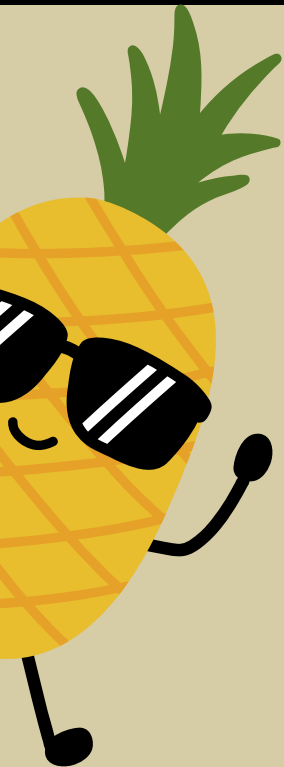


# INTRUSIVE THOUGHTS

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



As the summer winds down, it's important to check-in with ourselves. Have we been trying to "do the most" all summer? Get all the activities in? Have we been chasing that perfect summer? Or maybe we've gotten lost comparing on social media to what others in our life have been doing? Personally, I have found myself in both situations; striving to do the most and when I'm not, scrolling on social media and comparing, even being hard on myself for staying home.

As we hit the "dog days of summer" and the seasons start to change, these can be common experiences. Checking in with ourselves, forces us to stop and slow down; to question if during our attempt to stay busy, via business or social media, we are really avoiding something.

Social media can definitely be a form of avoidance when used beyond distraction purposes. OCD can also interact with social media in unhelpful ways. Sure, we all love watching dog videos, but what if we watch one with triggering content and cannot move on until we neutralize it with another video, and another and another? until it feels just right. Time consuming and distressing!

This edition of our newsletter focuses mostly on social media and how to improve our relationship with it. We also explore the importance of humor in ERP, interview one of our Exposurepalooza guest speakers, and share some of what the team has been up to this summer. We hope there are some tips, knowledge, and fun in here for you all!

Sincerely,

*Emily Hemendinger*



Department of Psychiatry

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

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  
[smhservice@ucdenver.edu](mailto:smhservice@ucdenver.edu)

Questions? Email [OCDIOP@CUAnschutz.edu](mailto: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, Editor of Intrusive Thoughts*
- *Dr. Stephanie Lehto PsyD – OCD Therapist/Licensed Psychologist*
- *Kasey Benedict LCSW -OCD Therapist/Licensed Clinical Social Worker*
- *Dr. Jake Gadbow MD - Psychiatrist*
- *Katie Sinsko MSW, SWC -- IOP Therapist/Social Work Fellow*
- *Alie Garza LCSW -- IOP Care Coordinator/Licensed Clinical Social Worker*
- *Orah Fireman, LCSW, MEd -- IOP Behavioral Health Specialist/Licensed Clinical Social Worker*
- *Erin LeBeau MSW --IOP Therapist/Social Work Fellow*
- *Cate Rush MSW --OCD Therapist/Social Work Fellow*
- *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](mailto:Emily.Hemendinger@CUAnschutz.edu)*



## STAFF SPOTLIGHT: ALIE GARZA

Alie Bernard Garza, LCSW, is a clinician with the OCD Program at the University of Colorado and holds an MSW from the University of Washington in Seattle. Her clinical interests include neurodivergent-affirming care for comorbidities such as ADHD and ASD, working with youth/parents, and taking a ‘think outside the box’ approach. She has worked in various clinical roles including; mobile crisis response, and suicide prevention, and has worked in all levels of care (outpatient, IOP, PHP, and residential) with OCD and anxiety-related disorders. Alie has lived experience with severe OCD and is an advocate with the International OCD Foundation. She’s especially passionate about demystifying higher levels of care, destigmatizing ‘taboo’ themes, and providing education to prevent misdiagnosis and the use of non-evidence-based therapeutic practices. She is honored to continue to provide this care, now back in her home state of Colorado with her husband, Adrian, and two Chihuahuas, after spending the last near-decade primarily in the Pacific Northwest.

## 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](#)**

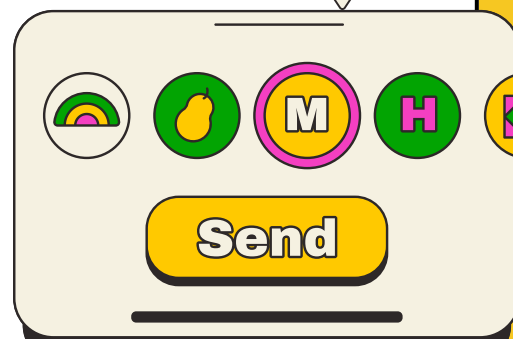
# Things to consider when consuming social media

By Emily Hemendinger

- The author and their credentials
- The data presented: is it backed? Who funded the research or article? Is this sponsored content?
- Are you being offered a quick fix?
- Are you being sold something?

Other helpful tips:

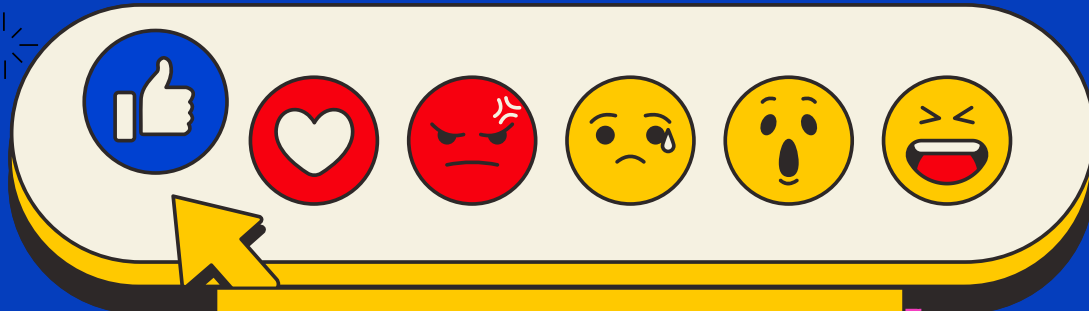
- Read beyond the title
- Don't share it or jump to conclusions without taking a critical look at what you're consuming
- **DON'T FEED THE TROLLS!**
- Share your thoughts with your therapist/provider. Diagnosis should be a collaborative process between clinician & Client!
- Seek out reputable resources on diagnosis symptoms
- Recognize you are a whole person, not a diagnosis





# TIPS FOR IMPROVING YOUR RELATIONSHIP TO SOCIAL MEDIA

By Emily Hemendinger



## ASK YOURSELF

- How does this content make me feel?
- How do I feel after using social media compared to before using it?
- How do I feel when I don't check social media?

## Practice setting boundaries with social media

- Set time limits
- Seek out content that makes you feel good
- Give yourself permission to take breaks



CU Anschutz OCD Program Presents

# EXPOSURE PALOOZA

10-13-24

Join us at our stigma-busting event with exposure activities and hear our guest speakers share their own experiences living with OCD.

PLEASE SEND QUESTIONS TO  
RACHEL.DAVIS@CUANSCHUTZ.EDU

## AGENDA

**1pm-** Exposure Booths

**2:30pm-** Keynote Speakers

**3:30 -** Exposure Booths continue

**5pm -** End of Event



[REGISTER HERE!](#)



Department of Psychiatry

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



**BRAIN HEALTH** for all, for life.

# Get to know our Exposurepalooza speaker: Kyle King

By Emily Hemendinger



Kyle King

What brought you to the OCD world?

I found my way into the OCD world when I was thirteen, and far from on my own volition. It was around the summer after sixth grade that I started to get this very sticky thought that my hand was contaminated. Not quite dirty, not exactly sticky, but contaminated. Soon everything I touched while contaminated became contaminated, and then everything that contaminated things touched became contaminated and on and on until everything in my world was contaminated. My parents, desperately trying to understand what was happening, took me to a therapist who diagnosed me with OCD. And thus, my journey through therapy and into recovery and, after a few years, advocacy began.

What are three words that describe you?

Based on what others say, I think I'd go with energetic, playful, and driven.

# Get to know our Exposurepalooza speaker: Kyle King



Kyle King

What are you up to these days?

By day, I'm currently a medical student at the Yale School of Medicine with an interest in psychiatry and neurosurgery. By night, I am an advocate with the international OCD foundation and a co-leader of the Young Adult Special Interest Group with this same foundation. That latter title is a fancy way of saying that I coordinate and create most of the content for young adults with OCD produced by the foundation. I also play a lot of guitar and watch a lot of stand-up comedy.

What is the current title of your Spotify day list?

Well, I'm a bit of a night owl and I'm writing this pretty late at night so my current day list title is "carefree standing on business late night." If you're wondering what song fits that title, the first song on the mix is euphoria by Kendrick Lamar.





## My love-hate relationship with social media



By Stephanie Lehto

I LOVE social media. When I say I love social media, I mean this is the first thing I check when I wake up in the morning, and the last thing I check before going to bed. Sometimes I can't wait to see what notifications I have and who has messaged me. Social media is how I keep in contact with my long-distance bestie and was the way I met many of my friends. I love learning more (or fact checking what I think I'm learning). This seems really normal and healthy for me, right?

I actually HATE social media. I hate that I feel like I need to scroll on my feed or for you page until my arm has fallen asleep or I drop my phone on my face. I hate that I want to know everything my friends are doing, and that if they are doing something without me, I know they have secretly hated me all along. I hate that I learn things I don't really want or need to know about others. I hate that social media has made me searchable. And most of all, I hate how inauthentic social media is, with the filters and the angles and the need to have more followers to feel like and memorable or relatable human.

Don't get me wrong, social media is amazing in keeping me connected to those I care about, especially with my entire family living 1000s of miles away from me. And... there is a compulsive, and sometimes addictive, need for social media that makes it unhealthy and unbearable at times for me.

Like most things OCD, social media is something that can be used in a balanced way. Once I check in with myself, and see if I'm comparing to others or feeling like I'm missing out or even that I have been sucked in (once again) to a social media spiral, that's a wonderful sign for me to take a break... so I can have more love than hate in this relationship.



# Ways OCD Might Show Up Through Social Media Use: Differentiating Between Preoccupations and OCD Thoughts/Behaviors

By Jen Fishman

Disclaimer: This list may be taken with a grain of salt, as things are not as black and white. Additionally, while these preoccupations may not raise red flags in terms of OCD due to their ego-syntonic nature, they may still be time-consuming, distressing, and anxiety-provoking; the intention of this list is not to invalidate or diminish those experiences.

## PREOCCUPATIONS (EGO-SYNTONIC)

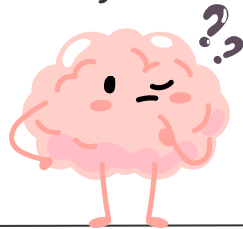
OR

## OCD THOUGHTS/BEHAVIORS (EGO-DYSTONIC)

Cultivating an image or aesthetic on your social media profiles that feels aligned with how you want to portray yourself

Frequently editing your social media profiles due to scrupulosity OCD thoughts around misrepresenting yourself as a bad person

Stalking your ex on social media out of curiosity



Comparing your relationship to those on social media fueled by relationship OCD obsessions, such as questioning whether you and your partner are truly in love

Scrolling ("rotting") on TikTok for hours, consuming endless content for entertainment or boredom reasons

Scrolling on social media until it feels "just right," possibly as an attempt to neutralize after encountering something triggering

Generally worrying about others' opinions of you based on what you post or interactions with them on social media

Having scrupulosity OCD thoughts, such as, "Did I accidentally offend my friend because I didn't like their post yesterday?" or "I watched a TikTok where people were cursing... am I going against my religion?"

**PREOCCUPATIONS (EGO-SYNTONIC)**

OR

**OCD THOUGHTS/BEHAVIORS (EGO-DYSTONIC)**

Checking your social media to see how many likes or comments you got on a post

Repeatedly checking your social media to make sure you didn't post anything inappropriate

Binge-watching YouTube videos to learn more about topics you are interested in

Compulsively researching to urgently find answers to questions/concerns related to OCD

Feeling guilty for spending so much time on social media due to a general desire to be more productive



Having repetitive existential OCD thoughts such as, "What if I'm wasting my whole life away on social media?" or responsibility OCD thoughts around being an irresponsible person for spending so much time on social media

Joining a fan club for your favorite celebrity that you idolize to bond with others over your shared interest

Compulsively scrolling on dating apps to relieve anxiety around feeling certain that your sexual orientation is accurate

Sharing your opinion on social media because you feel that it's aligned with your values/desires

Compulsively ruminating after sharing your opinion on a controversial topic due to several possible obsessions, such as offending or harming someone

# Intrusive Thoughts and the Harmful Trend That Misrepresents Them

**By Alie Garza**

In the world of OCD, historically, the media has done us no favors in creating opportunities for awareness, advocacy, and education on what it looks like to live with and treat OCD. When I ask the average person what they think of when I ask about media portrayals of OCD, the two I hear the most are the movie "As Good as It Gets" and the TV series "Monk." Don't get me wrong; I was an avid Monk fan as a teen. But what do these two examples have in common? Middle-aged men with what's described as OCD with contamination and just-right themes. Representation matters, and when only two slices of the large "pie" of OCD themes are being shown repeatedly, the consequences, unfortunately, seem to spill over to the clinical world as well.

In recent months, there was a "trend" on TikTok and other platforms highlighting the concept of "letting our intrusive thoughts win." Each video, with some version of users saying "I let my intrusive thoughts win and...", then filling it in with their examples. When explaining intrusive thoughts to patients, loved ones, or anyone else, I always highlight that nearly *\*everyone\** has experienced intrusive thoughts. My go-to example is, imagine you're hiking and you see some overlook that is high up. It's by no means uncommon for someone to have a thought of, "Wow, I'm really high up. I *\*could\** fall/jump/stumble/etc."

For a person without OCD, the subsequent thoughts tend to be along the lines of, "Hm, that was a weird/random/unexpected/unwanted thought," before going on with their hike and not thinking about it again.

But for a person like myself with OCD, we can have the same thought, but what follows is vastly different. It could sound like:

"WHY AM I THINKING THAT?"

"DO I WANT TO BE THINKING THAT?"

"I CAN'T THINK THAT!"

"I NEED TO THINK ABOUT ANYTHING ELSE!"

Followed by a slew of mental and physical compulsions, such as: trying to block the thoughts, replace the intrusive thoughts with a positive one, grabbing onto a tree as a means to restrain themselves, avoiding looking at any ledges looking the opposite, walking as far from a ledge as possible, etc.

An intrusive thought is defined as being anxiety-provoking, unwanted, undesirable, and goes against our values/desires/identity. People with OCD experience clinically significant amounts of intrusive thoughts, followed by a spike in feelings of anxiety, dread, terror, and fear. Then, urgent attempts to reduce or eliminate those feelings in the form of compulsions that can be internal and external.

In this trend, we see people recording videos in which people make statements such as:

"I let my intrusive thoughts win and dyed my hair blue!"

"I let my intrusive thoughts win and asked this guy out!"

"I let my intrusive thoughts win and painted my bedroom green!"

For those of us in the world of OCD, it leaves us shaking our heads. In this trend, the word intrusive is being used in situations where the word \*impulsive\* would be much more accurate. To act on a sudden urge is to be impulsive. It may seem like a matter of mere semantics, but for folks with OCD, this inaccurate use of the word intrusive can perpetuate stigma, misinformation, and shame. To "let an impulsive thought win" of dying your hair, painting your bedroom, or asking someone out leads to minimal (if any at all) consequences. Meanwhile, the thought of an "intrusive thought winning" for a person with OCD can lead to debilitating impairment. A person with OCD with harm themes, for example, the concept of "if my intrusive thought won," aka if their intrusive thought happened, could mean to them:

- The death of themselves, their child, a loved one, etc.
- Being arrested and in prison for life.
- Harming someone vulnerable in an irreversible way.

The feared outcome of OCD fears, and the complete intolerance of even a statistically minuscule possibility of it coming true, is the fuel that leads to OCD's fire growing stronger and stronger. Hence, why it's by no means uncommon that as OCD increases in severity, especially without evidence-based treatment, as does the likelihood that patients become increasingly agoraphobic, self-isolate, leave their jobs, distance themselves from loved ones, disengage from their interests, etc.

While social media has been a significant tool for advocacy, destigmatization, connection, and education for the OCD world, this trend is an example of something that may be seemingly harmless but can counter our efforts. But ultimately it's an indication that while there are steadily increasing efforts to spread accurate information/representation of OCD, there's more work to be done.



*"Some things", Oscar Wilde once remarked, "are too important to be taken seriously."*

I am the type of person to take things VERY seriously. I have been told on more than one occasion, that I am "intense." I have been told that I should smile more. While I once wore my seriousness and my intensity as a badge of honor, a marker of my maturity perhaps, I now see my tendency towards seriousness as a limited strategy at best. Oscar Wilde was truly onto something when he suggested that we all lighten up.

OCD often takes important things very seriously. And who can blame it! Keeping ourselves and our loved ones safe, reaching our goals, not making mistakes, and maintaining peace and control over our lives are all important ideas and common OCD themes. The problem lies in how seriously we take these important ideas.

The more seriously we take these things, the more control we try to exert, the more we find ourselves attached to outcomes,

the more we engage with compulsions, and the more we find ourselves trapped in a distressing cycle of obsessions and compulsions. When we can take important things (our OCD themes) less seriously, the more we are able to loosen our controlling grip and enjoy life while also honoring the importance of our OCD themes.

There are a variety of response prevention strategies aimed at exactly this. If you are interested in trying out the idea of "some things in life are too important to be taken seriously" consider Jon Hershfield's Headline game from his book "Everyday Mindfulness for OCD."



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## Headline Game

- Make a headline and subheading about your OCD thoughts.
- Make it funny and outrageous.
- Take something important to you and don't take it seriously.
- Say what OCD is threatening you with in the most blunt way possible
- Create a subheading that articulates how you are failing to do with the OCD says you need to do.

Examples:

“LOCAL MAN ACQUIRES VIRUS THAT WIPES OUT EASTERN SEABOARD: Should Have Taken Second Coffee Cozy from the Stack.”



“ASYMMETRICAL TABLE SETTING ALTERS POLARITY OF THE EARTH: Billions of People Sent Orbiting Into Space Because Bob is Too Lazy to Move His Fork.”

“AREA WOMAN IDENTIFIED AS WORST PERSON EVER: Failure to Check Locks Results in Entire House Being Stolen (Including All the People in It, Who Are Still Missing)”

Challenge yourself to embrace the paradox that “some things in life are too important to be taken seriously.” Open yourself up to the possibility that by easing up and leaning into your sense of humor, you can honor the importance of doing a good job, keeping yourself and others safe, maintaining peace in your life, etc, while also not becoming trapped in a cycle of obsessions and compulsions.

By Kasey Benedict



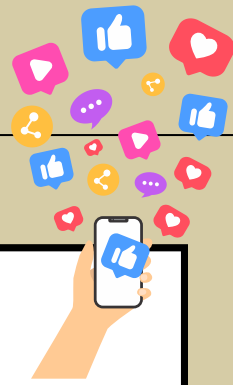


**Social Media Activity**  
**By Stephanie Lehto**

Sticker chart! Add a sticker to each activity below that you are able to complete in the next few weeks and when you get 10, get yourself a little treat!



<b><i>STICKER</i></b>	<b><i>ACTIVITY</i></b>
	<b>SPEND ONLY 10 MINUTES ON ALL SOCIAL MEDIA PLATFORMS</b>
	<b>DO NOT LOOK AT THE COMMENTS ON A VIDEO THAT YOU FOUND ACTIVATING</b>
	<b>SEARCH FOR DOG CONTENT WHEN YOU ARE COMPARING TO SOMEONE</b>
	<b>SPEND A DAY OFF SOCIAL MEDIA (THAT'S RIGHT, NO SOCIAL MEDIA) – THIS IS WORTH 3 STICKERS!</b>
	<b>FOLLOW ACCOUNTS THAT WILL CHANGE YOUR ALGORITHM FOR THE BETTER</b>
	<b>MUTE 5 ACCOUNTS YOU FIND ACTIVATING</b>
	<b>UNFOLLOW 3 ACCOUNTS YOU ARE NOT INTERESTED IN</b>



Sticker chart! Continued!

<b>STICKER</b>	<b>ACTIVITY</b>
	<b>WAIT 30 MINUTES BEFORE CHECKING SOCIAL MEDIA IN THE MORNING</b>
	<b>STOP CHECKING SOCIAL MEDIA AT 5PM</b>
	<b>POST A PHOTO OR VIDEO THAT IS NOT PERFECT</b>
	<b>DO NOT CHECK THE LIKES AND COMMENTS ON YOUR FRENEMIES POST</b>
	<b>&lt;FILL IN THE BLANKS BELOW FOR SOMETHING RELEVANT TO YOU!&gt;</b>

# CREATIVITY CORNER



By Allyson Hannah



By Christen Wernig

Want to share a poem, piece of art, or mental health related creative endeavor? Send it to [Emily.Hemendinger@CUAnschutz.edu](mailto:Emily.Hemendinger@CUAnschutz.edu)

# OCD PROGRAM HAPPENINGS



The May OCD team retreat had team members exploring their leadership styles through discussion, challenges, and an escape room (left and above)

In June, the IOP team held the first IOP field day filled with fun exposure games and bonding (right).

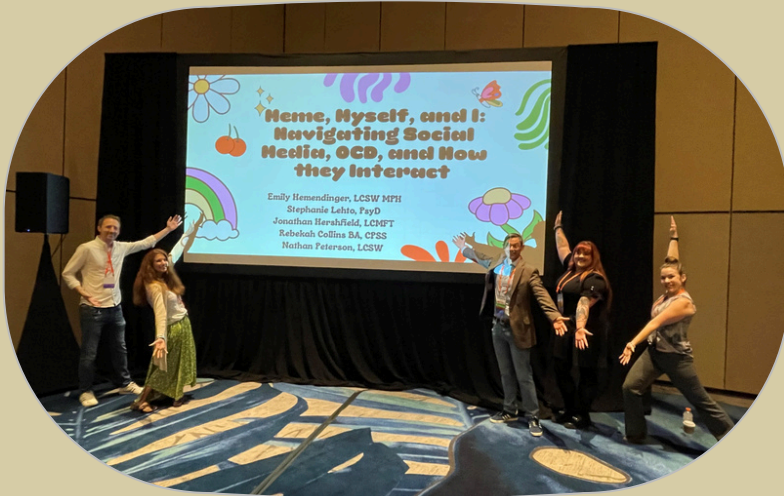


Emily, Rachel, Stephanie, and Alie headed to Orlando, FL for the 29th Annual IOCDF conference where they presented a total of 7 presentations



One presentation was called Adulting 101: Navigating Adult Life with OCD (left)

## OCD PROGRAM HAPPENINGS



Another presentation titled “Meme, Myself and I: Navigating Social Media, OCD, and How They Interact” was well received (left)

Despite a very busy few days, the team did find time for some fun and silliness at Universal Studios (right)



## Participants needed!

Macquarie University researchers seek participants who've experienced Obsessive Compulsive Disorder symptoms and used hallucinogenic drugs. Share your insights through an online survey and potential interview. Must be 18+, English fluent, and reside in Australia, New Zealand, Canada, United States. Complete the survey in 30 mins and possibly a 30-minute interview. Participants enter a prize draw for three \$100 vouchers. Contact Dr Vince Polito ([vince.polito@mq.edu.au](mailto:vince.polito@mq.edu.au)), or Dora Szabo ([dora.szabo@students.mq.edu.au](mailto:dora.szabo@students.mq.edu.au)). This project has been granted ethical approval from the Macquarie University Medical Sciences HREC: 520231641854696.”