Dr. Katia Moritz: Hey, girlfriend. What's up?
Kat Blalock: Hi!
Dr. Katia Moritz: Kat, are you home?
Kat Blalock: I'm home, yes.
Dr. Katia Moritz: Excellent. So, guys, this is Kathryn. You're not going to be able to see everyone because the room is a bit wide, but this is Kathryn. Do you want to say hello to everyone?
Kat Blalock: Hello.
Dr. Katia Moritz: So, uh, Kathryn, do you want to just introduce yourself and let us know why you're with us virtually so everyone is ready to hear?

Kat Blalock: Sure. So, so sorry I'm not there in person. I just got out of the hospital yesterday. I had a pulmonary embolism — a blood clot in my lung — and so I couldn't fly out to Denver, so I'm joining virtually.

Dr. Katia Moritz: Which is great. And she sent us this great video that we're going to show, and we're all going to talk a little bit, and you're going to participate in a panel with us, okay?
Kat Blalock: Great.
Dr. Katia Moritz: So we're very happy to have you here.

Dr. Dee Franklin: You guys are here to hear some inspirational stories. Just to give a very short introduction and then let these women tell you their stories of OCD and treatment. So just in brief, to let you guys know, the point of this panel today is really to address the stigma with OCD treatment, with chronic disorders and the combination of both, and to really make an impact and provide hope. And so, without further ado, let's hear from our two guests. We want to know who you are. We want to know your stories. So why don't you guys kick us off?

Kat Blalock: I'm Kat, and I live in Edmond, Oklahoma. I was diagnosed with OCD when I was 12, and I was also born with a rare genetic disorder called Bardet-Biedl syndrome, and it greatly affects my vision.

Dr. Katia Moritz: Kat, here — I'm going to do something. Let's raise your volume.
Dr. Dee Franklin: We all want to look at Kat's beautiful face, but right now we need to hear her voice. Okay, Kat, can you talk?
Kat Blalock: Yes.
Dr. Dee Franklin: Ah, okay. Now we hear you.

Kat Blalock: So I was born with a rare genetic disorder called Bardet-Biedl syndrome. It's really rare — it affects about one in 100,000 people in the world — and it greatly affects my vision, and it contributes to OCD. It actually affects about 70% of patients and contributes to OCD.

Dr. Dee Franklin: Kat, pause for a second. Was everyone able to hear that? Okay, this is what we're going to do — I'm going to kind of paraphrase a little bit. So, Kat has a syndrome known as Bardet-Biedl syndrome, and of the many symptoms and side effects as a result of the syndrome, it affects her vision quite significantly. Kat, would it be fair to describe your vision as like keyhole

vision?
Kat Blalock: Yeah — like I see through a straw, basically.
Dr. Dee Franklin: She sees through a straw. So Kat's OCD is also based in contamination fears. So you can imagine, for somebody who cannot see, they cannot rely on their eyes at all, and they also have this particular brand of OCD — contamination OCD. Okay, Kat.

Kat Blalock: So, I was at the point where I was showering up to eight times a day, going through countless bottles of Lysol and cleaners and hand sanitizer. I washed my hands till they bled, and I sought treatment in 2019 at NBI, and it was life-changing. It was the hardest thing I've ever done, but I took my life back. Getting treatment was super hard.

Dr. Katia Moritz: So she can see through a straw. Her condition affects organs, her body — she was in the hospital, and she just said that the hardest thing she's done was fight her OCD. She just left the ICU, right? And that — like, oh my gosh — that's the hardest thing. But she's saying how hard it is to fight OCD. It's important for us to remember how impairing OCD is. It is much harder than anything. And so, for someone who deals every day with a significant disability and the unknown of that disability, it's interesting to think that she believed that this is the hardest thing she's ever done.

Kat Blalock: Yeah, it absolutely was the hardest thing I'd ever done, but it was the most rewarding. Seeking treatment was really hard also. I found there was a lot of stigma with seeking treatment. A lot of facilities denied me treatment because of my vision disability. And so I just want to say to all those who denied me — look at me now.

Dr. Dee Franklin: Yeah. You know, I just want to kind of reflect on that. I don't know if you guys could hear her, so I'll paraphrase. So, she sought out treatment in 2019, I think after interviewing multiple different facilities, and everybody had turned Kat away because of the complexities involved with her Bardet-Biedl syndrome and specifically her visual deficits. And that's when Kat found us at NBI, and she wanted to say to all the other facilities, "Look at me now." She did it.

Dr. Katia Moritz: And so, I would love for Kat to tell you a little bit about what it's like when you have contamination fears and you have to use your cane to walk, but OCD has decided that you're not allowed to use that.

Dr. Dee Franklin: And actually, let's rewind a little bit beyond that point, because getting Kat to use the cane at all — she's laughing, you should see her now — when we first met Kat, Kat and cane were not in the same sentence at all. So, Kat, do you want to speak to some of that?

Kat Blalock: So when I first came to NBI, I would not even look at my cane. I had contamination fears toward it, and then I also had fears related to being bullied in the past and didn't want to face any of those fears again. And so I had put it away and never wanted to look at it again. And when I went to NBI, I knew it was something that I was going to have to work on, and slowly but surely they helped me. We did exposures on a daily basis to my cane. First it was just holding the backpack that it was in, and then it was unzipping the backpack. And eventually I got to the point where I was walking around with it. And I worked with a specialist in Florida who taught me the skills I needed to use it correctly. And now I'm using it independently and walking independently and freely, and I even taught the clinicians how to use it at the end of my treatment.

Dr. Katia Moritz: She did the work — we were just a vehicle. We were just a support system that allowed her to get there, right? And so what happened is, when Kat came to us, there was really difficult turmoil in our team, because in the world of liability, someone that can't see and can't walk by themselves at all — and because of Kat's OCD, she couldn't go from here to that chair without having someone hold her hand. That was her mom. So as a young adult, when you have to do everything with your mom, and then you become resentful — and your mom — it becomes very difficult for the family dynamic, right? So her relationship as a family member became very strained.

Dr. Katia Moritz: The same way as if you had gone into treatment with a port — you're not allowed. So we just got a call from someone who has cancer right now, and they were asking, could they come in with a port? It's very easy to say, well, port is complex, and if you have an infection or, you know, what with other people — but really, how do you not help someone just because they're going through another treatment, right? And so for Kat, what we recognized is that she needed to become an adult. She needed to be more independent. She needed to learn how to be self-sufficient and be able to manage her disability. But OCD stopped her. She was literally stuck.

Dr. Dee Franklin: Yeah, just a couple of random points. It's just occurring to me right now that you and Kat actually have another thing in common regarding the OCD. So you couldn't see your contamination, right? And neither could Kat. And that makes it even a little more difficult.

Dr. Dee Franklin: Okay, so we have a couple of questions for Kat and for Bobby. We want to know — if you had to choose OCD or cancer — or Kat, if you had to make your choice, which would you choose to keep and why?

Kat Blalock: I would keep the vision impairment, because I know it's something that can't be changed. And the OCD is something that I've overcome. It was debilitating, and my life has changed so much for the better since overcoming OCD.

Dr. Dee Franklin: And I'm just going to repeat that briefly. She said that she would keep the visual impairment and give away the OCD, because the OCD was more impairing and robbed her of the life she really wanted to be living. And now that she's better, she has a much bigger, fuller, and lovely life than she did before treatment.

Dr. Katia Moritz: And so as OCD gets more and more severe — and for Kat I think that happened — the OCD was debilitating. And now Kat sends the funniest videos to us. Her life, even with the visual impairment, is now a life.

Kat Blalock: Yeah, it felt really nice to make a new friend. I met — her name's Raquel — and we just hit it off. We didn't love each other at first, but then we roomed together and we became best friends, and we still connect regularly. But it was just really nice to make a new friend.

Dr. Dee Franklin: Kat met somebody in the treatment who was going through something very similar OCD-wise. And OCD had robbed Kat of the ability to have fulfilling friendships. At first they didn't get along at all — I remember you guys bumping heads.

Dr. Katia Moritz: But that's an amazing experience, because that was how isolated it was. With OCD, it's only you — you and your thoughts. And people with OCD get robbed of regular life.

Dr. Dee Franklin: So, you know, we talk about that OCD bully in the brain. And when you go through treatment and start connecting with others walking the same road, you realize there's more value in taking risks — learning how to live again and have normal experiences. And when you get a little taste of life, you want more.

Kat Blalock: The biggest moment was probably using my cane for the first time — that showed me I could do anything. And then licking the toilet was big. I felt like a badass when I did it. And after that, it was like, screw the contamination — I can do this.

Dr. Dee Franklin: So for everyone who wasn't sure what that was — "I felt like a badass and I knew I could do it." That's a Kat statement.

Dr. Katia Moritz: You know, it takes courage to go through treatment. But once you get that courage, it's like, "Whoa — look at what I did."

Dr. Katia Moritz: And I think that's really the message of hope — that even when things feel impossible, change is still possible. Kat is really the embodiment of that.

Dr. Dee Franklin: So before we close, I'd love to just ask both of our guests — Kat and Bobby — if you could share a closing message of hope for people who are struggling with OCD or chronic illness or both. What would you want them to know?

Kat Blalock: I mean, I trusted in God. My theme verse throughout treatment was Philippians: "I can do all things through Christ who gives me strength." And every time I wanted to give up, I reminded myself of that verse. So just trust in the Lord and trust that you can do it. And I know that if I can do it, you can do it.

Dr. Dee Franklin: So Kat is saying that her faith was really central in her recovery and trusting God and trusting that she could do it. And that if she can do it, you can do it.