

INTRUSIVETHOUGHTS

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

Autumn is in full swing, which means that we are wearing fuzzy socks, heating up hearty soup on the stovetop, and putting on that cardigan we missed so badly. Autumn symbolizes many things: turning over a new leaf, new beginnings, and the start of the holiday season. Leaf changes mean different things for different people. Some folks find this time of the year delightful and filled with excitement while others dread the family obligations and cooking large meals. Some despise the days getting shorter, some view it as an opportunity to hibernate and sleep longer hours. Some embrace the chill in the air with a smile while they hold a cup of hot tea to their face while others yearn for the summer days of yore.

Family is practically synonymous with the holidays. Expectations, obligations, mediations galore! Holidays can feel challenging and heavy. It is important to be reminded that being around people during this time is a choice. Perhaps decompressing and taking alone time is necessary for your mental health at this time and that is okay! Having trouble setting boundaries? Think of it as a people-pleasing exposure and an opportunity to prioritize you.

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One part of the holiday season that I personally struggle with is consumption. Capitalism and pumpkin spice are essentially partners in crime. Every scented candle, apple pie, and gorgeous wreath I walk by seems to be calling my name. Something about having a ceramic pumpkin on my mantle feels right. At the same time, I feel inundated with expectations to buy things. I feel constant guilt as a result. This season I have made a conscious effort to choose self-compassion and alleviate some of the pressure I put on myself for conscious consumerism. I recommend this strategy to those dealing with this compulsive urge to reflect on one's actions.

Whether you come alive this time of year or feel tempted to run away from it all, fall offers an opportunity to both challenge and treat yourself. For me, that means letting go of the all-or-nothing mindset around consumerism and simply enjoying the pumpkin spice latte — embracing flexibility over perfection. If family gatherings feel overwhelming, maybe this is the year to host a cozy Friendsgiving instead. Fall reminds us that change doesn't have to be extreme; it's a season that invites balance, grounding, and the beauty of the middle path.

Erin LeBeau



OUR TEAM

- Dr. Rachel Davis MD - Medical Director and Psychiatrist
- Emily Hemendinger-Hirst LCSW, MPH, CPH, ACS – Clinical Director/Licensed Clinical Social Worker and DBS Coordinator
- Dr. Stephanie Lehto PsyD – OCD Therapist/Licensed Psychologist
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- Otis Rush – Therapy dog extraordinaire
- Rachel Lehnert -- MSW candidate/Social Work Intern/OCD Therapist
- Abby Osterlund -- MSW candidate/Social Work Intern/OCD Therapist
- Jeremy Lawrence – MSc/Psychology Extern

Interested in contributing to the newsletter? Email the editor at Emily.Hemendinger@CUAnschutz.edu



STAFF SPOTLIGHT: JAKE WINCHESTER

Jake Winchester, MA, LPC is a Licensed Professional Counselor with the OCD and Anxiety Program, primarily in the outpatient OCD Clinic. Jake received his Master of Arts in Clinical Mental Health Counseling from the University of Colorado Denver in 2016 and has worked in community mental health as well as specializing in OCD and anxiety since that time. Jake takes the approach of empowering you with the tools and skills to do your own work, inside and outside of the therapy room, in a way that fits your values and life goals. He has a special interest in neurodiversity, chronic illness, and disability. When not at work, Jake enjoys spending time with his family and Miniature Schnauzer Archie, and loves all kinds of games (board, video, cards, etc.). He is fluent in German, is an aspiring polyglot, and participates with several language groups in the Denver metro.

GROUP OFFERINGS

*Mondays at 4pm (monthly)
Intro to ERP - for new group members*

*Mondays at 6:30pm
For adults ages 18+ with OCD and related disorders*

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

*Wednesdays at 6pm
For adults ages 18+ with OCD and related disorders*

*Thursdays at 4pm
For adults ages 18+ 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.

*Interested in IOP? Email
OCDIOP@CUAnschutz.edu*

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](#)



SAVE THE DATE EXPOSUREPALOOZA 2026

BACK AND BETTER
THAN EVER!

March 22, 2026
1 p.m.

University of Colorado Anschutz
Medical Campus

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I'm Fine, Thanks for Asking (But Also Maybe Not)

By Stephanie Lehto

The holidays are coming up. You know what that means: eating lots of tasty things, spending time with loved ones, and pretending you're fine so no one asks too many questions. I know it's not just me suppressing my emotions to keep the peace... Which means, we may fall into toxic positivity.

Toxic positivity is when there is optimism that is taken to the extreme and when "negative" emotions are pushed down or dismissed—differing from healthy positivity which allows us to embrace all our emotions, including those "negative ones" (Wyatt, 2024). In situations where we feel it is most acceptable to present as happy, we might fall into the trap of looking for the positive side or try to have "positive vibes only." Those of us who identify as perfectionists (it's you, I'm calling you out) may be more susceptible to toxic positivity due to feeling the need to hide our emotions to meet expectations of others or ourselves (Wyatt, 2024).

Toxic positivity is not just something that happens with holidays, but this is a time that it just seems better. The truth is, yes, sometimes it's better to keep the peace in the moment AND I want to remind you that studies show that when people fall into denying negative emotions, they have higher psychological distress (Wyatt, 2024). So while you may feel pressure to stay positive, it is still important to acknowledge and validate all your emotions (because you're allowed to feel how you feel, you just don't always get to act on how you feel). This might look like practicing noticing the positive AND negative, talking to a trusted person (or pet, or wall, or plant), and practicing some good defusion (noticing and accepting the emotion and giving yourself space from it dictating your life). You're allowed to enjoy the holidays, and feel those inconvenient emotions that like to pop in to say hi.

And, once again, I cannot stop relating everything I write to Supernatural somehow: "But I think I know now happiness isn't in the having. It's in just being." Castiel, season 15, episode 18



all the feelings

Wyatt, Z. (2024). The dark side of #PositiveVibes: Understanding toxic positivity in modern culture. Psychiatry.

FALL-ing Asleep with OCD: Challenges and Tricks of the Trade

By Emily Hemendinger

As the days are shorter in autumn and winter, it's time we talk about the activity we spend quite a bit of time engaging in throughout our life, sleep. We know sleep is important. Getting a good night's sleep is consistently a factor that impacts our physical and mental health positively, while getting a poor night's sleep consistently impacts us negatively. However, even when people practice all the right sleep hygiene techniques, some people still struggle with sleep and near-constant fatigue.

Many people with mental health conditions have issues relating to sleep quality and feeling tired throughout the day. In fact, research shows that over 42% of people with OCD have sleep issues and additional research has found that 1/3 of Americans have poor sleep, with 20% identifying as having a mental illness. Additionally, the relationship between mental illness and sleep is complex and often thought of as bidirectional, meaning poor sleep can worsen mental health symptoms AND mental illnesses can negatively impact normal sleep. This also means that addressing sleep issues may alleviate mental health symptoms and vice versa.

Some of these issues may have even preceded the onset of their mental illness. I remember being a kiddo, tossing and turning, feeling so incredibly anxious about how if I didn't fall asleep right then and there, I wasn't going to get enough sleep, and I wouldn't be able to fall asleep at all, and then I'd feel terrible, and then I wouldn't be able to enjoy myself the next day on the field trip and so on. It's easy to fall down that anxiety spiral, especially where sleep is concerned.

So, what might it look like when OCD and anxiety come into play?

- Difficult falling asleep, staying asleep, and restless sleep
- Insomnia and fragmented sleep
- Rigidity around sleep schedules or sleep conditions
- Extensive rituals or compulsions that lead to late bed time, disrupted sleep, and/or delayed wake up time
- Nightmares about OCD fears
- Fears around dreams coming true/manifesting the fear or fear that the dream is based in reality
- Anxiety about getting enough sleep, getting the right amount of sleep, getting too much sleep, etc.
- Difficulty resting, taking naps, or sleeping because of fear of wasting time or being unproductive
- Difficult consolidating memories and processing emotions due to sleep's key role in allowing our brains to do this
- Impaired executive functioning, especially cognitive flexibility



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What to do:

- **Flexible Sleep Hygiene:** This is essentially a term used to describe good sleep habits. These might look like some of the following: maintain a regular sleep schedule by going to bed and waking up around relatively the same time every day, avoid stimulating activities before bed (e.g. exercise, blue light from the phone), create a comfortable sleep environment (e.g. blackout curtains, white noise machine, fan or something cooling, humidifier/dehumidifier), exercise or some sort of mindful movement, and/or limiting the amount of time you spend awake in bed (e.g. only sleeping in your bed and avoiding eating, watching tv and lounging, etc.). Be flexible about these!
- **Medication or supplements:** Talk with your prescriber about different options for sleep medications such as Trazodone or supplements such as Melatonin.
- **Relaxation techniques:** Progressive muscle relaxation, deep breathing, or meditation before bed and/or throughout the day.
- **Short naps:** If you do need to nap, keep them short (i.e. 30 mins or less).

- **Behavioral activation:** Sleep can commonly be used as a form of compulsive avoidance and is also associated with depression. Staying in bed all day often leads to worsened anxiety and depression. So, try some behavioral activation and schedule pleasurable activities that force you to get out of bed.
- **Non-engagement responses and mindfulness:** Practice disengaging from your rumination, name the thought as a thought (defusion), and bring your attention to something else, such as your breath, counting sheep, telling yourself a story, etc. Let go of the outcome of a good night's sleep and embrace the uncertainty.

Chronic sleep issues can be not only frustrating, but disheartening. Sleep can be a complicated issue AND it deserves your attention. Ultimately, you should talk with your primary care physician, psychiatrist, and therapist about sleep and come up with a plan to address these concerns. If problems persist after a variety of interventions, be sure to advocate for yourself to have a sleep study or see a sleep specialist. Sweet dreams!



Self-Care vs. Self-Isolating

By Katie Sinsko

With shorter days and colder weather approaching, there is often an associated urge to stay in, snuggle up, and remain curled up through the fall and winter days.

However, especially with seasonal depression sometimes at play, it's important to recognize that while wrapping ourselves in blankets or staying in bed later into the day can feel nice at times, there are moments where it becomes no longer functional for us on a day-to-day.

OCD and seasonal depression can sometimes sneakily take over and use “self-care” as a way to justify self-isolating, withdrawing, or staying holed up. It's important to work toward differentiating between the moments when it is restorative for us to step back, stay in, and recharge versus the moments when we are withdrawing from the outside in non-functional ways.

Cues that something is more self-care oriented:

- It is paired with self-compassion (saying kind things to ourselves)
- It is relatively time-limited (i.e. – we sleep in/stay in bed for an additional hour in the morning rather than staying in bed the full day)



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Cues that something is more self-care oriented (continued):

- We feel more recharged after taking that time for ourselves
- We feel capable of shifting gears if needed

Cues that something is no longer self-care oriented:

- We're criticizing ourselves a lot through the process
- We're withdrawing from others
- We're withdrawing from hobbies or other things that we enjoy
- We're feeling more anxiety about leaving the house or doing something different

Using these cues as indicators for whether we are self-caring or self-isolating may help us to manage better through the colder winter months! If you notice that your self-care is turning more and more into self-isolation, consider these suggestions: have an activity planned that keeps you moving after taking some restful downtime, keep socially connected in at least one way through the week, ask yourself what activities might be restorative to actually help you feel recharged, and incorporate some self-compassion practices/statements to use while recharging.

While the weather may be getting colder, let's practice being warm and kind to ourselves!



When It's Not "Just" OCD: A Look at Comorbidity

By Jeremy Lawrence

If you're working hard to manage symptoms of OCD, but it feels like social anxiety, depression, or something else is weighing you down, you're not alone. This overlap is called comorbidity. In national surveys, 90% of people who meet criteria for OCD in their lifetime will also have another disorder¹.



The most common co-occurring conditions are anxiety disorders, such as social anxiety, phobias, and generalized anxiety, and mood disorders, with over half of individuals diagnosed with OCD meeting lifetime criteria for a depressive episode.

However, this problem isn't just for people experiencing OCD; comorbidity affects everyone, from people with physical diseases² to people with other psychiatric difficulties^{3,4} and people experiencing both⁵. The feeling of being overwhelmed by multiple conditions can feel incredibly isolating, but the experience of fighting battles across multiple fronts has been a core part of the human experience. This shared thread is why building communities and sharing stories helps normalize these feelings. It can help break down the stigma that some of these disorders thrive on. Relating through shared experience can help us realize that we aren't too complex or broken. We're humans, dealing with complex and common sets of challenges.

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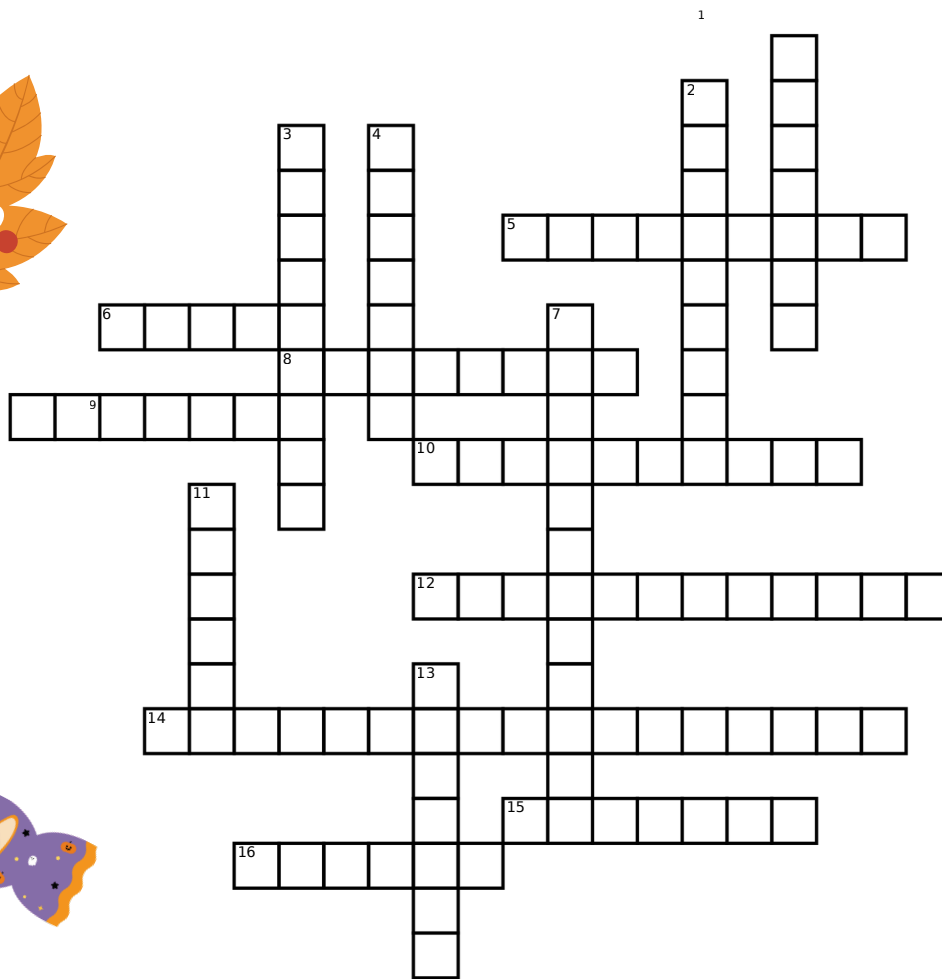
Although this can feel overwhelming, when zooming out, anxiety disorders particularly, make a lot of sense as a co-morbidity. These sets of disorders tend to share a common theme with OCD, a tendency for safety behaviors and attempts to exert control. Luckily, Exposure and Response Prevention (ERP) can be incredibly effective for navigating these experiences. In any case, through exposure, our brains learn that the feared outcome won't happen or that we can tolerate it.

Looking at the second set of most comorbid disorders with OCD, we see mood disorders¹, such as major depression. When zooming out, this also makes sense. Feelings of depression can often rob us of our motivations, make us more withdrawn, and pull us away from the things in life that give us joy and meaning. This is where ERP can be a powerful tool for not just the symptoms of OCD, but also depression. Although distressing in the moment, engaging in exposures can be reframed as reclaiming something valuable, bringing us closer to the life we want to live.

References

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Cate's Autumn Crossword Puzzle



DOWN:

1. WHAT TYPE OF DISORDER IS OCD?
2. HOW IS OCD TREATED?
3. KEEPS BIRDS AWAY FROM FIELDS
4. PULLOVER OR CARDIGAN
7. PLACE TO PICK SOMETHING ORANGE
11. ANOTHER WORD FOR FALL
13. THEY KEEP YOUR HANDS WARM

ACROSS:

5. SPOOKY HOLIDAY
6. A WARM FALL BEVERAGE
8. NUT ROASTING OVER AN OPEN FIRE
9. 10TH MONTH OF THE YEAR
10. REPETITIVE RITUALISTIC BEHAVIORS OR MENTAL ACTS
12. HOLIDAY IN LATE NOVEMBER
14. THEY ARE UNWANTED, PERSISTENT AND DISTRESSING
15. ONE WAY TO HELP COPE WITH OCD IS TO TALK TO A GROUP OF PEOPLE IN
16. WHAT FALLS FROM TREES?

Answer key on last page of newsletter



OCD PROGRAM Happenings



The team took a moment for some team bonding at Staunton State Park in August. Otis and Ruby even joined! The team did a chill hike and had a picnic afterwards.

Right: The CU OCD Peacocks (our team name) participated in OCD Colorado's OCD walk on 10/19. OCD Colorado is an affiliate of the IOCDF and this event was part of the wrap up of OCD Awareness week.



Below: The team celebrated Halloween, dressing up, eating candy, and doing it scared!



CREATIVITY CORNER

My Dear Brain: A Tale of My OCD Thoughts and Me

OCD has always been, a part of me that has to win. Starting with a single Thought, that burrows in and then gets caught. Its claws grab hold and before I know, Thoughts multiply and anxiety grows.

Avoid it, check it, overthink, replay. Years of this existence has my life in quick decay. I'm slowly seeing there's a light; will my brain agree or fight? The next time OCD stomps by, I'll have to give RP a try. I wonder how long it will be, before the next Thought tortures me? They'll only come if I allow... Oh Look! Here comes one striking now!

"I am having the Thought," I tell my dear brain.
I've got nothing to lose and so much to gain.

"That Thought is the truth," my brain promptly replies.
"I'm trying to help you. Don't feed yourself lies."

"Thanks for the Thought," I respond in a blink.
"I've got a mind of my own- I know what to think." The Thought pauses briefly then lets out a shout. I silence it quickly... it starts to pout.

"I've got this," I cheer! I'm ready to soar.
The Thought creeps back in, more intense than before.

“Hey there, you, Thought! Our values don’t match-
I want to decide, you insist on a catch. The rules that you follow don’t make any
sense- please stop making my life so intense.”

The Thought settles down for a moment and then, erupts in a fury- my distress is
a 10! And just when I think that I’ve fallen short, I remember to reach out and ask
for support. With people who care, I remain on my track. Take a hike OCD and
don’t you come back! But OCD laughs in my face and defends, that bothersome
Thought and 12 of its friends. They try to maintain all the tough sticky spots- I
casually counter with my, “maybe, maybe not.” We tug back and forth and I make
it quite clear, I’m in control- not you, Thoughts, or the fear.

That works for a while and I’m feeling steady. Then a Thought comes to visit and
I’m not ready! I call on my senses to soothe the new guest, the Thought is
subdued and lies down to rest.

That’s how it goes with my Thoughts and me, living with this OCD. Thoughts come
in stacks and come with weight, making life hard to navigate. Sometimes waiting
helps a bit, sometimes I can’t handle it. I wonder what my Thoughts would say if I
put myself first today? A little comfort, a little cheer, give my mind some time to
clear. Accepting, ignoring, trying something new. Doing all the things OCD won’t
let me do.

OCD has always been, a part of me that had to win. Now OCD will always be a
less intrusive part of me. While it will never go away, I’ll use RP to guide each day.
Living is a marathon, so my dear brain, “BRING IT ON!”

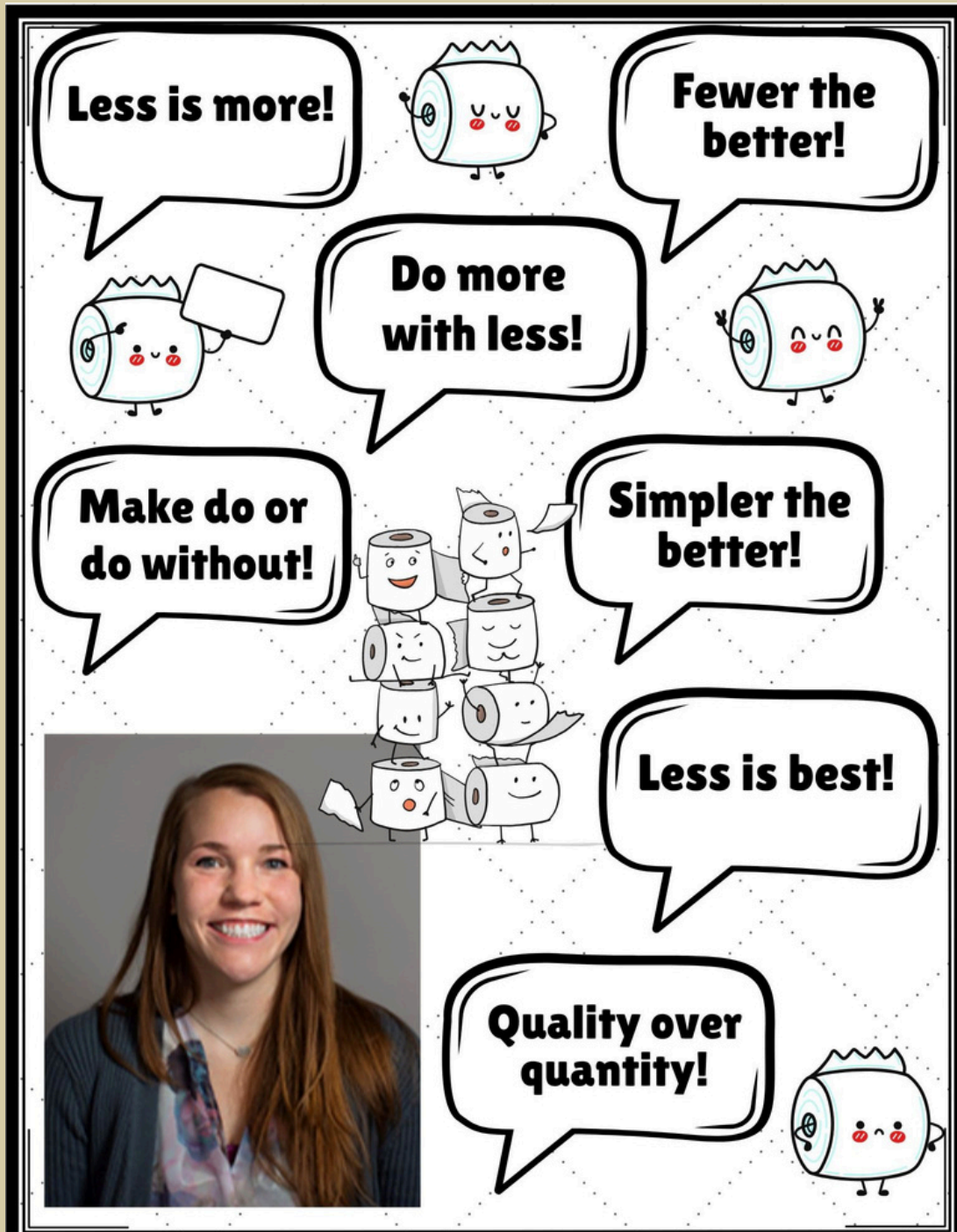
Crossword puzzle answer key:

Down:

1. Anxiety 2. Exposures 3. Scarecrow 4. Sweater 7. Pumpkin patch 11. Autumn 13. Mittens

Across:

5. Halloween 6. Latte 8. Chestnut 9. October 10. Compulsion 12. Thanksgiving 14. Intrusive thoughts 15. Therapy 16. Leaves



Patient digital art inspired by care team