May 2024 Newsletter vol. 3, issue 3

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

LIFE GIVING

Several years ago, someone stole something from me – something of deep sentimental value.

This table and set of chairs were the prize of 14 weeks of my time and handiwork approximately 10 years ago. I purchased the set from Craigslist and spent most of a summer and early fall learning and perfecting the craft of refinishing and restoring solid wood furniture.

I had stripped the old varnish, sanded every piece, and created a custom stain color – a proprietary blend of a deep rustic chocolate combined with other colors for a resulting soft and warm rustic tan with a gray undertone. I can still smell the orange chemical smell of the CitriStrip, sawdust, and wood stain. I can hear the buzzing of the sander and scraping to remove the varnish. Most of all, I remember the connection and conversations I had completing this project with my cousin who is more like a sister. We created this table for my new life. I had visions of feeding my future littles at this table. I'd added an extra thick topcoat with the expectation of future messes from paints, markers, smashed and sticky finger foods and juice. I imagined life at this table- with family, with friends, with people in need of love.

Sadly, life happened, and my dream came to a screeching halt. I had to leave my hopes and plans, and my table, rather suddenly. I had no recourse when the one I loved most took this table as a penultimate act of spite. Hurt people cannot help but bleed on to others; he could not help but bleed onto me and no doubt I have bled onto others. Tears filled my eyes for longer than I would like to admit as I fluttered between sadness, shock, and anger for the better part of several years.

It is natural to feel anger when someone hurts us. Anger can be healing in ways that it calls us to acknowledge and fully understand what happened. If we let it, anger propels us toward justice and future compassion for others who are also hurt. Anger points us to what we know to be inherently wrong when we are wronged. Anger is a good and important indicator.

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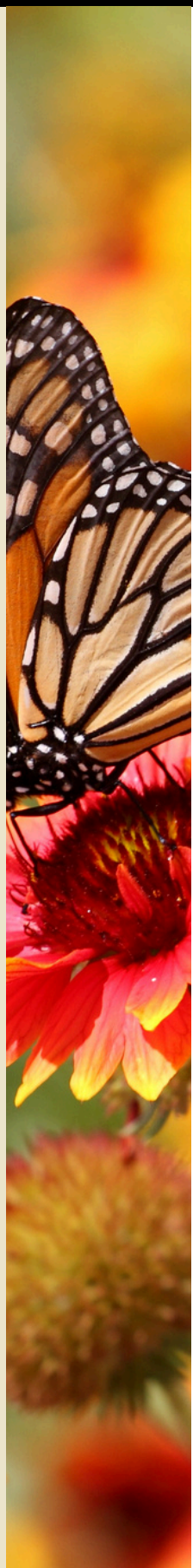

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Yet, improperly channeled anger grows bitterness, a tiny little sprout with the capacity to grow a ruthless weed. Bitterness does not begin by requiring much of us, but it is parasitic in nature and will become unbridled and devour everything in its path to stay alive. Bitterness sucks the nutrients -grace, love, mercy, compassion – from souls, relationships, and passions in a desperate attempt for self-protection. It tells us that we are justified in how we feel, our cynicism, sarcasm, and dislike for people, life, and the whole world. It spreads and we wither. Our joy, our energy, and our hope are jailed to keep us from being let down again. This often creates situations in which we continually experience the hurt we so desperately want protection from. For example, our disgust pushes people away. We expect to be let down and create self-fulfilling prophecies that confirm our beliefs about the badness of life. The question is, how do we manage our righteous anger without allowing it to consume us in bitterness. One of the important answers is breathing and speaking life over pain.

Before I continue, I understand that my example above describes the loss of a beloved item, and it might feel unrelatable to the injustice in your life. Maybe you have had something more horrific happen to you. Maybe someone has taken pieces of you- your body for their use and abuse, hurt your child, tarnished your reputation, ruined your relationship(s) or dreams. I get it – me too. It is scary and deeply painful to be us.

Yet, the only way I have learned to combat bitterness is through the example of a dear mentor of mine. She once shared with me something that happened to her child and explained the depth of anger and horror she naturally felt. I certainly would not blame her if she were still angry, consumed, etc., but she was not. She shared that in the wake of this tragedy she felt as though she needed to “speak life” over the person who inflicted the pain. She explained that she felt as though she should hope for blessing over this person’s life. For her, this was through prayer, but “speaking life” over someone is not exclusive to prayer- it is equally applicable in however you engage with your pain, anger, and bitterness in this world.

In her sweet and cheeky way, she shared that the first day she could barely get out the words, “bless them” and continued this vinegar-tasting activity day-after-day, month-after-month. The shift was not quick, but she found herself eventually able to let go of the way that her justified fierce anger was consuming her. Surprisingly, it did not cause her to justify or minimize what happened and instead allowed her to move toward a full acknowledgment of the injustice and its cost to her family. Healing always requires truth telling of the worst kind. Over time, she experienced acceptance of the reality of the event, not endorsement of what happened. This allowed her to move forward and toward her values as a person, wife, and mother.

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Her story came to mind several months after the loss of my table. I began to realize that my table was more than a table to me – it was a symbol of my belief that if I worked hard enough my life would go well. So, I tried what she said. Whenever I would start to feel angry or upset about my table I would grumble in my head, “Please bless him.” I grumbled this for months until I felt like maybe I should take it up a notch. I started the practice of hoping for life for him at this table, that he would experience love and healing at this table, that he would not be alone, and that he would be healed by the love within and around the table.

It is such a costly practice – to lay down my ideas of how to take this table back, to breathe life over him when the life I wanted was shattered, to hope for healing instead of punishment. It changed me. I do not hate him. I can now genuinely hold hope that goodness and mercy will find him. I will not ever feel like his actions were okay or justifiable, but “speaking life” gave me room to feel freedom from my ruminative anger, beginning bitterness, and my attachment to the hurt. I still must practice, but my freedom is worth the cost.

No one can pay back your hurt or my hurt in this situation or others– no words, no money, no action can completely undo the pain that was caused. Yet, “speaking life” can eliminate the power that person, deed or suffering has over you.

Your freedom will never make what they did “okay,” but any move toward wholeness or restoration, any lifegiving words or actions ripple in the pond of life we all share. Healing for anyone is healing for the world. Ripples move outward.

I hope you will give yourself the opportunity to find freedom from the power your wounds or bitterness hold over you- whether from someone else’s actions or your own.

Can you speak life over the hurt, the person, the loss that rocked your world?
Can you say in your head even if you don’t mean it yet, “I hope they are blessed, I hope for kindness in their life, I hope for restoration, healing, freedom…for them.”

Can you speak lifegiving words over yourself for your own failures and shame?
Can you speak over yourself that healing is possible, it’s not too late to find joy or hope, or to find restoration and healing. This is not the end. You are going to make it.

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With all my care:
I hope something good happens to you today.
I hope something makes you smile.
I hope something makes you feel loved and seen.
I hope you know that your pain matters and you matter.
I'm so deeply sorry for whatever happened that made you feel like a part of you died.
I hope for healing and restoration beyond what you ever thought possible.

Warmly,

Abby

Dr. Abby Norouzinia

The ocd team has to say a very sad goodbye to our beyond valued team member, Abby. Abby joined the team in August 2021 and was a steady part of the team and department community. Her expertise, passion, and spirit will be missed.

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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 Psychologist*
- *Kasey Benedict LCSW -OCD Therapist/Licensed Clinical Social Worker*
- *Dr. Alyssa Tran DO -- Psychiatrist*
- *Dr. Jake Gadbaw MD - Psychiatrist*
- *Katie Sinsko MSW, SWC -- Social Work Fellow/IOP Therapist*
- *Alie Garza LCSW -- IOP Care Coordinator/Licensed Clinical Social Worker*
- *Orah Fireman, LCSW, MEd -- IOP Behavioral Health Specialist/Licensed Clinical Social Worker*
- *Harper Gillard -- MSW candidate and social work intern*
- *Erin LeBeau --MSW candidate and social work 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

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. JACOB GADBAW

I grew up outside of Washington DC and made my way to the Midwest for college, attending Washington University in St. Louis. I majored in Philosophy, Neuroscience, and Psychology (no surprise that I ended up in Psychiatry) and after college I moved to San Francisco for a couple years before medical school. I bartended (at a lion themed Tiki bar) and worked at UCSF in their Palliative Care department, helping to create videos for people dying of terminal illness to leave for their families. I came to Colorado in 2015 for medical school, grateful to be so close to the mountains and sunshine. I stayed for Psychiatry residency, finishing this past year, and now am on faculty working in the Johnson Depression Center and OCD and Anxiety IOP, and teaching in the outpatient resident clinic.

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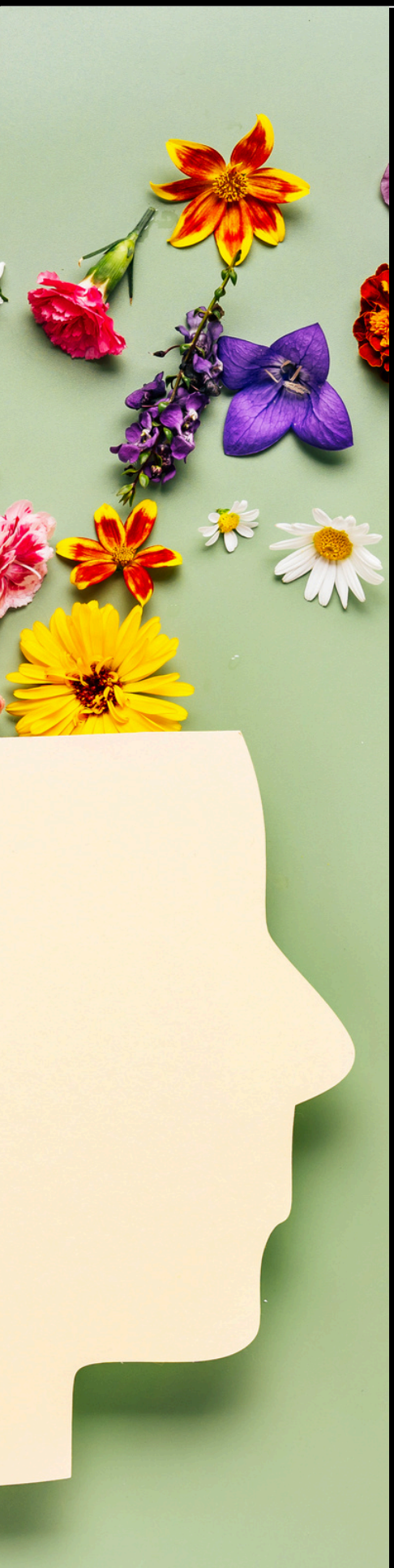

LET'S TALK ABOUT STIGMA

BY EMILY HEMENDINGER

With May being Mental Health Awareness Month, we NEED to talk about the elephant in the room, the thing many of us face in a variety of areas of our lives and even in our healthcare system; we need to talk about mental health stigma.

Stigma and Where it Comes from

Stigma is a broad term that describes any negative belief or attitude related to a trait, characteristic, life circumstance, or mental or physical health status of another or self. Discrimination can be related to how someone treats you because of stigma. Mental health stigma, specifically, often occurs from inaccurate information and beliefs from our society, as well as fear.

The media frequently does a poor job of portraying mental illness and often reinforces many stigmatized beliefs held by society. Instead of viewing mental illness as a societal issue, the media focuses on it as an individual issue, leading to increased blame on the person with the mental health condition. Commonly used media tropes that reinforce mental health stigma include, inaccurate portrayals of mental illness, using mental illness as a punch line/joke, having characters with mental illness being the villains, overgeneralization that misses nuances and individual differences of mental illness, using mental illness as the defining trait of an individual, and sensationalized news stories that equate mental illness with being dangerous.

Social media has been used to normalize and validate many mental health conditions, which in turn has destigmatized seeking treatment. However, there continues to be misinformation about mental health that is spread on social media. Some of this misinformation stigmatizes seeking therapy and being on medication, which in turn causes people to be hesitant about mental health treatment. Other misinformation and stigma reinforcing examples include:

Hashtags and videos about OCD being just about being organized or about cleanliness.

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- An influencer's celery cure for anxiety, depression, and OCD, as well as claims that these conditions are caused by heavy metals in the brain.

- Treating human traits as signs that one has a mental illness; pathologizing every human emotion leading to people feeling anxious about deviation from "normal" that they experience.

Impact of Stigma: Stigma can lead to worsened mental health and physical health, isolation, bullying and harassment, self-esteem and self-worth issues, hesitancy to seek help and treatment, exacerbated mental health symptoms, reduced hope, issues with receiving coverage from insurance for certain conditions, and difficulty accessing mental and physical health treatment. Additionally, Self-stigma can be related to medication discontinuation and stopping therapy prematurely. If people are not receiving social support and encouragement from those in their lives about their mental health treatment, they will be less likely to follow through with treatment recommendations.

Addressing Stigma: While stigma is a complex and big problem, below are some steps to consider to make changes on the micro and macro level.

Representation: Representation matters. People with different backgrounds, different abilities, and different mental health status deserve to be represented in the media and in places where decisions are being made. Mental health conditions are often shown as conditions that are uncommon or unusual. By providing education about the prevalence of mental health conditions and increasing representation, society can reduce stigmatized beliefs.

Language: Language is an important tool in addressing stigma. Our language can have an emotional nuance to it which can lead to people being perceived negatively. One way of decreasing stigma is using more neutral language. For example, the phrase "I'm so OCD. I love cleaning and organizing" is harmful because it trivializes a severe and impairing disorder. Instead, one could say a more neutral statement such as, "I like and enjoy when my things are clean, and I prefer to have things organized." Another way to decrease stigma is to recognize and speak to when media outlets and loved ones use stigmatizing language. Call them into a conversation about the topic by asking clarifying questions such as, "what do you mean when you said they were crazy?" or "what were you trying to say when you described them as psychotic?".

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Positive Media Portrayals of Mental Health and Treatment: Positive representation in the media is all about finding a balance between the suffering of the person, the impact on their life, and the hope that treatment can provide. Positive representation does not just focus on the "war stories" or gruesome details, it focuses more on the journey to recovery and instilling hope.

Community: Connecting with others who have had a similar experience can help reduce shame. Group therapy, message boards, or meetups can provide opportunities for connection, emotional support, and validation. Peer-led services and connecting to those with lived experience can be a powerful and impactful agent of change.

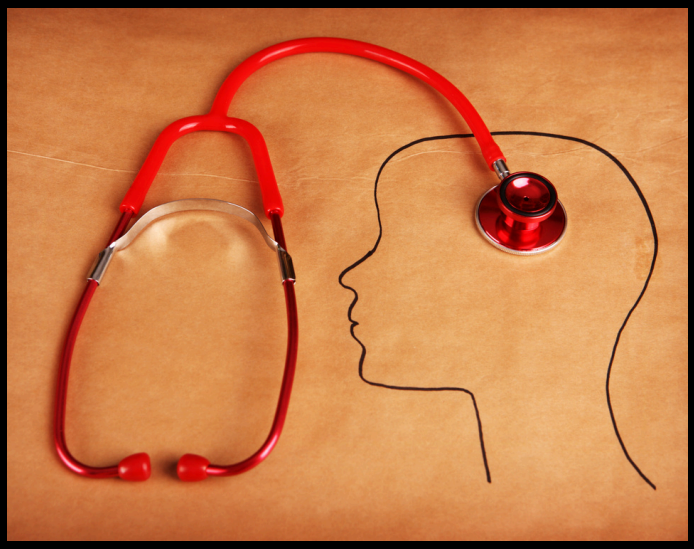
Self-disclosure: Sharing one's story and experience with mental health can be powerful for the person disclosing and the listener. Disclosing an experience with stigma may help to educate others, which may lead to them to consider how their words and actions affect others.

Social Media and Media Literacy: When it comes to consuming information about mental health through the media, it is important to examine the source. Typically, one wants to be looking for information from someone who is an expert and/or trained clinician, as well as someone with lived experience of a mental health condition.

Remember...
Stigma has a clear role in our society. While there is no simple solution, the interventions listed above have the potential to make lasting and impactful change in the long term.

Mental health literacy and education: Knowing more about a mental health condition might help reduce stigma as well. Educating yourself includes reading personal narratives of people with mental health conditions, learning about different mental health conditions, and knowing the difference between real mental health recommendations vs. mental health misinformation and disinformation. One of the most powerful interventions for reducing stigma is having contact with someone who is successfully managing their mental health condition.

Advocating for mental health parity: Physical and mental health have been separated by society and the healthcare system. Physical health is treated as something everyone has and mental health is treated as something that only people with a problem experience. However, mental health is a part of health, and everyone has mental health, just like everyone has physical health. It is important y to advocate for mental health treatment to be covered by insurance and for providers to be reimbursed appropriately at similar rates as physical health.



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LIFE IS NOT AN EXPOSURE

BY KASEY BENEDICT

As patients and providers, we need to stop talking about “life being an exposure.” While life is hard and things happen in our lives that “trigger” our OCD, life is NOT an exposure. Exposures are things that we do on purpose, with the intention of activating our obsessions. “Life” is everything that happens in between exposures. When we talk about “life being an exposure” we set ourselves up to be victims of our OCD. We feel like exposures just happen to us, and as a result we often wonder why we would choose to do exposures when “life is already so much of an exposure.” Instead of talking about “life being an exposure” we need to be intentional about our language. Triggers are situations that cause distressing emotions and obsessions, while an exposure is the act of intentionally confronting that trigger. As a metaphor, think about this as the difference between choosing to jump out of an airplane (an exposure) and being pushed out of an airplane without consent (a trigger). If we choose to jump out of an airplane many things might happen. It will likely be very scary and anxiety provoking, but it may also be empowering, thrilling, and exciting. Getting pushed out of an airplane will also be very scary and anxiety provoking, but it will likely feel out of control and traumatic. Same action (jumping out of an airplane) with a very big difference in how we experience it.

Life is triggering. We all get pushed out of the metaphorical airplane sometimes. Why then, would we want to choose to jump out of an airplane (do an exposure) when our OCD makes it constantly feels like we are being pushed out? The reality is that we don’t get to choose whether life will be triggering, it just is. Life is triggering for everyone. Life is hard for everyone. We are leaving that airplane one way or another. By choosing to do exposures, we are choosing to take some control back and turn a traumatic situation into one that is empowering. We are turning around and saying to the person pushing us out of the airplane, “no thanks, I think I can do it on my own this time.” We can’t choose our triggers, but we can choose to take them into our own hands. And making sure that we are differentiating between exposures and triggers, we have the correct language to no longer feels like victims of our OCD but rather brave, empowered partners with it. Enjoy your next skydiving adventure.

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BUT WHAT IF IT ISN'T OCD

BY STEPHANIE LEHTO

Mental compulsions, the compulsions we do in our head, can be difficult to identify as they feel almost automatic. The first step for mental compulsions is to build awareness. In this newsletter, we will focus on the compulsion of figuring out if what you are experiencing is really OCD, which probably stems from intolerance of uncertainty and the "what if" it's not actually OCD. This may show up as wondering if your treatment team has misdiagnosed you, and you actually have a different disorder—possibly something much harder to treat! You may have intrusive thoughts, wondering, "well, this could also be explained by XYZ, so I probably don't really have OCD. I don't need to do those exposures." This could stem into messaging your therapist and psychiatrist between sessions asking if you really have OCD, telling your friends and family that you think you have XYZ disorder and the symptoms to justify this, looking at forums online and consulting Dr. Google, and seeking further opinions.

If you do this, let me pose this question: Would you do this same process for a different diagnosis? Would that really solve the problem? My guess is no, you would then start to doubt the new diagnosis, and experience what if's maybe even "what if I really DO have OCD?"

The problem is not your diagnosis, it's your search for certainty. The truth is, certainty does not exist. We like to think it does, and we accept some uncertainties in life (for instance, that your car may not start someday), but there are some certainties we feel we NEED and would do anything for. That's where response prevention planning for our compulsions come in! Let's use those compulsions above.

Seeking reassurance: instead, delay reaching out to treatment team, and ask them in your next appointment. Create a plan for your team to confirm diagnosis one time, and otherwise respond with "that sounds like reassurance seeking."

Confessing: instead of telling friends and family how your diagnosis is wrong (likely to see how they agree with you for more certainty), create a plan to have your loved ones acknowledge your anxiety, and redirect the conversation to something different.

Researching: instead of consulting the internet, delay using the internet for 30 minutes and then search something completely unrelated (like how liquid nitrogen can be used to make ice cream, that sounds like a fun adventure!). This may involve turning off your phone/computer's Wi-Fi to help interrupt the search or doing something that does not involve the internet.

Ultimately, trying to figure out if you have OCD may be a manifestation of the OCD. The long-term goal is to learn to accept the uncertainty that maybe you do (or do not) have OCD, and maybe this treatment will (or will not) help. Not a satisfying solution... an uncertain solution.

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BEYOND CONTAMINATION AND JUST RIGHT: TABOO OCD THEMES

BY ALIE GARZA

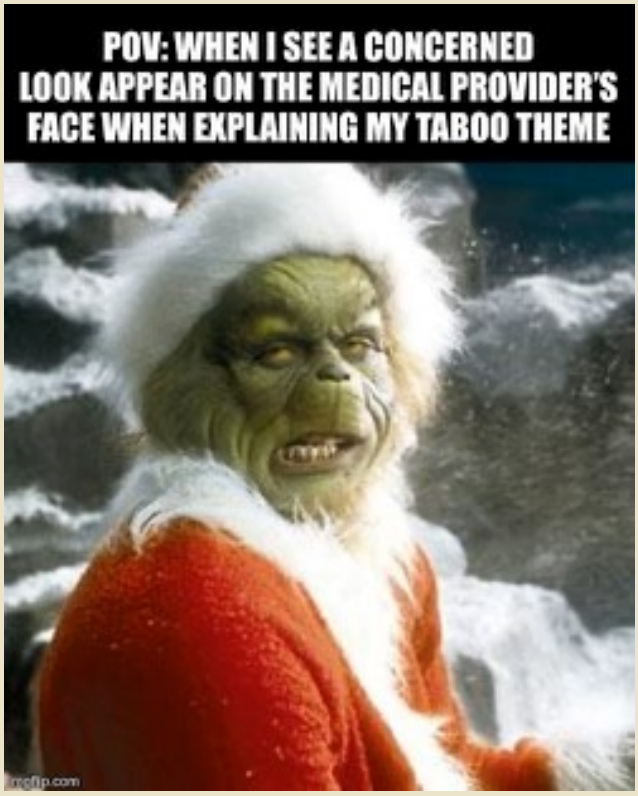
Picture this...You're walking in downtown Denver with a microphone in hand and approach a stranger to ask them a couple of questions. They agree, and so you proceed, "When you think of OCD, do you picture someone who is scared of touching door handles?" without any hesitation, they say, "Yes."

"How about a person who turns on and off the light switch 7 times in a row, because otherwise something 'bad' might happen?' again, without any hesitation, they agree.

"How about someone who checks their fridge repeatedly to ensure they didn't put their cat in the produce drawer?". Unlike the two previous times, there is a long, painfully silent pause. Across their face, you see a mix of expressions of confusion and concern emerge.

This, folks, is life with OCD and taboo themes.

When it comes to OCD, the average person immediately thinks of what we refer to as the contamination and just right "themes." A theme is simply the content that a patient's OCD has latched onto, and contamination and just right are just two pieces of a massive pie. The overrepresentation of specific themes leaves patients with 'taboo' themes in a substantially more vulnerable position to face stigma, shame, misdiagnosis, mistreatment and discrimination.



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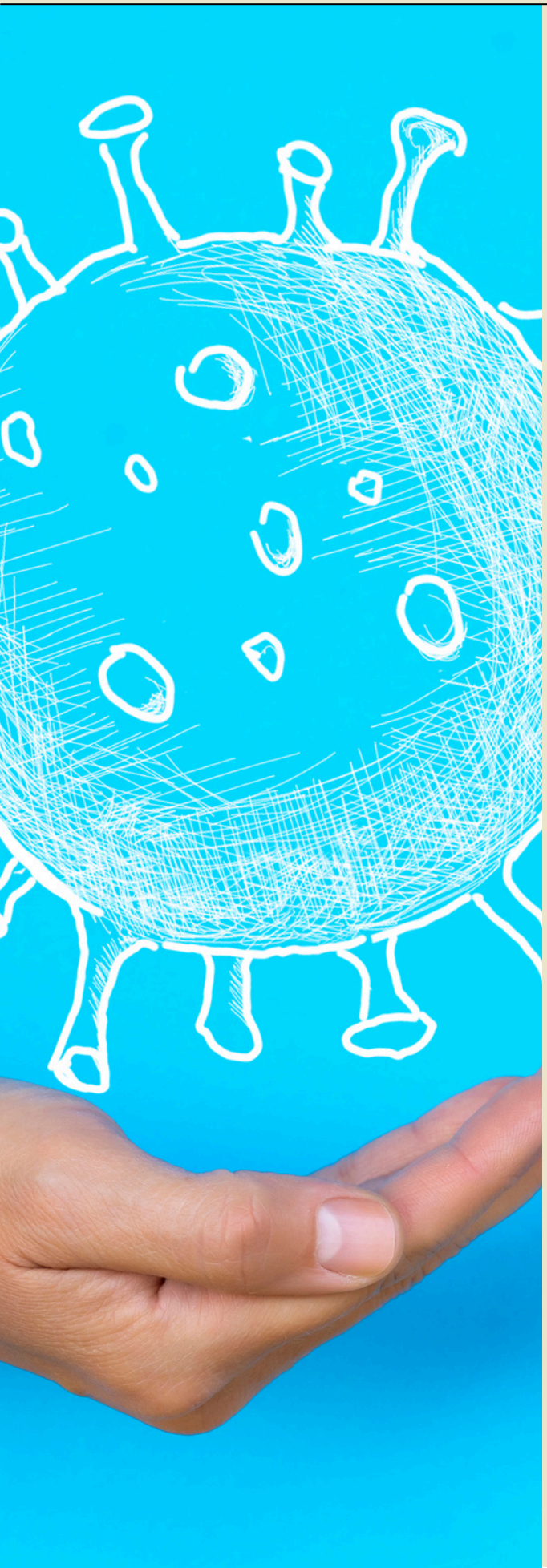

As an OCD specialist with lived experience navigating taboo themes myself, it is not lost on me the added layers and barriers that patients tend to face with disclosure alone. Those of us in the world of Exposure and Response Prevention therapy are well aware that content does not matter. What treatment we use for someone with intrusive thoughts of getting Ecoli from produce is identical to how we treat someone with intrusive thoughts of stabbing a loved one.

Patients with OCD are already facing, on average a 14-17 year lag, from the onset of symptoms to receiving evidence-based practices. With taboo themes, the common challenge of misdiagnosis for OCD patients is greatly exasperated. In a recent study, misdiagnoses were reported as occurring at 52.7% for sexual content as opposed to 6.9% for just suitable themes (Perez et al., 2022).

Despite all these barriers and challenges, we get the privilege of walking alongside patients as they take their lives back from what feels like the unbreakable grip of OCD. Evidence-based care saves lives, and stigma kills. Hence why advocacy efforts, such as our upcoming Exposure Palooza (October 2024), are so important. Bizarrely, it fills me with joy, picturing a stranger on the street saying, “Of course, that’s OCD,” to the cat in a fridge example. Because as stigma and misinformation shrink, it gives more opportunities for connection, hope and life-changing treatment to grow.

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COMMUNITY ENGAGEMENT

Community engagement is one of the more important ways to address stigma for those struggling with mental illness. If you are looking to get involved in your local community, here is a list of events happening this month all around the state:

Castle Rock Paws for Suicide Prevention Walk
Date: 05/04/2024
Location: Burly Brewing Co./680 Atchison Way #800, Castle Rock, CO
Registration: Donation based
Event Time: 11:00 am - 3:00 pm

Music For Mental Health
Date: 05/11/2024
Location: Sunshine Studios Live, Colorado Springs, CO
Registration: $20
Event Time: 6:00 pm

SPEAK Walk @ Carmichael Park
Date: 05/4/2024
Location: Carmichael Park 650 E Southern St, Brighton, CO
Registration: $15-$20
Event Time: 5:00 pm

Mental Health and Gun Ownership Training
Date: 05/12/2024
Location: Guns For Everyone (Arvada), 8120 Sheridan Blvd, Arvada, CO
Registration: Free
Event Time: 3:00 pm – 7:00 pm

NAMI Walks Centennial, CO
Date: 05/11/2024
Location: Centennial Center Park 12050 E Peakview Ave
Registration: Donation Based
Event Time: 9:00 am – 12:00 pm

Rifle, CO Mental Health Resource Fair
Date: 05/21/2024
Location: 501 Airport Rd, Rifle, CO
Registration: Free
Event Time: 11:00 am – 2:00 pm

NAMI Walks Colorado Springs, CO
Date: 05/11/2024
Location: Panorama Park 4540 Fenton Rd
Registration: Donation Based
Event Time: 10:00 am – 1:00 pm

“Crazy Has a Name” Focusing on Black Mental Health
Date: 05/26/2024
Location: Hyatt Regency Aurora-Denver Conference Center, 13200 East 14th Place, Aurora, CO
Registration: $75
Event Time: 4:00pm – 7:00 pm

May Family Fun Day: Mental Health and Wellness
Date: 05/11/2024
Location: Girl Scout DreamLab, 63 North Quebec Street, Denver, CO
Registration: Free
Event Time: 11:00 am – 2:00 pm

Denver Metro Hike for Hope
Date: 06/02/2024
Location: Red Rocks Trading Post, Morrison, CO
Registration: Donation Based
Event Time: 8:45 am – 12:00 pm

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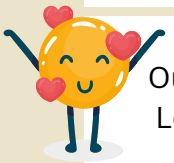
OCD PROGRAM UPDATES

Not only is our team saying goodbye to long-time tam member, Abby, we also have to bid farewell to Dr. Alyssa Tran and Harper Gillard.

Alyssa brought such care and empathy to our patients seeking medication management, while also providing support during our team supervisions. Her compassion for patients and co-workers, as well as social justice mindset will be missed. Good luck in Forensics!

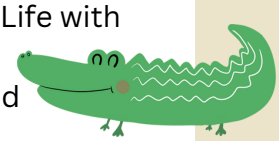
Harper will be graduating from University of Denver and receiving her Masters in Social Work. This means that her internship and time with us will be coming to an end in June. Her eagerness to learn, humor, curiosity, and empathy for both patients and co-workers will certainly be missed. Safe move back east and best of luck!



Our intern, Erin Lebeau will be joining the Intensive Outpatient Program team as our IOP therapist, starting in August! We are beyond thrilled to have Erin staying aboard. She brings a great sense of humor, lots of experience working with personality disorders and complex conditions, and deep empathy for others. Congrats!

In July 2024, Emily Hemendinger, Dr. Rachel Davis, Dr. Stephanie Lehto, and Alie Garza will be presenting at the International OCD Foundation's annual in-person conference in Orlando, Florida. Let us know if we will see you there! Schedule follows:

- July 25th at 6pm EST: Taboo OCD Themes Support Group with Stephanie and Alie
- July 26th at 8am EST: Adulting 101: Navigating Adult Life with OCD with Emily, Alie, and Rachel
- July 26th at 9:45am EST: Medication Management and Treatment Algorithms for OCD with Rachel
- July 27th at 8am EST: Compulsions, tics, or stims, oh my! with Alie
- July 27th at 12:45pm EST: Youth programming for high schoolers-The Power of Nope: Navigating Boundaries and Tricky Conversations with Stephanie
- July 28th at 8am EST: Youth programming for middle schoolers-The Honey Games: A Ballad of Sticky Thoughts with Emily
- July 28th at 9:45a, EST: Meme, Myself, and I: Navigating Social Media, OCD, and How They Interact with Emily and Stephanie



In August 2024, we will also welcome two new social work interns. Ambey Clark and Kensie Funsch will be joining our team from Metropolitan State University. Welcome to you both! If you are interested in working with a trainee, please outreach Emily at Emily.Hemendinger@CUAnschutz.edu

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MATCH THE BABY PICTURE WITH THE OCD PROGRAM THERAPIST!

(1) Katie Sinsko

(2) Orah Fireman

(3) Rachel Davis

(4) Alie Garza

(5) Emily Hemendinger

(6) Kasey Benedict

(5) Alyssa Tran

(A.)

(B.)

(C.)

(D.)

(E.)

(F.)

(G.)

Answers: (1)D (2)G (3)C (4)B (5)A (6)E (7)F

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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

Questions? Email OCDIOP@CUAnschutz.edu

BACK BY POPULAR DEMAND

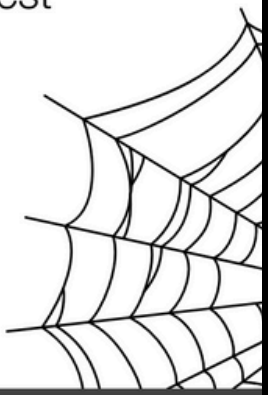
SAVE THE DATE

CU Anschutz OCD Program Presents

EXPOSURE PALOOZA

10-13-24

Join us to experience fun and spine-chilling OCD exposure activities, lots of prizes, and hear our guest



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BRAIN HEALTH for all, for life.