

# NEVER say NEVER



*In the midst of the seemingly endless storm,  
look to the promise of the rainbow -  
the rain shall not prevail!*

Fall 2006

## Eating Disorders and OCD

By Jennifer Shanburn, M.A.

A girl has to eat everything in 4's: she cuts sandwiches into four pieces, a single pretzel is broken up into four pieces and a cookie can also be only eaten if it is in four pieces. Multiples of 4's might be okay, but if she had to eat something that was in five pieces, for example, that would cause unbearable anxiety.

Another woman has to count how many times she chews anything that goes into her mouth. She has to make sure she chews the "right" amount of times.

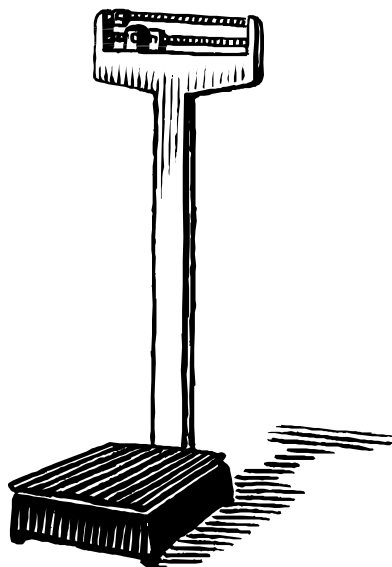
A boy keeps detailed records of how many calories he has consumed in a day; every small bite must be recorded and the number intensely monitored. All he thinks about is food – what he will eat, when he will eat, how he can make it look like he has eaten enough to those around him.

Some of you may recognize the above examples as describing the debilitating and energy-sapping psychiatric disorder known as an eating disorder. But you also may detect a familiar strain. It sounds a lot like OCD, doesn't it?

As someone who has worked with both eating disorder and OCD patients, I can tell you that there are many similarities between the two. There are many people who have a diagnosis of both. I have OCD myself and have

had periods of eating disordered behavior as well. The overlap is great.

The most common types of eating disorders are anorexia nervosa (AN) and bulimia nervosa (BN). AN can further be broken down into restricting type and binge/purge type. To see official diagnostic criteria for AN and BN,



please refer to the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision), but to give a general overview (some paraphrasing of the DSM criteria), AN involves severely restricting caloric intake, maintaining a weight 85% or less of ideal body weight, anxiety and fear about being fat and gaining weight, and the loss of one's menstrual cycle. With binge/purge type, the person has had epi-

sodes of binge eating and then purging by some means (vomiting, laxatives, diuretics, enemas). With restricting type, the person has not had episodes of bingeing and purging. Another common feature with AN is compulsive exercise, where the person feels she *must* exercise a certain amount of time. Often this is everyday and for more than an hour everyday. Also, the amount of exercise can keep increasing. This is an effort of the person to try and burn calories and it can even include pacing whenever possible and fidgeting to burn calories. It is not surprising for an AN patient to seem to never sit down and stop moving.

BN is similar to AN but differs in that it is not characterized by an excessively low body weight. There is still a focus on body and weight but the BN patient will have episodes of binge eating and then engage in "compensatory behavior." There is the purging type of BN, which involves purging by vomiting, diuretics, enemas, or laxatives or the nonpurging type, which involves compensatory behavior such as compulsive exercise or making up for the binge by not eating. (information taken from the DSM-IV-TR). Many times people do not think of exercise as a form of purging, but in eating disorders, it definitely can be.

In my experience and from the litera-

*(Continued on page 4)*

# THE OCD FOUNDATION OF MICHIGAN

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\* Thanks to Mark Fromm, president of Business Growth Today, Inc., for hosting our website.

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## **NEVER say NEVER**

is the quarterly newsletter of the OCD FOUNDATION OF MICHIGAN,  
a non-profit organization.

Please note that the information in this newsletter is not intended to provide treatment for OCD or its associated spectrum disorders. Appropriate treatment and advice should be obtained directly from a qualified and experienced doctor and/or mental health professional. The opinions expressed are those of the individual authors.

To submit articles or letters, write or e-mail the OCDFM at the above addresses.

## ***LIST OF SELF-HELP GROUPS***

### **ANN ARBOR:**

2<sup>nd</sup> Wednesday, 6:30-8:30 PM  
Washtenaw County Community  
Mental Health  
Call Mary Jo at (734) 761-9167

### **DEARBORN:**

2<sup>nd</sup> Thursday, 7-9 PM  
First United Methodist Church  
Garrison and Mason Streets  
Call (313) 438-3293

### **FARMINGTON HILLS:**

1<sup>st</sup> and 3<sup>rd</sup> Sundays, 1-4 PM  
Trichotillomania Support Group  
Botsford Hospital  
Administration & Education Center,  
Classroom C  
28050 Grand River Ave. (North of 8 Mile)  
Call Bobbie at (734) 522-8907

### **GRAND RAPIDS:**

Old Firehouse #6  
312 Grandville SE  
Call the Anxiety Resource Center  
(616) 356-1614

[www.anxietyresourcecenter.org](http://www.anxietyresourcecenter.org)

#### **Anxiety (all forms)**

Meets every Wednesday, 7 to 9 p.m.  
Open to individuals who have any kind of  
anxiety problem as well as their friends and  
family members.

#### **Adults Obsessive-Compulsive Disorders**

2<sup>nd</sup> and 4<sup>th</sup> Tuesdays, 7 to 9 p.m.  
Open to any adults who have or think they may  
have Obsessive-Compulsive Disorder. Friends  
and family members welcome.

#### **Young Adults OCD**

1<sup>st</sup> Monday, 5:30 to 6:30 p.m.  
A monthly support group for young adults, aged  
16 to 21, who have or think they may have  
Obsessive-Compulsive Disorder. Friends and  
family members welcome.

#### **Body Focused Repetitive Behaviors**

1<sup>st</sup> Thursday, 7 to 9 p.m.  
A monthly support group for adults who have  
Compulsive Hair Pulling, Skin Picking and Nail  
Biting problems. Open to friends and family  
members.

#### **Compulsive Hoarding**

3<sup>rd</sup> Tuesday, 7 to 9 p.m.  
A monthly support group for people who have  
trouble with compulsive hoarding. The group is open  
to friends and family members.

#### **Other Kids Like Me**

1<sup>st</sup> Tuesday, 4:30 to 5:30 p.m.  
A monthly support group for children, aged 7 to 15,  
with compulsive habits that seriously interfere with  
their lives including Obsessive-Compulsive Disorder,  
Compulsive Hair Pulling, Skin Picking, Nail Biting,  
Obsessions Around Appearance or Health and Tic  
Disorders.

### **HOLLAND:**

Call Geraldine at (616) 335-3503 or  
Tony at (616) 396-5089

### **LANSING:**

1<sup>st</sup> Thursday, 7:30-9 PM  
Delta Presbyterian Church  
6100 W. Michigan  
Call Jon at (517) 485-6653

### **ROYAL OAK:**

1<sup>st</sup> and 3<sup>rd</sup> Tuesdays, 7-9 PM  
St. John's Episcopal Church  
115 S. Woodward at 11 Mile  
Call Cyndi at (248)-541-0782

### **SPRING LAKE / MUSKEGON / GRAND HAVEN:**

1<sup>st</sup> and 3<sup>rd</sup> Mondays, 7-9 PM  
Spring Lake Wesleyan Church, Classroom E-111  
Call Pam at (231) 744-3585

### **AKRON, OH**

Parents of Kids with OCD  
3<sup>rd</sup> Monday, 7 PM  
Outpatient Pediatric Psychiatry Dept.  
Akron Children's Hospital, 300 Locust Street  
Suite 280 in Conf. Room  
Call Susan at (330) 499-0373  
To receive free e-newsletter,  
Contact Marie at [ooocccddkids@yahoo.com](mailto:ooocccddkids@yahoo.com)

### **AKRON/CANTON, OH**

OCD/Scrupulosity  
2<sup>nd</sup> and 4<sup>th</sup> Tuesdays, 7 - 8:30 PM  
Queen of Heaven Parish, (In the Bride's Room)  
1800 Steese Road, Green, OH  
Call Susan at (330) 499-0373

ture, it seems that AN is more related to OCD than is BN. This makes sense because one can see many obsessions and compulsions in AN. There is a great deal of obsession on food, as shown in the example above. Many AN patients plan out their eating for the day so as to only eat their self-imposed strict allowance of calories. This planning and obsessing takes up a great deal of time and energy, as most AN patients will tell you. This is the same in OCD. We know that OCD patients spend a lot of time and energy on their obsessions, replaying things in their minds, trying to get mental reassurance, trying to picture when they locked the door, etc. The compulsive side of AN comes out in counting, such as the example of counting chews, and having to write down the caloric value of everything they ingest. And of course, the exercise is compulsive – they feel they must do it or the catastrophe of gaining weight may occur. In this one can see magical thinking as well. Just as an OCD patient feels he must touch a doorframe 3 times or his mother will die, an AN patient may think that if she does not exercise 5 minutes longer, she will gain 10 pounds. There is also much

perfectionism in AN, which is also seen in some OCD patients.

One can see that there are many similarities between these two disorders which is why we as those in the OCD community must be especially attuned to eating disorders. Someone may just have the diagnosis of OCD but then start to display eating disordered behavior as well. At that point, eating disorder treatment should be sought as well, so that both disorders can be treated. Treatment for OCD and eating disorders is similar but there are specific interventions that are necessary for eating disorders, such as medical monitoring and meal therapy (see Fall 2006 Obsessive Compulsive Foundation newsletter article on OCD and anorexia, p. 4-5). These are crucial because there are many physical health risks in eating disorders, so they must be treated right away and aggressively. Eating disorders cause electrolyte imbalances, can affect the heart and make bones brittle and more easily broken. In fact, an experiment done in the 1940s known as the Minnesota Starvation Experiment with men who did not have eating disorders but who were forced into a starvation mode showed that when someone is severely malnourished, it affects the brain and the person actually ends up developing

obsessions and compulsions with food, which just leads to a vicious cycle.<sup>1</sup> In someone who already has obsessions and compulsions with food, the malnourishment just makes it worse.

If you or someone you know has exhibited any of the symptoms described in this article, please get help right away. You can contact the OCD Foundation of Michigan's voicemail at (313)-438-3293 and we can point you toward treatment resources.

Please note that although the vast majority of eating disorder patients are female, boys and men can suffer from these disorders as well and should be treated in the same way. In fact, male patients seem to be less likely than females to get treatment because they are in the minority, but they should seek help just as much.

For more information, please see the Fall 2006 National Obsessive Compulsive Foundation newsletter, which has an excellent article on OCD and anorexia.

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<sup>1</sup> "They Starved So That Others Be Better Fed: Remembering Ancel Keys and the Minnesota Experiment" by Leah M. Kalm and Richard D. Semba, The American Society for Nutritional Sciences Journal of Nutrition, 135:1347-1352, June 2005, at <http://jn.nutrition.org/cgi/content/full/135/6/1347>

## WORDS OF WISDOM

**We should all be concerned about the future because we will have to spend the rest of our lives there.**

*- Charles F. Kettering*

**Remember that fear always lurks behind perfectionism. Confronting your fears and allowing yourself the right to be human can, paradoxically, make you a far happier and more productive person.**

*- David M. Burns*

**Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.**

*- Elie Weisel*

**Don't ask for a light load, but rather ask for a strong back.**

*- Anonymous*

# OBSESSIVE-COMPULSIVE DISORDER: SUMMARY

By R. Reid Wilson, Ph.D.

Obsessions are repetitive, unproductive thoughts that almost all of us experience from time to time. We can be driving down the road, ten minutes from home, heading for a week's vacation. Suddenly the thought enters our mind, "Did I unplug the iron after I finished with that shirt?" Then we think, "I must have...but I don't know, I was rushing around the house so at the last minute. Did I reach down and pull the cord out of the socket? I can't remember. Was the iron light still on as I walked out the door? No, it was off. Was it? I can't leave it on all week; the house will burn down. This is ridiculous!" Eventually we either turn around and head home to check as the only way to feel relieved, or we convince ourselves that we did indeed take care of the task.

This is an example of what can take place inside the mind of any of us when worrying about any particular problem. Obsessive-compulsive disorder, however, is much more serious. In the mind of the person with obsessive-compulsive disorder, this pattern is exaggerated, highly distressing and persistent.

The second form of the problem is: compulsions: repetitive, unproductive behaviors that people engage in ritualistically. As with obsessive thoughts, there are a few compulsive behaviors in which the average person might engage. As children, we played with superstitions, such as never stepping on a sidewalk crack or turning away when a black cat crossed our path. Some of these persist as we become adults: many of us still never walk under a ladder.

Intense anxiety and even panic can come whenever the person attempts to stop the ritual. The tension and anxiety build to such an intense degree that he surrenders once again to the thoughts or behaviors. Unlike an alcoholic, who feels compelled to drink but also enjoys the drinking experience, the obsessive-compulsive person achieves relief through the ritual but no pleasure.

We have written a self-help book specifically for anyone suffering from OCD, titled *Stop Obsessing! How to Overcome Your Obsessions and Compulsions*, by Dr. Edna Foa and Dr. Reid Wilson (Bantam Books, 2001).

## Common Features of Obsessions and Compulsions

There are seven common features of obsessions and compulsions. The first three are related to obsessions and worrying in general; the last four are for people who experience both obsessions and compulsions. Listen to which one fits you.

(1) Your obsessions involve concerns with disastrous consequences. You are usually afraid that some harm will come to you or others. For instance, you forget to lock the doors of your house, and someone will break in and harm your family. Or you neglect to thoroughly wash your hands, and you'll develop some dreaded disease.

Some people have compulsions, and they don't have that sense of obsession. They don't really know what they're worried about. But usually you will get a sense of dread, like something terrible is going to happen.

(2) There are times when you know your obsessions are irrational. Some people believe their worries are accurate reflections of reality, and it's hard for them to get a perspective. But for most people there are times when you know that your worries are senseless. During good times, when you're not under stress, and you're not involved in your ritual or really worried, you can say, "This is crazy. This doesn't make any sense." You know that you're not really going to get sick if you fail to wash your hands five times. You don't really believe that your boss will humiliate you if you make one typing error. Nonetheless, when you start to worry, you believe those fearful thoughts.

(3) You try to resist your obsessions, but that only makes them worse. You want to get rid of these worries because they cause so much fear. But when you fight these thoughts it often makes them more intense.

This gives us a clue of one of the ways we can start to change this negative pattern. If resisting the thoughts makes them worse, what might help lessen them? Believe it or not, accepting your fearful thoughts will help lessen them! We'll talk more about acceptance in a few minutes.

(Continued on page 6)

***Obsessive-Compulsive Disorder: Summary***  
***(Continued from page 5)***

- (4) Compulsive rituals provide you temporary relief. Some people just worry, and they don't have compulsive rituals, so this one won't fit them. But when people do use compulsions, they provide relief and restore a sense of relative safety, even if just for a little while.
- (5) Your rituals involve specific sequences. This means that you often have a set pattern for how you wash, or check or count or think in order to be released from your distressing worries.
- (6) You try to resist your compulsions too. If your compulsions are brief, and don't interfere with your daily living, then you can probably tolerate them. But if rituals are inconvenient and take a while to perform, then you probably try to avoid the rituals or to complete them as soon as possible.
- (7) You seek out others to help you with your rituals. Compulsions can be so distressing that you enlist the help of those close to you. You may ask family members to help count for you, or friends to check behind you, or your boss to please read over a letter before you seal it up.

These seven features should give you a better sense of your symptoms.

### **Causes**

Until recently, OCD was regarded as a rare condition, but studies now indicate that up to 3% of the population, or nearly 6 million Americans, will experience an obsessive-compulsive disorder at some point in their life. Symptoms tend to begin in the teen years, or in early adulthood. About one-third of people with OCD showed the first signs of a problem in childhood.

Men and women are equally likely to suffer from OCD, although men tend to show symptoms at an earlier age. Cleaning compulsions are more common in women, while men are more likely to be checkers.

No one can say for certain what causes obsessive-compulsive disorder. At one time researchers speculated that OCD resulted from family attitudes or childhood experiences, including harsh discipline by demanding parents. Recent evidence suggest that biological factors may contribute to the development of OCD. Some recent tests have found a high rate of OCD in people with Tourette's Syndrome, a disorder marked by muscle tics and uncontrollable blurring of sounds. Many researchers believe this suggests a linkage between OCD and brain disturbances.

There is a tendency for OCD to run in families, and many people with OCD also suffer from depression. The exact relationship between OCD and depression has not been established.

### **Treatment**

There have been great strides in the treatment of OCD in recent years, and many people with the disorder report that their symptoms have been brought under control or eliminated. Traditional psychotherapy, which works by helping an individual analyze his problem, is generally of little value in OCD. But many people with OCD benefit from a form of behavior therapy in which they are gradually exposed to circumstances that trigger their compulsive behavior.

For example, a hand washer might be urged to touch an object she fears is contaminated, and then be discouraged from washing her hands for several hours. The goal is to eliminate or cut down on anxiety and compulsive behavior by convincing the individual with OCD that nothing will happen if she fails to perform the compulsive ritual. Behavior therapy works best when the feared situation can be easily simulated. It is more difficult if the anxiety-producing situation is hard to create.

Medication can play a prominent role in the treatment of OCD, and is particularly helpful for patients who are bothered by obsessions.

*(Continued on page 9)*

# New Support Groups at the Anxiety Resource Center

The Anxiety Resource Center is pleased to inform you that we will be offering several new groups starting in November and December. We hope you will find them very beneficial.

All support groups are free and ongoing. Come when you can. There is no obligation and no sign up required. However, since we are just starting these groups we are asking that people let us know if they are interested in attending the first group so we can plan accordingly.

Groups are held at the center 312 Grandville Ave. in Grand Rapids. You can find driving directions by visiting our site at: [www.anxietyresourcecenter.org/](http://www.anxietyresourcecenter.org/).

We are located in a beautifully-renovated historic firehouse. We invite you to meet with others in a relaxing, confidential, peer-support environment.

## STARTING IN NOVEMBER

**Body Focused Repetitive Behaviors (Adults)** – A monthly support group for people who have Compulsive Hair Pulling, Skin Picking and Nail Biting problems. Open to friends and family members. The group will meet the first Thursday of each month from 7 to 9 p.m.

**Other Kids Like Me** – A monthly support group for kids, aged 7 to 15, offering support for children with compulsive habits that seriously interfere with their lives including Obsessive Compulsive Disorder, Compulsive Hair Pulling, Skin Picking, Nail Biting, Obsessions Around Appearance or Health and Tic Disorders. Parents are welcome to attend. The group meets on the first Tuesday of each month from 4:30 to 5:30 p.m.

**Hoarding** – A monthly support group for people who have trouble with compulsive hoarding. The group is open to friends and family members. It will be held on the third Tuesday of each month from 7 to 9 p.m.

**Mother's Scrapbooking Group** – A monthly creative group where mothers can come together and work on scrapbooks of their children while finding support, friendship and encouragement. Being creative invites inspiration and reduces anxiety. This group meets on the first Saturday of each month from 9 a.m. to 1 p.m.

## STARTING IN DECEMBER

**Young Adults Obsessive Compulsive Support Group** – A monthly support group for young adults, aged 16 to 21, who have or think they may have, Obsessive Compulsive Disorder. The group will meet on the first Monday of each month from 5:30 to 6:30 p.m.

## CURRENT GROUPS

**General Anxiety** – A weekly support group open to anyone who has an anxiety problem as well as their friends or family members. The group meets every Wednesday from 7 to 9 p.m.

**Obsessive Compulsive Support Group (Adults)** – A bi-monthly support group open to people who have, or think they may have, obsessive compulsive disorder. Open to friend and family members. The group meets on the second and fourth Tuesday of each month from 7 to 9 p.m.

## Looking for People with 12-Step Experience

We would also like to start some 12-Step Groups at the center, but need people who have 12-Step experience. If you, or someone you know, has experience and would be willing to help organize a group please email [director@anxietyresourcecenter.org](mailto:director@anxietyresourcecenter.org).



## Little Pill

Little Pill, here in my hand,  
I wonder how you understand  
just what to do or where to go  
to stop the ache that hurts me so.



You sink in regions there below  
as down my throat you quickly go.  
But I wonder, Little Pill,  
how do you know where I am ill?  
And just how do you really know  
just where you are supposed to go?

Do you work alone, or hire a crew  
to do the good things that you do?  
I'm counting on you, mighty strong  
to get in there where you belong.  
Don't let me down and please don't shirk  
but do your undercover work.

So down my throat, be on your way,  
and cure my aches another day.  
Don't take a wrong turn is my plea,  
'cause I can't take another 'til after three!

- Charlotte Nelson

# SAVE THE DATE!

**Sunday  
March 18, 2007**

**Trichotillomania  
New Advances  
In Treatment**

**with  
Dr. Joe Himle**

**Botsford Hospital  
Farmington Hills**

**Call Bobbie  
734-522-8907**

## Know a Good Therapist??

Are you working with a therapist that you like, that knows a lot about OCD and how to treat it? Have you had good success with your treatment professional?

**TELL US. WE'D LIKE TO KNOW.**

Call the OCD Foundation of Michigan at 313-438-3293, or e-mail us at [ocdmich@aol.com](mailto:ocdmich@aol.com).

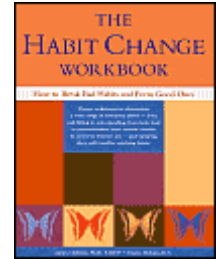


## SUGGESTED READING

Stanley Rachman  
*The Fear of Contamination:  
 Assessment and Treatment*  
 Oxford Univeristy Press, 2006  
 ISBN 0-19-929693-6



James Claiborn, Ph.D.  
 Cherry Pedrick, R.N.  
*The Habit Change Workbook*  
 New Harbinger Publications,  
 2001  
 ISBN 1-57224-263-9



S. Rachman  
*The Treatment of Obsessions*  
 Oxford Univeristy Press, 2003  
 ISBN 0-19-851537-5

Van Noppen, B., Pato, M., Rasmussen, S.  
 Boudouvas, C.  
*Learning to Live With OCD*  
 O C Foundation, 2006

Bruce M. Hyman, Ph.D.,  
 Cherry Pedrick, R.N.  
*The OCD Workbook:  
 Your Guide to Breaking Free  
 from Obsessive-Compulsive  
 Disorder*  
 Second Edition  
 New Harbinger Publications, 2005  
 ISBN 1-57224-422-4



Gail Steketee, Ph.D.,  
 Teresa Pigott, M.D.  
*Obsessive Compulsive Disorder:  
 The Latest Assessment and  
 Treatment Strategies*  
 Third Edition  
 Compact Clinicals, 2006  
 ISBN 1-887537-28-7



**For additional information on obtaining the  
 above books and papers, call The OCD  
 Foundation of Michigan voice mail,  
 (313) 438-3293, and leave a message.**

### ***Obsessive-Compulsive Disorder: Summary*** *(Continued from page 6)*

In some cases family therapy can be a valuable supplement to behavior therapy. Family counseling sessions can help both the individual with OCD and his family by increasing understanding and establishing shared goals and expectations.

*R. REID WILSON, Ph.D. is a licensed psychologist who specializes in the treatment of anxiety disorders and directs the Anxiety Disorders Treatment Program in Chapel Hill and Durham, North Carolina. He is also a Clinical Associate Professor of Psychiatry at the University of North Carolina School of Medicine. He is the co-author, with Dr. Edna Foa, of Stop Obsessing! How to Overcome Your Obsessions and Compulsions. (Bantam Books, 2001) [ISBN 0-553-38117-2]. His website is [www.anxieties.com](http://www.anxieties.com).*

# PROFESSIONAL DIRECTORY

## Advertise with us

Treatment professionals, what better way to find the OCD sufferers who need your help, and to give them a way to find you. Just place your business card in *Never Say Never*, the quarterly newsletter of the OCD Foundation of Michigan. For just \$25.00 per issue, your card can be in the hands of the very people who need you most. It's a great way to reach out to the OCD community, and at the same time support the OCD Foundation of Michigan. Send your card to OCDFM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to [OCDmich@aol.com](mailto:OCDmich@aol.com). For more information, call 313-438-3293.

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248. 553-9053      [www.BeTreatedWell.com](http://www.BeTreatedWell.com)

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Cognitive-Behavioral Therapist*

(248) 767-5985

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West Bloomfield, MI 48322



*"Behold I  
Make All  
Things New"*

*Debra L. Dahl, Ph.D*

Child, Adolescent, Adult, Family  
Behavioral Psychologist

PIONEER COUNSELING 586-263-1234

**Laura G. Nisenson, Ph.D.**  
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**THERAPISTS!!**  
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## PLEASE HELP

The OCD Foundation of Michigan is funded solely by your annual membership fees and additional donations. We have no paid staff. All work is lovingly performed by a dedicated group of volunteers. **WHY NOT VOLUNTEER YOUR TIME?** Call 313-438-3293 or e-mail [OCDmich@aol.com](mailto:OCDmich@aol.com).

### *The OCD Foundation of Michigan Membership Application*

**Please Print:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

May we send you notices and announcements via e-mail? \_\_\_\_\_

- Enclosed please find my check for \$20 annual membership fee.
- Enclosed please find an additional donation of \$ \_\_\_\_\_

Make check or money order payable in U.S. funds to  
**Terry Brusoe, Treasurer**  
**THE OCD FOUNDATION OF MICHIGAN**  
25140 Docksider Lane  
Harrison Twp., MI 48045-6707

12/2006

## Please Don't Throw Me Away

You've finished reading me and don't need to keep me anymore. Or worse (boo-hoo), you don't need me and don't even want me. In either case, please take me somewhere where I can help someone else. Take me to your library. Take me to your doctor, therapist, or local mental health clinic. Take me to your leader. But please, please, don't throw me away.



## OCD Foundation of Michigan Mission Statement

- ◆ To recognize that OCD is an incurable neurobiological disorder that can be treated with great results by the reduction of anxiety that OCD creates.
- ◆ To offer a network of information, support and education of parents, teachers, friends, family, and the medical community.
- ◆ To enlighten state legislators on how this disorder affects the sufferer, on entitlements under the full umbrella of the State Board of Education and the laws of the State of Michigan.

**IF YOU WOULD LIKE TO BE ADDED TO OR DELETED FROM THE MAILING LIST  
PLEASE CONTACT US**

The OCD Foundation of Michigan  
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Livonia, MI 48151-6412