocalypse

Coming Soon!
The University of Colorado Anschutz Medical Campus
OCD and Anxiety Intensive Outpatient Program
3-days a week
9am-12pm
We will be taking Aetna, Anthem, and Colorado Access Medicaid
Questions? Email Emily.Hemendinger@CUAnschutz.edu

Research Study Opportunity

DO YOU HAVE OCD AND A LATE BEDTIME?

JOIN OUR RESEARCH STUDY ON CIRCADIAN RHYTHMS IN OCD

THE PURPOSE OF THIS STUDY IS TO EXAMINE WHETHER DELAYED CIRCADIAN RHYTHMS CONTRIBUTE TO SYMPTOMS OF OBSESSIVE-COMPULSIVE DISORDER (OCD) IN YOUNG ADULTS WITH OCD AND LATE BEDTIMES. THE STUDY IS 2 WEEKS LONG WITH 2 IN-PERSON VISITS AT THE UNIVERSITY OF COLORADO-BOULDER, PLUS AN OPTION TO ENROLL IN A SECOND STUDY TESTING THE EFFECTS OF LIGHT THERAPY THAT INCLUDES 2 ADDITIONAL IN-PERSON VISITS OVER AN ADDITIONAL 3 WEEKS.

YOU MAY BE ELIGIBLE FOR THIS STUDY IF YOU:

- **HAVE OCD**
- **GO TO BED AT 1:00AM OR LATER**
- **ARE AGE 18-35**

STUDY 1 ACTIVITIES INCLUDE

- **LAB VISIT 1: CONSENT AND SCREENING APPOINTMENT**
- **MONITORING YOUR SLEEP AND OCD SYMPTOMS FOR 2 WEEKS AT HOME**
- **LAB VISIT 2: HOURLY SALIVA SAMPLES FROM 7 HOURS PRIOR TO YOUR TYPICAL BEDTIME UNTIL 2 HOURS AFTER YOUR TYPICAL BEDTIME + QUESTIONNAIRES**

OPTIONAL STUDY 2 ACTIVITIES INCLUDE

- **RANDOM ASSIGNMENT TO TREATMENT GROUP**
- **COMPLETE TREATMENT FOR 3 WEEKS AT HOME WITH A CHECK-IN WITH STAFF AFTER 1 WEEK OF TREATMENT (LAB VISIT 3)**
- **LAB VISIT 4: HOURLY SALIVA SAMPLES FROM 7 HOURS PRIOR TO YOUR TYPICAL BEDTIME UNTIL 2 HOURS AFTER YOUR TYPICAL BEDTIME + QUESTIONNAIRES**

COMPENSATION IS UP TO \$300 FOR STUDY 1 AND UP TO AN ADDITIONAL \$450 FOR STUDY 2.

FOR MORE STUDY DETAILS AND INFORMATION ON HOW TO APPLY, PLEASE GO TO THIS WEBSITE:



IF YOU HAVE ANY OTHER QUESTIONS, PLEASE EMAIL SLEEP.STUDY@COLORADO.EDU AND ASK ABOUT THE CIRCADIAN RHYTHMS IN OCD STUDY.