

INTRUSIVE THOUGHTS

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

HAPPY FALL AND WINTER Y'ALL!

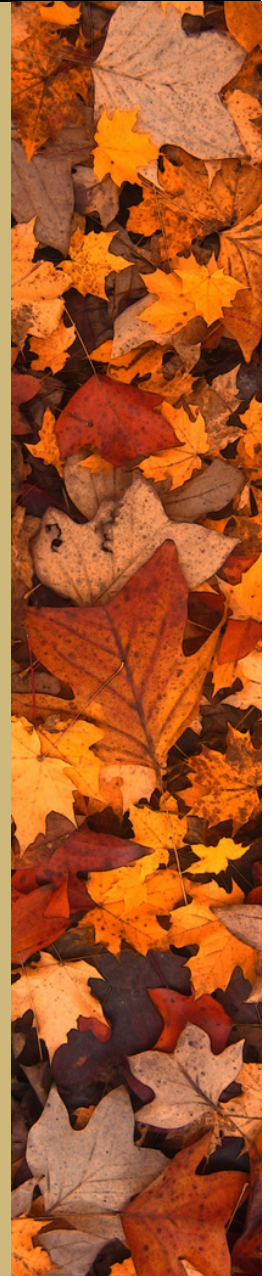
Are you like me? Do you love this time of year? The way the sun shines, the blue of the sky seems richer, and the trees glow from the inside out until the leaves fall. Colorado is just marvelous that way—even well into December we often have such stunning, warm days. On the occasions when it does snow, it often melts by the next afternoon! This time of year can bring reflection for many, and the rhythm of the seasons can nudge us to examine our own rhythms and patterns.

Reflection is important and good for us. When done in a healthy way, it can help us identify motivations, emotions, and actions that keep us from moving in the direction of the people we want to be, the relationships we want to have, and the lives we want to live. For many, being their “best self” is a strong focus of attention, striving, and quite often, frustration. People set intentions year in and out to “become their best selves” and find themselves deflated, angry, and upset when they encounter their own shortcomings. Their solution following reflection is often to “try harder and do better,” however, this does not fix anyone’s propensity for human moments and missteps.

As human beings, we sometimes respond to situations in ways that we are not proud of because our capacity at the time is low. Given the right circumstances, all people have the potential to make mistakes and decisions that can have negative outcomes that range from slight and trivial to dire and life-altering. Maybe you have made one of these types of mistakes this past week. Maybe you have made several. This can feel scary to think of. It forces us to confront our imperfection, our fear of failure, and any self-worth that is tied to performance.

Too often, people can become stuck when they believe that being their “best self” must follow the trajectory of an ever-improving, linear incline to the top; it assumes that one’s capacity to improve is either the same or always increasing, which is false because we are human beings—we have limits. Despite our limitations, life requires that we carry different things depending on what is happening at home, work, or school, with our health, children, finances, and relationships, among other things. It is like we are all walking up the mountain-of-life, carrying a proverbial “backpack of stuff” that changes in weight because of what is happening around us. This affects our speed, fitness, wellness, pain, and balance. It also affects how easily we can interact with others on the mountain and how well we can make the jumps and maneuvers that we need or want to when things get rocky.

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Department of Psychiatry

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

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It is easy to assume that trying harder is all we need to do better, but we forget that a backpack full of rocks is heavier than a backpack carrying a couple of pebbles.

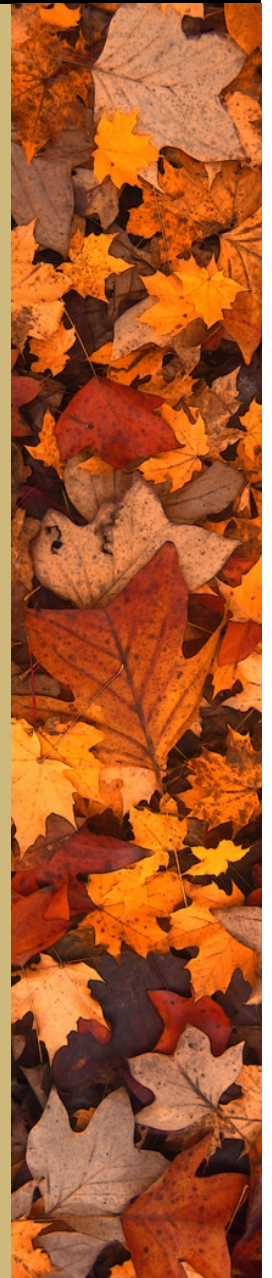
Capacity is defined as “the maximum amount that something can contain or produce” and therefore determines what we are able to do at any given time. So, what this means is that our capacity changes from day to day or hour to hour. Your “best” one day might be entirely different than your “best” the next day. When we are filled to the brim, we only have so much reserve left over for additional things. If you find yourself thinking that you “should have done things differently,” or feel confused about how you could have made a choice that you never thought you were capable of, it can be important to consider what your capacity truly was at that time—emotionally, physically, mentally, spiritually, financially, etc. Were you truly capable of doing better? Or do you simply wish that you were?

This is where the tough work begins—

- Can you begin to make space to believe the duality that you may have been doing your best even if you made a mistake or wish you could have done things differently?
- Can you begin to give yourself grace for how your best changes based on the other things you carry?
- Can you begin to kindly say to yourself, “Today’s best wasn’t as good as yesterday’s best, and I really hope my best tomorrow is better.”
- Can you be patient and compassionate toward yourself, knowing that you are doing your best, and hold yourself accountable to take action steps to make improvements/gain healing in areas where there is dysfunction?
- Can you begin to believe these things are true for other people too?

Remember, the amount of water it takes to overflow a cup depends on how much ice is inside. Some days you can hold a lot of water and some days you can hold only a little—that’s capacity. Remember this for yourself and for everyone else. Be kind to yourself and to others, everyone’s capacity is different and changing just like yours! 😊

Wishing you a happy late fall, early winter, and wonderful holiday season!
Abby, Rachel, Emily, Stephanie, Kasey, Scott, Katie, and Maritza



Department of Psychiatry

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UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

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 (waitlist)
For adults ages 18+ with OCD and related disorders*

*Tuesdays at 5pm (waitlist)
For adults ages 18+ with OCD and related disorders*

*Wednesdays at 5pm (waitlist)
For adults ages 18+ with OCD and related disorders*

*Thursdays at 4pm (waitlist)
For adults ages 18+ with OCD and related disorders*

*Fridays at 4pm (waitlist)
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: SCOTT CYPERS

Dr. Scott Cypers, PhD, is a Licensed Clinical Psychologist with the OCD Treatment Team and Director of Stress & Anxiety Programs at the Helen and Arthur E. Johnson Depression Center at the University of Colorado Anschutz School of Medicine. Dr. Cypers spent the first 9 years of his clinical career in Student Mental Health working at 6 different counseling centers across the country focusing on anxiety services. He then transitioned for one year to military mental health, and finally found his ultimate home in medical settings working with anxious youth, adults and families at Childrens Hospital Colorado and the Helen & Arthur E Johnson Depression Center. Dr. Cypers believes that empowering people with knowledge and skills, can increase confidence in leaning into exposure practices that help overcome anxiety and OCD. He utilizes a lot of metaphors in his therapy, equating anxiety/OCD work like learning to become an expert skier. He is even working on an app called "shred your anxiety" based on these principles. When he isn't working, Dr. Cypers enjoys spending time with his wife and 3 kids ages 15,12,and 8, playing pranks on friends and family, and enjoying all the amazing outdoors that Colorado has to offer.

Training Opportunity for Clinicians

January 11-13 2023

9am-5pm

Zoom/Virtual

COMING
SOON

3-day training on ERP/OCD/Anxiety with children, adolescents, and adults

Train with OCD and anxiety experts from CU Anschutz Medical Campus

Registration link coming soon! Email: Emily.Hemendinger@CUAnschutz.edu for more info!



A LITTLE BIT ABOUT MEDICATION AND OCD WITH DR. RACHEL DAVIS: PART ONE

What type of medications are used to treat obsessive-compulsive disorder?

The primary medications used to treat OCD increase the concentration of the neurotransmitter, serotonin, around the nerves in the brain. We don't fully understand the exact pathways or mechanisms as to how this leads to improvement in OCD symptoms. These medications are also used to treat depression and anxiety. Treatment of OCD often requires much higher doses than used to treat depression and anxiety, and medications should be tried at maximum dose for at least 12 weeks before assessing effectiveness. These medications include:

Clomipramine
Citalopram
Escitalopram
Fluoxetine
Fluvoxamine
Sertraline
Paroxetine
Venlafaxine ER

For specific information on commonly used doses, check out: **International OCD Foundation | Medications for OCD (iocdf.org)**

Clomipramine is an older medication that acts of many different neurotransmitters so tends to have more side effects such as sedation or blurred vision. However, some studies and clinical experience suggest that clomipramine may be more effective than other medications, so it is often worth trying if other medications have not been effective.

BABY, ME, AND OCD

Guest Author: Danielle Cooke

Many people think of pregnancy and parenthood as a time of joy and wonder, watching their little one grow and develop. While it certainly can be that, it also can be a time of exhaustion, uncertainty, and stress, as new parents struggle to grow a life, find a new rhythm and routine, and above all, a new sense of balance. If you struggle with intrusive thoughts, this time period can kick them into overdrive, as you wrestle with diaper changes, spit ups, first baths, midnight feeds, and a new little one that is totally dependent on you for their survival. Is it any wonder that for some, this time feels less magical and more like a source of worry?

The good news is that intrusive thoughts about parenting is normal. Somewhere between 60 and 80% of new parents (birthing parents and non-birthing parents alike!) wrestle with a sudden influx of intrusive thoughts about their baby's health and wellbeing, and frequently, associated compulsive behaviors. These thoughts are so common in new parents that it's been a big challenge for researchers and clinicians to figure out how to measure normal "new parent worry" versus intrusive thoughts. These thoughts are the same that we see in OCD – frequent, distressing, intrusive thoughts about contamination and illness, accidental or intentional harm, needing things to be just right, magical thinking, even taboo thoughts! This can be scary stuff for new parents.



BABY, ME, AND OCD

Having intrusive thoughts doesn't mean that you're going to be a bad parent, in fact it may mean the opposite! Leading OCD researcher Dr. Jon Abramowitz has posited that intrusive thoughts may have developed as an evolutionary response to new parenthood, to help keep new children safe and cared for. But that doesn't mean that intrusive thoughts should get in the way of enjoying being a parent. If you're thinking about becoming a parent, or you're already on your way, what should you do?

The most important thing to do is to make sure you've got a good team to support you. Pregnancy and parenthood is hard! Your team could be a partner or spouse, or it could be close friends, family, other parents or your community/religious organization. These will be the people supporting you through sleepless nights, and helping bring food or stepping in to provide childcare when you need a well-deserved break. It should also involve your treatment team – your therapist, psychiatrist, your obstetrician, midwives and/or doulas all make great team members to support you on your parenting journey.

If you've struggled OCD in the past or are currently struggling, you may be worried that pregnancy hormones or the sleepless nights of new parenthood may make things worse. This can be true for some, and it can also be a source of strength! You know what intrusive thoughts and compulsive behaviors are, and hopefully have learned or are learning some good tools from your treatment team to manage them. You're actually better equipped than a lot of new parents when these symptoms start! While these thoughts can be scary, its nothing you've seen before, and nothing that you and your team can't handle. You've got this!





Holiday ERP

The holiday season can be stressful for anyone. Since ERP is not always the most relaxing way to pass your time, why not make it a little more fun by making your exposures holiday themed! Here are a few ideas for exposures that you can plan on doing to manage your OCD symptoms during the holiday season.

- When getting in on the holiday cooking, challenge yourself to touch raw meat or poultry with your bare hands.
- Wrap that present so that the pictures do not line up. Better yet, wrap the present with just a little less paper than you need so that the box shows through.
- Allow yourself to be around dangerous objects (kitchen knives, cookie cutters, scissors, candles) knowing that it may make you worry that you could hurt yourself or someone else.
- Lean into the uncertainty around whether or not Uncle Hank washed his hands before grabbing a holiday cookie, and eat one yourself. Yum!
- Allow yourself to lean into the uncertainty around whether or not you got Uncle Hank the perfect gift and what it might mean if you didn't.
- With the holidays can come a lot of pressure to be happy, grateful, and joyous. Know that you will likely not feel this way all the time and give yourself some self compassion when you don't. Talk to yourself the way that you would talk to someone you care about. Instead of beating yourself up, take a moment to acknowledge the hard work that you are doing, remind yourself that you have tools that you can use, and be kind to yourself when you (inevitably) are not perfect.

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.