

INTRUSIVE THOUGHTS

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

HELLO and HAPPY LATE SUMMER AND EARLY FALL.

It's Abby here, so happy to be with you!

This may not come as a surprise because I am a psychologist, but people have always fascinated me. I am captivated by people's stories. I have always wanted to understand what makes people do what they do – from the marvelous to the maleficent. People are beautiful and their stories always make them more approachable and lovable, but until we know them and truly understand them, we are prone to “other” them.

When we see people act in ways that we do not approve of or that we see as “bad,” our tendency is to make an attribution about their behavior related to who they are. We might label certain groups of people in society as “evil,” “bad,” or “lazy.” We see these people or groups of people as different from ourselves, perhaps even separated from the human condition. From a human psychological standpoint, it makes sense that we do this. It's protective for our concept of self to believe that we are “safe” and distanced from the things and people that we judge or fear. We gain false reassurance that we are “not like them.”

(Continued on the next page)



Department of Psychiatry

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



(continued from previous page)

We tell ourselves “I would never make that mistake,” “I’m not a weak person like they are,” “That could never happen to me or my family.” However, given the right circumstances we are all capable of massive mistakes, poor choices, and things we never thought. I have seen it happen. Research demonstrates that the biopsychosocialspiritual context (biological, psychological, social, and spiritual aspects of our surroundings – current and past) in which we exist influences us far more heavily than we realize. As human beings, we are often a few external shifts away from a wildly changed capacity to act and react. This does not make poor choices or actions right or acceptable, it simply proves us human.

It feels uncomfortable to accept that we can be wearied and influenced by circumstances we cannot control. It can feel even worse to realize our potential to err greatly because of this, but there is solidarity in accepting that you have and will continue to make mistakes, just like every other person on this planet. There is so much peace to be had when we can accept that and stop fighting it.



The goal is to look at yourself, with all your past mistakes and potential for mistakes, and realize that your best today might be better than yesterday, but worse than tomorrow, and to let that be okay. A wise mentor of mine taught me years ago to ask myself in each situation, “But am I learning to love?” This is something I can pursue regardless of whether I get it right or make 50 mistakes, and it refocuses me. Some of the future is uncertain and you will make some blunders. How can you accept this and move toward peace and joy today?

A handwritten signature in black ink that reads 'Abigail'.

Dr. Abigail Norouzinia and The OCD Program Team



CU Anschutz OCD Program Presents

EXPOSURE PALOOZA

SAVE THE DATE

10-28-23



Join us to experience fun and spooky OCD exposure activities and hear our guest speakers, Rev. Katie O'Dunne, Dr. Moksha Patel, and our OCD Program Medical Director, Dr. Rachel Davis, share their own experiences living with OCD.

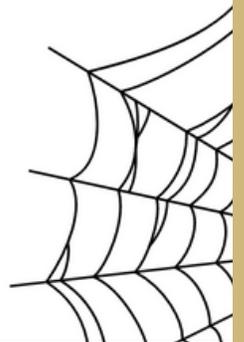
Tickets will be available soon.



SCAN ME

**PLEASE SEND QUESTIONS TO
MARITZA.2.MARTINEZ@CUANSCHUTZ.EDU**

[Click here to get tickets!!](#)



Department of Psychiatry
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



BRAIN HEALTH for all, for life.

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

Maritza Martinez -- Volunteer

Hunter Orr -- PURPLE mentee/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*

*Every other Friday at 4pm
Non-clinical support group for loved ones of individuals with OCD*

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. RACHEL DAVIS

Rachel Davis, MD is the medical director of our OCD Program. She has trouble saying no to things, and she really likes being a psychiatrist - so she also does a lot of other things. She is Vice Chair for Clinical Affairs and Strategy in the Department of Psychiatry. She specializes in Deep Brain Stimulation for severe and treatment-resistant OCD, and she collaborates with Neurosurgery as the Co-Director of the OCD Surgical Program at CUAnschutz/UCHealth. She loves animals (maybe more than people), and she lives with her two rescue pups, 14 y/o Moxie and 1 y/o Gracie, 2 parrots, and 2 budgies. She says the coolest thing she's ever done in life is donating the right lobe of her liver last year. Oh yeah, and she has OCD. *Read more about our rock star Medical Director here: <https://oc87recoverydiaries.org/doctor-with-ocd/>*

What is Harm OCD?

Harm-related OCD involves a worry that one will harm themselves or others in one of two ways – by accident or by acting on an urge outside of their control. Example harm obsessions include:

- Driving (ex. Fear that one will drive their car off the road or hit someone with their car)
- Contamination (ex. Fear that one will injure or kill loved ones with a contaminant such as an illness, toxin, cleaning agent, bodily fluid, medication, etc.)
- Aggression (ex. Fear that one will cause serious bodily harm to self or others through use of a weapon, sharp objects like knives, or one’s own physical aggression or violent actions by accident or uncontrollable urge)
- Caring for children and Infants (ex. Fear that one will harm their baby or child)

People who experience harm-related OCD obsessions may worry that they are or will become “bad” and they often engage in compulsions that include seeking reassurance from others that they are not capable of horrible actions, avoidance of the situations in which their obsessions are cued, overt

compulsions such as counting medication, compulsively washing hands after handling a contaminant, or checking places they’ve driven for evidence that they did not run anyone over, and mental compulsions like reviewing.

Certainly, the desire to alleviate the distress from these horrific intrusive worries is understandable, as humans we are programmed to avoid pain, but it is the compulsive actions that these fears feed on.

While it might seem extreme at first, it is important to understand that OCD obsessions continue to return because no compulsion can satisfy them. No one can assure you that you will never do anything bad, that you will never hurt anyone, or that you will never do something you never imagined doing. We live in a world that has uncertainty and imperfection in it. We are human and central to this is our frailty – our ability to become too hungry, too angry, too lonely, too tired, too “anything”. To heal, you must learn to tolerate the uncertainty of the world and the distress that comes with that uncertainty (compulsions arise out of our desire to be certain and to alleviate the distress that we are not).





Exposure Ideas for Harm OCD

Completing exposures is incredibly difficult, and necessary to face the OCD monster. As a reminder, we would not complete exposures that put you or others at actual risk (other than feeling uncomfortable). Below are some exposure ideas based on core fears that can present in OCD!

Fear of a catastrophic event:

- Leave your toaster and coffee maker plugged in when you leave for a few hours, with goal of building up to leaving them plugged in all day
- Cut your vegetables without someone in the kitchen
- Write an imaginal exposure script where the catastrophic event occurs and you are able to handle it (or not)
- Drive around the block with no checking or re-tracing behaviors
- Say no to a family member

Intolerance of uncertainty:

- Limit reassurance seeking that others are not mad at you
- Work through a hierarchy of feared/avoided objects
- Respond with “maybe I did” when wondering “what if I harmed them”
 - Or a heavy lean in with “I just got away with hitting someone with my car” when you’ve hit the curb driving
- Write an imaginal exposure of completing an avoided activity with never getting certainty

Intolerance of emotion:

- Use assertive communication and tell a friend how they have upset you
- Lean into distress with intrusive thoughts
- Watch a movie aimed at eliciting the feared emotion
- Listen to a true crime podcast

Anxiety and OCD Treatment Across the Lifespan

Register now

\$150

September 13th-15th,
2023

9:00AM-5:00PM MST

Virtual

Contact Emily
Hemendinger
(Emily.Hemendinger
@CUAnschutz.edu)
with any questions.

Anxiety Disorders and Obsessive Compulsive Disorder (OCD) can be experienced across the lifespan. This interactive, three-day, virtual education program for clinicians, therapists, and prescribers includes presentations on the identification, differential diagnosis, and treatment of anxiety and OCD. Interactive case discussions will highlight anxiety and OCD presentation and treatment in children and adults across the lifespan from diverse communities and contexts. At the end of this program, you will be able to incorporate ERP into your evidence based treatment toolkit.

September 13, 2023: Overview of Treatment of
Anxiety in Children

September 14, 2023: Overview of OCD and OCD
Treatment in Adults

September 15, 2023: Exposure and Response
Prevention Treatment for OCD in adults

Presenters:

Dr. Rachel Davis MD

Dr. Scott Cypers PhD

*Emily Hemendinger LCSW, MPH,
CPH, ACS*

Dr. Abigail Norouzinia PhD

Kasey Benedict LCSW

Dr. Stephanie Lehto PsyD





What I Learned This Summer While Working With The CU Anschutz OCD Program

By Hunter Orr - PURPLE Program Summer Intern

This summer I was given the unique opportunity to work as an intern for the OCD program at CU Anschutz Medical Campus while also getting to observe various parts of the procedure for Deep Brain Stimulation (DBS). Prior to this experience, I had little knowledge on these subjects. However, thanks to the kindness and patience of my mentors and multiple five-hour long orientation videos, I slowly began to understand more about the disorder and how it can affect people. If you are new to this topic, please allow me (a fellow, generally confused learner) to explain just a few of the more important bits and pieces that I picked up over the course of the summer.

1. A great analogy for OCD is to imagine a car driving at you at 40 miles per hour. In this situation, the unwanted thoughts/obsessions are like the car barreling towards you. Obviously terrifying and, as such, will probably evoke a response out of you to avoid the thoughts. With the car, this is simply jumping out of the way, but with OCD, this comes in the form of compulsions; habits and behaviors that one will perform to reduce the perceived threat of the obsession.

2. People with OCD are often very caring, sometimes even more than your average person.

People with OCD often are extremely caring and empathetic. However, they also can be some of the biggest overthinkers around, and this will sometimes manifest in the form of being overly concerned for the attitudes and behaviors others. While I've seen this to be true across multiple interactions with patients, I've also seen the negative effects of being overly caring in the forms of people pleasing and self-sacrificing behaviors.



What I Learned This Summer While Working With The CU Anschutz OCD Program (continued)

Hunter Orr

3. **Deep Brain Stimulation is an invasive procedure that can help reduce symptoms of treatment resistant OCD.** The requirements to be a DBS candidate are strict, involving the person having had received Exposure Response Prevention sessions and trying different medication regimens. The procedure, in layman's terms, involves the placement of an electrode into the brain. This electrode can have its electrical output manipulated remotely and through a series of trial-and-error type sessions, doctors can find the right settings for patients. These settings will never remove symptoms completely but can be helpful in reducing the impairment caused by OCD.

4. **Lastly, OCD is NOT an adjective.** OCD is an illness that affects many people around the world, sometimes in ways that can be extremely debilitating. Lots of people like to casually throw the word out to describe themselves liking an organized workspace or liking things to be clean. When we throw the phrase around like this it can undercut the people who actually have to deal with OCD day-in and day-out, oftentimes underselling the severity of what they go through. Getting OCD to a more recognized and treated status will take a lot, but it can start with people like us removing the phrase from our vocabulary and giving people living with the disorder the kindness and support they need.

When OCD Hurts Our Loved Ones

Feeling distressed by someone else's OCD symptoms can, at times, cause a secondary reaction of feeling selfish. "I'm not the one who has these unwanted thoughts...It's not fair of me to talk about how their OCD affects my life." If you love someone who has OCD, I can guarantee that you're not the only one who has had these thoughts.

When someone we love feels anxious because of their OCD, this is distressing. It's a normal, natural reaction to want to alleviate their symptoms both for their peace of mind and your own. However, knowing that accommodating them only strengthens the OCD symptoms can leave you feeling helpless. So, what are you supposed to do when you find yourself in this uncomfortable spot?

Your first step is to acknowledge that your own distress is valid. Loving and caring for somebody who has OCD can come with challenges, and those challenges are hard. You are not a bad person for experiencing negative emotions around this reality. Secondly, it's beneficial to seek your own support and support system. That can look like going to therapy, attending a support group, or simply going out with friends for a couple of hours.

Lastly, it's important to lay out expectations with your loved one regarding what helpful responses you can use in response to their OCD symptoms. For example, I can set the expectation with my sister that if she calls me asking for reassurance that she did not harm her cat, rather than reassuring her that she did not, I will be saying, "maybe you did." Remembering why these responses will be carried out is essential; it's not to bully your loved one. It's to help weaken the OCD and so that both your loved one AND you can live the life you want.



Get to Know the Team: Two Truths and a Lie

Lying, even for the sake of a silly game, can be difficult for people with harm OCD or scrupulosity themed OCD. Here at our program, we practice what we preach and despite being very honest and kind people, even we can practice the discomfort of telling a small lie! Can you guess which is the lie for each team member?

Maritza

1. I don't know how to swim.
2. I got into vet school.
3. I'm from Cuba.

Emily

1. I went to Orlando, FL for NASA Space Camp when I was 9 years old
2. I have an identical twin
3. I've climbed 47 of Colorado's 14ers

Stephanie

1. I like pie
2. I like pumpkins
3. I like pumpkin pie

Rachel

1. I once called the police because I thought someone was spying on my pigeons.
2. I once called animal control because my dog brought a raccoon into the house.
3. I once called the fire department because a mouse chewed through a water line in my house.

Kasey

1. I am very good at picking things up with my feet
2. I can hold a handstand for a long time
3. I play the violin moderately well

Abby

1. I can do the splits
2. I like cooking
3. I enjoy gardening

Answers
on the next
page!

OCD Program Happenings

Summer is a busy time for many. Here are some of the fun things our program has been up to this summer!



Our program team building retreat involved high ropes courses in Idaho Springs. Everyone did great, even those who were fearful of heights. We are always practicing what we preach!



Abby showing no fear and ALL the strength on the wobbly logs



Kasey showing us how it's done (that is how to enjoy life AND how to work the equipment



Some of the OCD Team headed to the annual IOCDF conference in San Francisco. We made sure to take lots of awkward photos throughout! Stephanie and Emily even got to meet OCD expert, Jon Hershfield (pictured right)!



The OCD team was joined by members of the Department of Psychiatry (pictured above and to the left) for the Donor Dash 5k.

Members of the OCD team spoke with TedX Speaker and Veterinarian, Dr. Sarah Hoggan about OCD, anxiety, and pet ownership for the Colorado IOCDF chapter. Check out the recording here:
<https://www.youtube.com/watch?v=DbebGvHek4c>

Coming Soon!

The University of Colorado Anschutz Medical Campus
OCD and Anxiety Intensive Outpatient Program

3-days a week

8am-12pm

We will be taking Aetna, Anthem, Cigna, 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.