

# INTRUSIVE THOUGHTS

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

## HAPPY 2023 AND HAPPY MONTH OF RELATIONSHIPS AND CONNECTION

Brene Brown defines connection as “the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.” We often think about connection between people, but connection is multidimensional and can exist between many things. The connection we have within ourselves, with nature, or a higher power for example. This Valentine’s Day, take some time to reflect on the myriad of ways that connection shows up in your life and ask yourself:

- In what areas of my life do I feel most connected?
- How might it feel to express my gratitude for these connections?
- In what areas of my life would you like to feel more connected?
- If I would like to improve my connection with something, what are some things that get in the way of me doing so?
- Why is it important for me to improve this connection?

Take some time to really ponder these questions and if it feels meaningful, perhaps you can put together a few small goals around how to nurture the areas of connection that are most important in your life.

Wishing you a happy, healthy, and connected Valentines Day,  
The OCD Team



## 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*

*Dr. Josh Evans MD-Psychiatrist*

*Katie Slnsko -- Social Work Intern*

*Maritza Martinez -- Volunteer*



## 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*

*Fridays at 4pm  
For adolescents 13-17 years old with OCD and related disorders*

*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:

Emily Hemendinger, LCSW, MPH, CPH, ACS is currently an Assistant Professor, Clinical Director, and DBS Coordinator with the OCD Program, Department of Psychiatry, University of Colorado School of Medicine, Anschutz Medical Campus. Emily completed her dual degree program (Masters in Social Work and Masters in Public Health) from the University of Pittsburgh. She has over 10 years of clinical experience working with OCD, anxiety disorders, perfectionism, body image concerns, and eating disorders. Emily has a background in behavioral and community health sciences, health education, and health promotion. Her passion is combining her mental health and public health work, with specific focus on reworking our society's relationship with food and self-image. Emily utilizes an eclectic approach to therapy, focusing on meeting the client where they are at in their mental health treatment journey and empowering them to live a fulfilling and values-based life. While not at work, Emily enjoys spending time with her aussie-corgi mix, Harrison Ford Hemendinger, hiking, climbing 14ers (she's done 46/58), and finding the best ice cream places Colorado has to offer.

# LET'S TALK ABOUT SEX & OCD

In honor of relationships this month, let's continue to break the taboo nature of talking about sex and how OCD can interfere in this area of people's lives. From contamination concerns, to intrusive thoughts before, after, and during sex, to excessive rituals before, during, and after, OCD can rob much or all of the enjoyment from this event.

So, how do we take sex/sexual intimacy back from OCD? The first thing is to take the plunge and name it with your provider. This can be a difficult step for many reasons including gender dynamics, sexuality dynamics, or just general discomfort with the topic. Yet, hopefully your provider has created a safe space to discuss these aspects, name them as well, and develop a plan to allow for this to be discussed in a safe manner. By talking about how OCD shows up in this area of your life and with your provider, you can craft exposures that will help take sex and intimacy back from the OCD.

Additionally, this would be a great area to educate your romantic partner on. Maybe bring them into a session and talk about the ways a loving partner may fuel the OCD either through accommodation or reassurance, and look for ways to have your partner help you make sex and romance a space where OCD is not welcome.

So, in honor of relationships this month, engage in one exposure around sex and intimacy. If you are unsure what that can be, talk with your provider.





## **A LITTLE BIT ABOUT MEDICATION AND OCD WITH DR. RACHEL DAVIS: PART TWO**

### **How well do these medications work?**

Medications work best when combined with exposure and response prevention therapy. About 7 out of 10 people will benefit from medication, ERP, or a combination of both. People who benefit from medication usually experience a reduction in symptoms by about 40-60% (as measured by the Yale-Brown Obsessive Compulsive Scale). This means that, for most people, OCD cannot be “cured.” Rather, individuals with OCD can use medication and ERP as tools to help them manage their symptoms while building and living a life that is meaningful and enjoyable, even in the presence of ongoing symptoms.

### **Will I need to take medication forever?**

Most people benefit from continuing medication indefinitely as the research shows that most individuals’ symptoms will return within two months of medication being stopped. Keeping this in mind, some individuals can manage their symptoms with with ERP alone. However, for others, medication is necessary for them to be able to tolerate and participate in ERP.

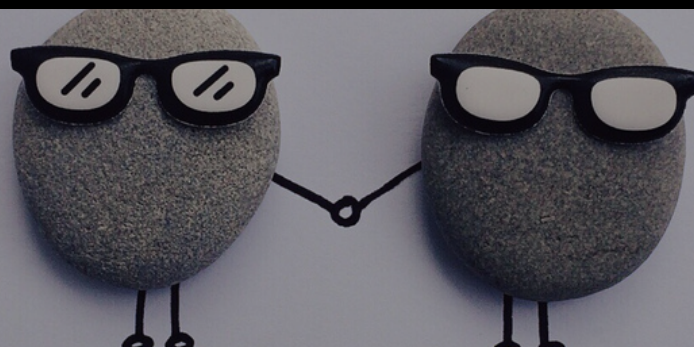
### **Are there other medications that can be used to enhance the effects of medications that act on serotonin?**

Yes, there are many studies suggesting that medications that act on glutamate (such as memantine, lamotrigine, and topiramate), dopamine (antipsychotics – especially in those who also have tics and stimulant medications), and GABA (gabapentin, benzodiazepines) may also provide benefit. The references below also discuss additional medications.

# BUILDING CONNECTION 101

Building and strengthening connections can be difficult. It requires risk, vulnerability, and creating opportunities to form friendships. This can be especially hard with mental health and preparation, which makes exposures in this area even more important! Give a try to some of the below activities to move yourself out of your comfort zone

- Say hello to the third person you see every day
- Ask a coworker to get coffee
- Set a boundary – boundaries help the relationship by setting guidelines!
- Sit by someone new at lunch
- Join a meetup group ([meetup.com](https://www.meetup.com)) for something random
- Share something that has been on your mind with an acquaintance
- Ask a coworker about their thoughts on a meme
- Join a committee or club at work or school



# Can my pet have OCD?

If you experience OCD or know someone who does, understanding the challenges that come with this mental illness may come easily. But, have you ever imagined your furry animal feeling that same discomfort?

Pets can experience symptoms of OCD, just like us. A common compulsion dogs and cats exhibit in response to their anxiety is excessive licking in one area of their body. In dogs this term is acral lick dermatitis, and in our feline friends it is called excessive grooming.

The difference between an area being itchy versus your pet having a mental component is that if it were related to anxiety, your pet would continue licking an area to the point of infection even after the introduction of antihistamines, steroids, and antibiotics.



Success in relieving symptoms of OCD in cats and dogs has been shown with the use of clomipramine, the same medication that has been FDA-approved for the treatment of OCD in humans.

Understanding that our pets can have OCD and experience relief from similar treatments further illuminates the reality of this mental illness. It also opens the door to recognizing that their minds can be more complex than meets the eye.

## A final thought on connection:

We often see that in order to improve our connection with others, we first need to focus on our connection with ourselves. One simple self-compassion exercise to start cultivating this inner relationship is to begin talking to ourselves the same way that we would talk to a dear friend, loved one, or pet. This can be an especially powerful tool when things have not gone our way or if we have made a mistake. Try it out, you just might be surprised at the results.



Be on the look out for information about our June 17, 2023 event, Exposure-palooza! There will be carnival games, exposures, and guest speakers. More info to come!

# 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](mailto:SLEEP.STUDY@COLORADO.EDU) AND ASK ABOUT THE CIRCADIAN RHYTHMS IN OCD STUDY.**