

INTRUSIVE THOUGHTS

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

Happy 2025!

In an effort to embrace discomfort, I am going to try to do an introduction to this newsletter, so buckle up, my friends, for a dark and twisty road... just kidding.

Last year was not my year. Or the year of many people I care about. Holding grudges is my second nature... but, I want to be better and do better, so this year, I agreed to go to a burning bowl ritual (Shout out to Charles Cox who led this!). I prepared my list of things I wanted to let go of, because there are some things I just **really** wanted to let go of.

We all took turns sitting at the table in the center, writing out what we wanted to let go of, to create space for something new. We were encouraged to observe the differences in how some cards burned in the ceremony, and to notice if we feel lighter.

I enjoyed watching the cards catch fire from the candle flame, and actually felt lighter. Maybe I actually was letting go of things that other people were identifying as things to release to the ether. When I wrote my things to let go of, which was a mixture of events, feelings, thoughts, unrealistic self-expectations, and people who have hurt me, I was so excited to have the card burn away the feelings. Instead... I felt the same.

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We finished the ceremony with a meditation, and I practiced wishing good things for those who hurt me in the past, and those who I love and think need a little extra luck in 2025. As I drove home, I saw a shooting star. Surely that was a sign that I'd wake up and feel better. That when 2025 came I'd be lighter, happier, more energetic in the good ways and calmer in better ways.

It's now 2025, and... and I will wait and see.

This experience was comforting, and I appreciate the mindfulness I was able to practice, and love that so many people were able to come together for something to let go of and process their year in their own ways. I wish that it was easier for me to let go, to stop ruminating, to just stop.

One thing I do want to hold onto from this experience is that I can repeat this ceremony anytime I notice that I'm holding onto the yuck and invite different energies in. I encourage you, dear reader, to consider noticing when you're holding onto something you don't really want to, and think of how you can actively let this go. I'll try, too.

And to continue my streak of supernatural quotes, here's some 2025 advice from Castiel: "Don't make things needlessly complicated as you humans tend to do."

Sincerely,
Stephanie Lehto



Now Open!
The University of Colorado
Anschutz Medical Campus
OCD and Anxiety Intensive Outpatient Program
3-days a week (M, Tu, Th)
9am-12pm

We will be taking Aetna, Anthem,
Cigna, Colorado Access Medicaid, and Colorado
Community Health Alliance Medicaid

Get the referral process started
by emailing our admin staff at
OCDIOP@CUAnschutz.edu



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. Jake Gadbaw MD - Psychiatrist*
- *Katie Sinsko MSW, SWC -- Social Work Fellow/IOP Therapist*
- *Orah Fireman, LCSW, MEd -- IOP Behavioral Health Specialist/Licensed Clinical Social Worker*
- *Erin LeBeau MSW --IOP Therapist/OP Therapist*
- *Cate Rush MSW --OCD Therapist/Social Work Fellow*
- *Jennifer Quigley PA-C --Prescriber, Physician Assistant*
- *Jake Winchester LPC --OCD Therapist*
- *Ambey Clark -- MSW candidate/Social Work Intern/OCD Therapist*
- *Kensie Funsch -- MSW candidate/Social Work Intern/OCD Therapist*

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



STAFF SPOTLIGHT: ERIN LEBEAU

Erin LeBeau, LSW is a social worker and clinician at the OCD Clinic at the University of Colorado Anschutz Medical Campus. In her current position, she splits her time between the Intensive Outpatient Program and the general outpatient OCD Clinic. Erin completed her master's degree in social work at University of Denver Graduate School of Social Work and is now working towards clinical licensure, hoping to accomplish this in the next few years. Before CU, Erin worked as a Residential Counselor at McLean Hospital at a residential center for folks suffering from personality disorders. Erin is passionate about accessibility of care, mental health destigmatization, and having a dialectical approach to therapy. Erin utilizes aspects from Exposure and Response Prevention therapy, Dialectical Behavioral Therapy, and Cognitive Behavioral Therapy in her work at the clinic. In her free time, Erin enjoys snowboarding, finding a hot tub somewhere, petting cats, and perusing Trader Joe's for seasonal items.

GROUP OFFERINGS

Mondays at 4pm (monthly)

Intro to ERP - for new group members

Mondays at 6:30pm

For adults ages 18+ with OCD and related disorders

Tuesdays at 5pm

For adults ages 18+ with OCD and related disorders

Wednesdays at 6pm

For adults ages 18+ with OCD and related disorders

Thursdays at 4pm

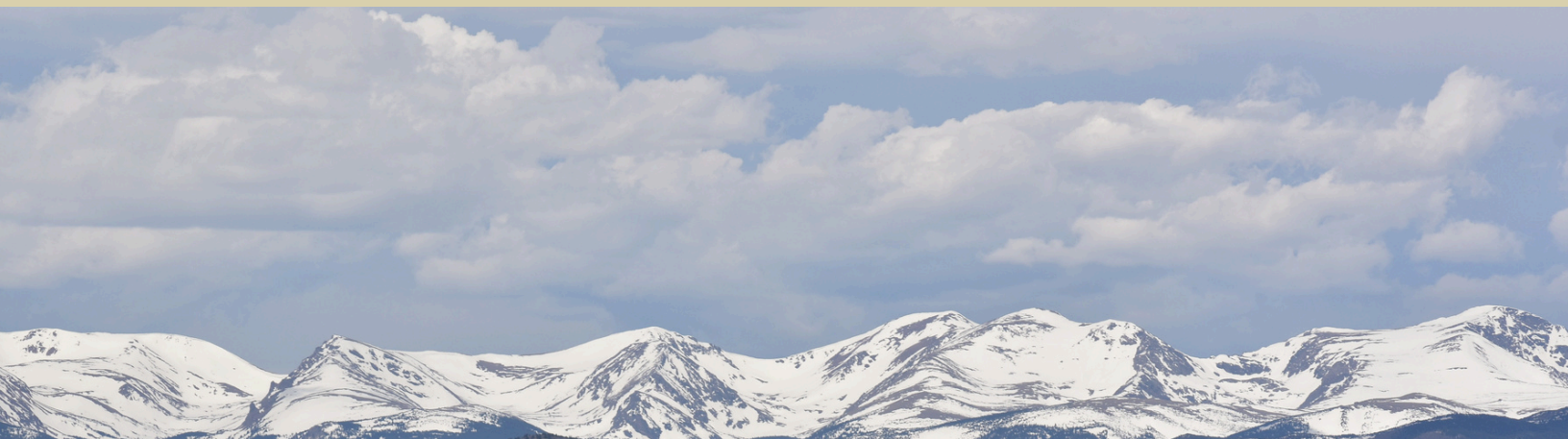
For adults ages 18+ with OCD and related disorders

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**



Superstition and OCD

By Jake Winchester



Do you want 6 more weeks of winter, or are you ready for Spring to arrive early? In hopes of finding out early, we look to Punxsutawney Phil on Groundhog Day (February 2nd) to predict the future weather with a glance at his shadow (or absence thereof). These traditions can be a fun suspension of disbelief, but what if similar traditions and superstitions become more difficult to manage, or become so important that you are unable to continue throughout your day? Superstition OCD has a way of overriding folk talks and

rodent sightings with the added stress of anxiety and fear of not following the often-magical beliefs.

Superstitions have existed for as long as human beings have been able to find meaning in random events. Some vary in intensity and meaning depending on culture, with some buildings never having a “thirteenth floor”, encouragement not to walk under ladders, having a lucky coin in your pocket, or having a horseshoe nailed to your door for good luck. The difference between superstition and OCD comes from the level of distress and time spent focused on superstitions and beliefs about their possible outcomes. Once superstitions cross over from tradition to fear, OCD may be at play.

The meaning still falls into the same category as any intrusive thought, thought-action fusion or the belief that thoughts have a direct, logical link to action continues to be the underlying factor. OCD loves to latch onto thoughts and use them as evidence that there is a risk of the feared outcome happening. These thought-action fusion thoughts attempt to bring resolution to uncertainty, but as we know from Exposure and Response Prevention (ERP) therapy, uncertainty is unavoidable but manageable. Despite not “knocking on wood” every time I make a prediction, or wearing my lucky jersey when my favorite team plays, I can stand by the fact that despite the outcome, I am going to be able to handle it or find a way to handle it.

My hope for you is that, despite the shadow/no-shadow result of Punxsutawney Phil this month that you can see superstition for its aspects of tradition and culture, but not see it as a spark for fear to take hold. If you are struggling with superstition OCD, talk to us about how to utilize ERP to put superstitions on trial and give you more freedom from your thoughts.



Let's Talk Loneliness

By Katie Sinsko

The common humanity of feeling loneliness during the holidays extends to a variety of holidays, one of which is Valentine's Day. Valentine's Day tends to bring awareness to our positions in romantic relationships – which could remind us of a recent relationship ending, a recent rejection, feeling grief over a partner that passed away, or generally feeling isolated - amongst other intense experiences. These feelings can be a lot to hold on their own, but societal messaging can add pressure on to these feelings even further.

Societal messaging tends to spread the idea that monogamous romantic relationships are more important than all other relationships in our lives. Therefore, when these romantic relationships end or feel strained, it can be easy to tie those frustrations to our sense of self-worth or how we perceive our role in the world.

While we often experience a lot of joy and connection through romantic relationships, experiencing joy and connection are certainly not exclusive to romantic relationships. Connecting meaningfully to other relationships in our lives has the potential to increase feelings of gratitude, feelings of being understood, feelings of being supported, and feelings of being present - for both ourselves and the other person in the dynamic.

Consider trying the exercise on the next page to focus on growing different kinds of relationships in your life! Choose one option from each category and then throw them all together!

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Pick one individual in your life:

- Parent/Parental Figure
- A close friend
- A coworker
- Your pet
- A neighbor
- A member of your community



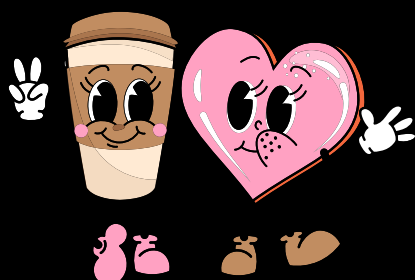
Pick one way to build that relationship:

- Practicing a values-based activity with them
- Engaging with an enjoyed activity/hobby
- Picking a new thing to try together
- Having a vulnerable moment with them
- Telling them why you're grateful for them



Pick a place:

- Home
- A shared enjoyed spot
- Outside (the park, a hike, in the snow... weather dependent)
- A local spot
- A coffee shop
- At a new place of your choosing!





CREATIVITY CORNER

"OCD, a thief of peace,
In its grip, the hearts unease,
But hope, a flame, ignites the dark,
With every "What if" that trembles in fear,
There blooms resilience, tender yet clear.
With every step, the tether frays,
Embrace the mess, let courage blaze,
For healing paths are seldom straight,
Yet love and hope can navigate.
Hold tight to the hope,
Let it stir in your bones,
For amidst the tempest,
You're never alone.
In storms of the mind,
Let compassion redefine.
Healing begins where the heart learns to shine."
-Anonymous

Goals vs. Values

By Kensie Funsch

These first few months of the new year, a lot of folks might be having a very similar experience: they haven't made any progress on their New Year's resolutions. If you are finding yourself in this boat, you wouldn't be alone. In fact, the second Friday of January is termed "National Quitter's Day" because it is the day by which most people have abandoned their resolutions. Not reaching a goal doesn't make someone a "quitter," but it does illustrate an important point: We all have problems reaching our goals sometimes, and it doesn't feel great. Having goals is important, but if reaching your goals is all you are focused on, what happens if you don't get there? Or if getting there is harder than you anticipated? If you are always focused on "getting there," it might be easy to feel like a quitter along the way.

We can combat this mindset by shifting our focus to values above goals. Values are guiding principles that reflect who we want to be and what we want to stand for. If goals are all about reaching the destination, then values are about the journey. They don't have an endpoint, and they can't be checked off a list like a goal can. Consider some examples of values like compassion, adventure, growth, balance—these aren't things that can be achieved, but rather directions we continually move towards. When we center our lives around values rather than goals, our hard work feels more meaningful and our low points feel more endurable.

Determining our own personal values can seem like a confusing process, in part because there are many voices in our lives telling us what we should value. We may face pressure from society to prioritize certain values over others. OCD can add another layer to this. The sense of urgency that comes with OCD tries to dictate what is and isn't important to us. It can make the line between what OCD values and what we value seem blurry.

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The Inside Scoop on Relationship OCD

By Cate Rush

Regardless of whether a person has OCD, being in romantic relationships can be hard.

Navigating complex dynamics, merging your life with someone else's, and getting your needs met while simultaneously meeting the needs of another person are all things that can present a variety of challenges. Throw OCD in the mix, and being in relationships can start to feel exhausting rather than worthwhile. R-OCD can exist in any kind of relationship; however, for this article we'll be honing in on R-OCD in romantic relationships.

Often referred to as "the doubting disorder," OCD has a unique way of making you question all your decisions. It can make you question everything in your life - from if you're happy, if you touched something dangerous, what your sexuality is, and even if you like the person you're choosing to be with. Amongst the most popular obsessions for people with relationship obsessive compulsive disorder (R-OCD) are doubting your compatibility, doubting if you love your partner, and constantly seeking reassurance. These obsessions often lend themselves to intrusive thoughts about the relationship that feel impossible to get out of your head. Some people with R-OCD avoid relationships all together because the thoughts are so distressing that they make being in a relationship feel like it's not worth it.

There are two main ways that R-OCD presents itself: relationship-centered and partner-focused.

Those with relationship-centered R-OCD may obsess over their partners previous relationships, constantly ask their partner questions about what their ex was like or try and search exes on social media.

Partner-focused OCD is about obsessing over physical features and personality qualities of your partner. People often experience these types of R-OCD at the same time, as they often reinforce each other.

While suffering from R-OCD may make you question if being in a relationship is worth it, with the right approach, R-OCD can be treated. Like many areas of OCD, overcoming OCD may feel insurmountable at times. R-OCD is treated with exposure therapy, which spans across all OCD content types. We oftentimes find through treatment that surface level content can take on many different forms, but getting to the core fear of what is driving OCD is what leads to long-term insight building and symptom management.



“Don’t we all? You, me? We deserve to be loved.
I DESERVE TO BE LOVED!” Crowley, Supernatural



This time of year can be a nice reminder of being single. We can put a lot of emphasis on what it says about us to be single and can lead to negative self-talk about us and our abilities. Well, I’m here to remind you that you deserve to be loved. Regardless of your relationship status, your number of friends, your job, your accomplishments, or any other thing you may be having negative self-talk about.

Here are some ways to challenge yourself this time of year
(choose your own adventure):

- Limit time on social media
- Tell the people who matter to you that you care about them
- Ask a friend to have an anti-Valentine’s Day
- Go to dinner by yourself
- Compliment a stranger
- Tell someone you have feelings for them
- Watch a romantic movie
- Listen to a breakup song
- Listen to a love song
- Look in the mirror and say three nice things about yourself
- Do a daily self-care challenge
- Wear these socks
- Put yourself first
- Think of the selfish thing you really want to do (as long as it doesn’t hurt others) and do it

By Stephanie Lehto





Teen Dating Violence Awareness

By Katie Sinsko

February is Teen Dating Violence Awareness month. Dating abuse refers to a pattern of coercive, intimidating, or manipulative actions taken by an individual with the intent of controlling another individual and keeping them stuck in a relationship. A pattern of abuse is typically established over time, and it is oftentimes difficult to recognize at first, as the behavior may ramp up slowly or be paired with a lot of “justification” in the process.

Teens may experience just one instance of violence in dating, or they may experience many repeated instances - leading to a more chronic abusive dynamic. Regardless, it is important for teens to be able to recognize signs of violence and abuse to help them to recognize when they may be in an unsafe relationship/dynamic with another person. This is especially important since teens oftentimes have limited dating experience and they may not be easily able to identify warning signs of abuse/violence or know how to exit an abusive relationship.

Some warning signs include: isolating you from friends or family (physically, emotionally, and/or financially), checking personal phone/email/social media accounts without permission, demeaning or making unkind comments toward you (which may happen in front of others), exhibiting extreme jealousy or insecurity, exhibiting explosive outbursts or mood swings, causing harm to you or someone around you, exhibiting risky behavior when upset (i.e. driving faster or swerving the car when in an argument), being coercive or violent with sex.

Nobody enters a relationship expecting to be abused, so it can be difficult to recognize these behaviors and label them as abuse. Keeping these warning signs in mind and documenting them may help to gain a more objective view. If you or someone you know is experiencing abuse in a relationship, know that there are resources available to help.

National Teen Dating Abuse Helpline: 866-331-9474

Text Helpline: Text LOVEIS to 22522

Websites for teens: [love is respect](#) | [break the cycle](#)



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OCD Program Happenings

In December, we said goodbye to long-time team member, Kasey Benedict. Kasey had been with the team since 2022, quickly learning ERP and becoming an expert in perinatal OCD. We are immensely grateful for all Kasey has done for the program and our patient populations, and we will miss her very much.



In February, we had a team retreat focused on planning new projects, bonding, and getting to know one another. One activity we participated in was creating “unhinged PowerPoints for one another. Some of the topics presented included:

- What Taylor Swift Album/What Colorado 14er each team member would be
- What every team member’s actual role in the zombie apocalypse would be
- How to end a conversation in socially unacceptable ways
- What Pokemon is each team member

