

NEVER say NEVER



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

Spring/Summer 2006

OCD Challenges and Solutions A Treasure Trove of Information

By Victoria L. Winebarger, LMSW

On Saturday, May 20, 2006, OCDFM Advisor and internationally recognized expert Dr. Christian R. Komor, and his associates Christie L. Nutkins, Ph.D., and Stephanie H. Silverman, M.A. presented a powerful one-day seminar addressing Obsessive Compulsive Spectrum Disorders: Challenges and Solutions at William Beaumont Hospital in Royal Oak.



In his lecture, Dr. Komor addressed effects the disorder has on an individual including: learning abilities, lifestyle, relationships, career choices and spirituality. He also presented modules on the common Spectrum Disorders that included Trichotillomania, Body Dysmorphic Disorder (BDD), Hypochondriasis, social phobia, hoarding, stalking, Tourette's syndrome, Aspergers Syndrome, and Autism. In addition, Dr. Komor provided diagnostic criteria, interviewing techniques, interventions, comorbidity, pharmacology and various treatment alternatives. Lastly, he shared about the role genetics, the brain, and the environment has on OCD.

As an LMSW working with chemically dependent adolescents and their families, I have worked with several clients who had OCD spectrum disorders in addition to their chemical addiction. Having limited knowledge of Obsessive Compulsive Disorder and the spectrum disorders, I found myself feeling enlightened and hopeful, as I listened to Dr. Komor and his colleagues present. What intrigued me were the vastly different forms that obsessions and compulsions can take. One of the things I walked away with was that "compulsions are performed to relieve the anxiety caused by obsessions and that they are meant to keep certain bad or unpleasant things from happening, to cancel out things that have already happened, or to relieve doubtfulness about such things". I have found Cognitive Be-

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* Thanks to Mark Fromm, president of Downriver Marketing LLC, 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:

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

DEARBORN:

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

FARMINGTON HILLS:

1st and 3rd 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:

Weekly on Wednesdays, 7-9 PM
Mixed Group: All Anxiety Disorders
Old Firehouse #6
312 Grandville SE
Call the Anxiety Resource Center
(616) 356-1614

GRAND RAPIDS:

2nd and 4th Tuesdays, 7-9 PM
OCD and OCD Spectrum Disorders
Old Firehouse #6
312 Grandville SE
Call the Anxiety Resource Center
(616) 356-1614

HOLLAND:

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

LANSING:

1st and 3rd Thursdays, 7-9 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 485-6653

ROYAL OAK:

1st and 3rd 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:

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

AKRON, OH

Parents of Kids with OCD
3rd 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

AKRON/CANTON, OH

OCD/Scrupulosity
2nd and 4th 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

ONLINE SUPPORT

OCD-Support (<http://health.groups.yahoo.com/group/OCD-Support>)

This is a very large and well-connected support group. Among its many members are doctors and treatment professionals who respond to questions.

OCD-Family (<http://groups.yahoo.com/group/OCD-Family>)

This is a mailing list for the loved ones of OCD sufferers, a safe place to discuss OCD and the way it affects the family as well as the sufferer. Its purpose is to help learn new ways of dealing with OCD from a second-hand perspective and to learn how to help our loved ones. It is asked that OCDers themselves not subscribe to this list.

Organized Chaos (<http://www.ocfoundation.org/organizedchaos>)

For teenagers/young adults only, this is a site for learning about OCD from each other, and from treatment providers.



The following Letter to the Editor appeared in the Macomb Daily on Sunday, February 19, 2006

Accomplishments can eclipse mental illness

As President's Day approaches, we take time to pay tribute to the powerful and revered presidents who helped shape our nation's history.

One of our most celebrated presidents is Abraham Lincoln, but many people forget that his greatness co-existed with significant inner turmoil.

It's a relatively unknown fact that our 16th president lived with mental illness. Lincoln experienced severe, incapacitating and occasionally suicidal depressions, and bipolar disorder. But he used his own personal turmoil to fuel great achievements, and became known as one of America's strongest leaders.

Lincoln is far from the only person who achieved great things while living with a mental illness. One in five people is affected by a mental illness at some point in life. Michigan has 1.4 million adults with various forms of mental illness. The stigma associated with mental illness often eclipses the accomplishments of the people who have the illness. With treatment, individuals

can and do thrive in careers, at home and with their families. Mental illnesses are common and treatable.

According to recent American Psychological Association statistics, approximately one in 20 Americans has a depressive disorder every year.

Depression is one of the most common and most serious mental health problems facing people today. Stress, a common component of everyday life, often triggers depression. Stress and depression contribute greatly to how we perceive and contend with day-to-day situations.

Americans honor Lincoln as the emancipator of slaves, the man who held America together in its darkest days. No one defines Lincoln solely by his mental illness. Everyone who experiences a mental illness deserves that kind of respect.

The stigma associated with mental illness is often a disguise for fear of what we do not understand. Use part of this President's Day Holiday to learn more about mental illness. If you feel you could benefit from treatment or you know someone else who might, learn more about the services available to help. Start with your local Community Mental Health Board. Seek knowledge and then teach others.

DONALD I. HABKIRK JR.
Executive Director
Macomb County
Community Mental Health

WORDS OF WISDOM

"The chains of habit are too weak to be felt until they are too strong to be broken."
- Samuel Johnson

"Avoiding danger is no safer in the long run than outright exposure. Life is either a daring adventure, or nothing."
- Helen Keller

"It is better to keep your mouth closed and let people think you are a fool than to open it and remove all doubt."
- Mark Twain

Insanity: doing the same thing over and over again and expecting different results.
- Albert Einstein



The BTI From the Viewpoint of a Practitioner and Consumer

By Alan D. Carriero, MSW

The three day Behavioral Therapy Institute, hosted by the OC Foundation this year in Los Angeles on February 11-13, gave 25 treating professionals including myself the opportunity to learn from a faculty comprised of some of the most renowned clinicians, educators, and researchers concerned with OCD and the OC Spectrum disorders, namely C. Alec Pollard, PhD of the St. Louis Behavioral Medicine Institute, Gail Steketee, PhD of the School of Social Work at Boston University, John Piacentini, PhD, of the Neuropsychiatric Institute at UCLA, Gerry Tarlow, PhD, of the Neuropsychiatric Institute at UCLA, Eda Gorbis, PhD of the Westwood Institute for Anxiety Disorders in Los Angeles, and Sanjaya Saxena, MD of the UCSD School of Medicine. We, the students, which included psychiatrists, psychologists, social workers, and other-degreed counselors, were also able to learn from one another during in-class discussions, and to network with one another in between sessions.

Our first two days were spent listening to and asking questions of each of the six presenters, who spoke in depth about OCD from a variety of perspectives, including theoretical models, neurobiology, genetic and psychosocial factors, comorbidity, related disorders, assessment, cognitive-behavioral and psychopharmacological therapies, family involvement in treatment, and obstacles to treatment. On the third day, we broke into five groups consisting of five students and one faculty

member each, in order to present cases and design treatment plans that we would utilize upon returning home and working with our clients. Each faculty member also made him or herself available for follow-up consultations by telephone in order to monitor the work we would be doing, and to answer questions that would inevitably arise in the course



of treatment.

Besides the excellent educational experience, a highpoint for me was having the opportunity to reinforce the message that OCD need not be hidden and that the stigma that continues to be associated with mental illness needs to be done away with if we are truly to be effective in reducing the numbers of sufferers. The way in which I was able to do this was through a personal challenge, by self-disclosing to my colleagues the fact that I myself have lived with OCD for the past 40 years. Also, by answering her request for a volunteer, I had the unique opportunity to role-play an initial client interview with Dr. Gail Steketee. During this exercise, I did my best to portray an individual with a severe case of OCD, however, assuming the role of the sufferer was not at all difficult to do. All I had to do was to take myself back 20 years and remember what it was like to be someone who was in pain, confused, distracted, preoccupied, and frightened by something about which he had no understanding. To actually be able to do this, i.e., to now be able to pretend to have debilitating OCD, was not only a personally liberating experience, but a testimony to the

fact that symptoms can be significantly reduced, if not virtually eradicated, by getting the right kind of help. Discussion of current research was a reminder to those of us that treat the disorder, that we must continually learn if we are to offer our clients the best possible treatment options. One unfortunate reality, however, was made clear to us by Dr. Pollard, in that collectively, we, the clinical forces that help our clients to face their difficulties, are terribly understaffed, so to speak -- there simply aren't enough of us who know how to treat OCD

effectively. However, this need not be so. There are opportunities to gain the skills that are needed, and so, I strongly encourage anyone who wants to learn how to treat OCD, or to hone their existing skills, to attend this invaluable training resource, the Behavioral Therapy Institute, hosted each year by the OC Foundation.

Alan Carriero, MSW, is a licensed clinical social worker in the State of Michigan, who, in addition to a private practice in which he specializes in the treatment of OCD, volunteers at one of Michigan's newest and unique resources, The Anxiety Resource Center. Located in Grand Rapids, the ARC, as it is called, is a non-profit, non-clinical facility where people who are dealing with all kinds of anxiety problems, including OCD, can come to relax in the calming atmosphere of a beautifully renovated firehouse built in the 1870's, attend free support groups, borrow materials from the lending library, attend creative classes to turn anxious energy into productive energy, and attend talks given by experts who are knowledgeable about anxiety and related disorders. Mr. Carriero can be reached at 616-940-9091 or at alan.carriero@sbcglobal.net, and The Anxiety Resource Center can be contacted at 616-356-1614 or explored online at anxietyresourcecenter.org.

A Fish Story...

By Marie

Here we finally are. Our family vacation. We are on a sandbar surrounded by stingray's. The small boat that we rode on to get to our destination is anchored, and the captain is in the water with a pregnant stingray in the vicinity. We have already had our little lecture on the boat about how to feed the stingray's pieces of squid, how to pet them, and what to expect that they will feel like. They are like kittens in the water.

I take a piece of squid from the bucket, and bring it to the stingray's mouth, like a small vacuum, she takes the piece of squid into her mouth. This is so cool! The kids are watching. Both boys are touching the rays. All seems to be going well.

My youngest does not want to feed the ray when he has the opportunity...he hops away to where his dad is. (I'll get him later). Connor is fascinated with the rays. I try to hand him a piece of squid. "I'm not touching that!"...a touch of fear in his tone....my OCD radar is up. I try again..."Connor, are you having an issue with the squid?"

No answer.

I tell him, "Connor, if this is an issue, you need to beat it right now. You will not have an opportunity like this for a very long time, and you cannot let OCD deny you this opportunity and memory."

Connor looks at me, and hops away.

I swim over to him again. I have the squid in my hand. Connor reaches his hand out for the food, but at the last minute flips his hand over, and the squid floats away in the water.

I decide to take a chance... a risk with him. [\(please see note below\)](#).

"Connor, give me your hand." He reaches out, and I rub the squid on the back of his hand. He panics somewhat, but something somewhere "clicks" and I also know that he's going to feed that ray.

"Take it!"

He takes the squid, and, with the squid in his hand, I help move him up to where the

ray is, through the small crowd of people. "Hey, my son wants to feed the ray now" I get the attention of our captain, who is holding the ray, and continue to push Connor through the crowd. Usually, I would wait to the end, but I have to keep things moving, I know that if Connor thinks too much about it, he may drop the squid and potentially miss this opportunity. There is a mother with her child, and the mother just helped her daughter feed the ray.

I get the attention of this mother, and because she did so well with her own child, I ask her to assist Connor. (After all, I'm his mother...what could I possibly know?) She takes my cue, and "walks" Connor through the process. Woosh!, the ray takes the squid bait. Connor is now beaming. Now I go and grab my other son (who does not have OCD, but thinks the ray will bite him). The mother is still over by the ray.

I tell my youngest that this lady (the same mother) really knows how to handle the rays (a stingray whisperer), and again, she takes my cue, and "walks" my youngest through this process. Success!!

Now just one more battle to win....

After we return to the boat, Connor continues to insist that he be allowed to buy a conch shell that the boat captain made into a horn. This is for sure the one souvenir that he wants from the trip. I make a deal with Connor. I'll buy him the shell if he picks up another squid from the bucket.

"No way, mom, that's way too embarrassing"

"Fine, then no shell. Just walk up to the bucket and pick up a squid. simple. You don't have to say anything to anyone, just do it. !"

He walks to the bucket, picks up the squid..."OK, see, I did it. " (We know that if any handwashing or decontamination rituals took place after touching the squid, this exercise wouldn't count...in other words, no cheating). We take a picture of Connor holding the squid chunk for Gabrielle, Connor's therapist.

Back in Ohio, Connor's conch shell is in his room. It symbolizes another OCD battle won, and I hope that he will remember that for a long time.

What I hope for Connor, and what I wish

for kids with OCD, is that they, when they become adults, will be able to recognise when their OCD is interfering in an activity, and be able to rely on the tools that they already know to help them "beat" their particular OCD issue. I don't plan on following my son around for the rest of his life helping him to win each little battle with OCD. What I do hope, is that he will be able to recognise an issue as being related to OCD, and be able to independently develop a strategy (always new and individually creative) to challenge and beat his OCD issue. This is all I can hope for. I will continue to use my influence that I have as a parent in his young life, to help him challenge and beat his OCD.

So....that is our "fish story". Interesting isn't it. To the normal observer, it would look like a family having fun feeding the stingrays, when actually, what is taking place is exposure/response prevention (ERP) a lifetime skill that has to become almost like a "knee-jerk" reaction for individuals winning the battle with their OCD.

NOTE: Please know that the decision to expose someone with OCD to the object or situation in question should always be done with the assistance of a therapist. Please work with a qualified therapist when doing ERP with your child. This story is an example of how ERP and CBT gets woven into the daily life of a child who has been winning the battles with his OCD.

Marie is the facilitator of a monthly self-help group in Akron, Ohio, for parents of children with OCD. Meetings are the third Monday of every month at 7PM in the Out-patient Pediatric Psychiatry Department of Akron Children's Hospital, 300 Locust Street-Suite 280 in the Conference Room.

Marie also sends out a monthly newsletter. You can reach her at 330-668-1463, e-mail ooocccdddkids@yahoo.com

Social Phobia

by James Cowart, Ph.D.

Take the self test at the end of the article!

Social Phobia (also known as Social Anxiety Disorder) is a lot more than simple shyness. While some professionals dismiss those who suffer with anxiety disorders as members of the “worried well”, these disorders can be extremely debilitating. Would you call it a minor problem or a serious one if you knew that people with social phobia often cut short their high school or college work, quit jobs for which they are otherwise well-suited, turn down promotions, avoid meeting new people and avoid dating experiences?

Signs and symptoms of Social Phobia are similar to those of other anxiety disorders and range from inner feelings of shakiness and excessive muscle tension, especially in the neck and shoulders, to extreme panic reactions (e.g., heart racing, sweating, hand tremors, tightness in chest, hyperventilation, and a feeling that one has to escape the situation). Often, an individual with this disorder may obsess about controlling a particular symptom such as blushing or sweating.

This disorder affects millions of people in the U.S. The core of the disorder is an intense fear of being humiliated or embarrassed. The individual often believes that he or she is unworthy or incompetent when compared to others. Situations that might contain some conflict are extremely upsetting and are often avoided. Low self esteem and clinical depression often accompany social phobia. Especially if untreated, the disorder may develop into a lifelong and pervasive personality pattern. Some individuals may also abuse alcohol and other substances to gain temporary relief from their symptoms; however this approach is self-defeating and causes even more substantial problems.

Causes of this disorder include: inherited genetic predisposition, childhood and adolescent experiences and current life-stressors. The disorder is not a sign of “weakness of character” and has nothing to do with an individual’s morality or courage. These negative myths sometimes prevent individuals from getting the treatment that they need.

Years ago there were no effective treatments for Social Phobia. Today we have psychotherapy (e.g., Cognitive-Behavioral Therapy) and several medications which have been shown to be effective in treating this disorder. Individuals with Social Phobia need to seek treatment by discussing the situation with a Psychologist or Clinical Social Worker, the family doctor, or a Psychiatrist. Individuals with Social Phobia need to realize that treatment can provide important assistance to them in using coping skills to make needed changes in their lifestyles of avoidance. Anxiety support groups, group therapy and self-help books are also good ways to get additional help.

James Cowart, Ph.D. is a Licensed Psychologist in Kalamazoo, MI, treating any and all anxiety disorders, including OCD.

Self-Test:

1. Do you feel lots of tension and stress (e.g., tightness in chest or general muscle tension, increased heart rate, increased perspiration, moist palms, blushing, etc.) when you are in certain social situations?
2. Do you frequently worry about being embarrassed in front of others?
3. Do you often try and avoid meeting new people, going to parties or getting involved in group discussions?
4. Do you often avoid trying new sports or activities when others might be watching?
5. If you notice that others are paying attention to you does this bother you?
6. Do you dread any potential conflict – even if it is a small one?
7. Does tension or anxiety interfere with your social life, education or occupation?
8. Has this social anxiety continued for six months or more?

Please Note: if you answer “yes” to items #1, #7, and #8, as well as to one or more of the other items, then you may be experiencing Social Phobia and you are encouraged to seek out an evaluation from an experienced clinician.

Hello! My name is Nancy Ellen Vance. I am a member of the Obsessive-Compulsive Disorder Foundation of Michigan Board of Directors. For several years, I have been involved in the Foundation's Camp Redwing, a camp for children suffering from OCD. Due to our lack of funding, we have only been able to accommodate a few children each summer. Last year, Camp Redwing was held at the Howell Conference and Nature Center in Howell, MI. For eight years, Wally and Mary Amelia Green graciously donated their Redwing Bed and Breakfast in Lapeer, Michigan. (Wally Green is the Founder and former Executive Director of The OCD Foundation of Michigan. He is also an author and stand-up comedian.)

I recently started *BESTEST PRODUCTIONS* with the purpose of raising funds to support camps for children suffering from anxiety disorders. We've received positive response to this project. We are still looking for more talented individuals (professional and amateur) and venues. Help is needed with our website, accounting, and legal affairs, e.g., preparing contracts, 501(c)(3), etc.

BESTEST PRODUCTIONS

Nancy Ellen Vance, Executive Director
Barbara Bredius, Music Director
Paula Marie Deubel, Art Director
Star Noel Isis Roth, Dance Director
Amy Winebarger, BSW, Program Manager

The mission of Bestest Productions is to raise funds through art and music to support camps for children suffering from anxiety disorders, primarily

[Obsessive-Compulsive Disorder](#).

Our long-term goal is to provide scholarships to college-bound individuals who work diligently to deal their mental health challenges.

With the collaboration of local and national artists and entertainers, Bestest Productions sponsors concerts, art auctions and theater to provide the money needed to make a positive difference in the lives of children and youth.

The Board of Directors is comprised of accomplished individuals in the areas of art, business, mental health and music. We know the anguish of mental health and ways to overcome adversity through knowledge, discipline and hard work.

We also know the joy of the arts.

With dozens of cumulative years of volunteerism, our Directors are committed to the success of our mission.

Anxiety disorders include: Generalized Anxiety Disorder, Obsessive-Compulsive and OC Spectrum Disorders, Panic Disorder, Posttraumatic Stress Disorder, Social Anxiety Disorder, Specific Phobia and Agoraphobia.

**If you or a loved one is suffering,
please seek help and know treatment is available.
It's time to enjoy life.**

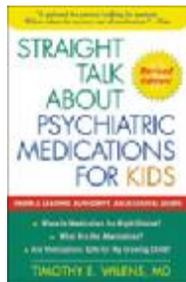
Your suggestions, talent and financial support are appreciated.

Please contact: Nancy Ellen Vance (248) 656-1314

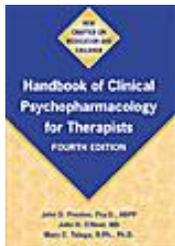
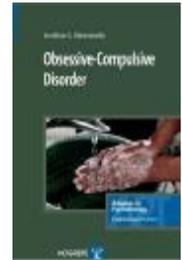
nevance@bestestproductions.com

SUGGESTED READING

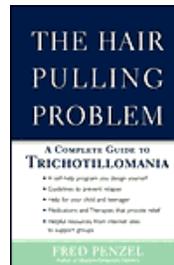
Timothy E. Willins, M.D.
Straight Talk About Psychiatric Medications For Kids
 The Guilford Press, 2004
 ISBN 1-57230-945-8



Jonathan S. Abramowitz, Ph.D.
Obsessive-Compulsive Disorder
 Hogrefe & Huber Publishers, 2006
 ISBN 0-88937-316-7

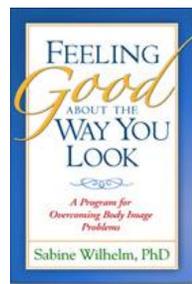


John D. Preston, Psy.D., ABPP
 John H. O'Neal, M.D.
 Mary C. Talage, R.Ph., Ph.D.
Handbook of Clinical Psychopharmacology for Therapists
 Fourth Edition
 New Harbinger Publications, 2005
 ISBN 1-57224-399-6

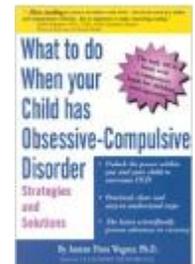


Fred Penzel, Ph.D.
The Hair Pulling Problem
A Complete Guide to Trichotillomania
 Oxford University Press, 2003
 ISBN 0-19-514942-4

Sabine Wilhelm, Ph.D.
Feeling Good About the Way You Look. A Program for Overcoming Body Image Problems
 The Guilford Press, 2006
 ISBN 1-57230-730-7



Aureen Pinto Wagner, Ph.D.
What to do When Your Child has Obsessive-Compulsive Disorder
Strategies and Solutions
 Lighthouse Press, Inc., 2002
 ISBN 0-9677347-1-1



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.

A Treasure Trove of Information (Continued from page 1)

behavioral therapy to be extremely helpful in working with my clients with OCD and related disorders, however there is a slowly growing body of literature on treatment interventions. The selection of treatment techniques highlighted in the seminar provided me with encouragement. Two areas which I found extremely helpful that Dr. Komor addressed were the OCD cycle and the five critical elements of exposure and response prevention (ERP) behavior therapy (safety, intensity, neutralization, saturation, and duration/persistence).

Dr. Komor has made significant contributions to the therapeutic community by providing specific and achievable techniques help those with Obsessive Compulsive Spectrum Disorders. This seminar was the most comprehensive and informative presentation that I have attended. I en-

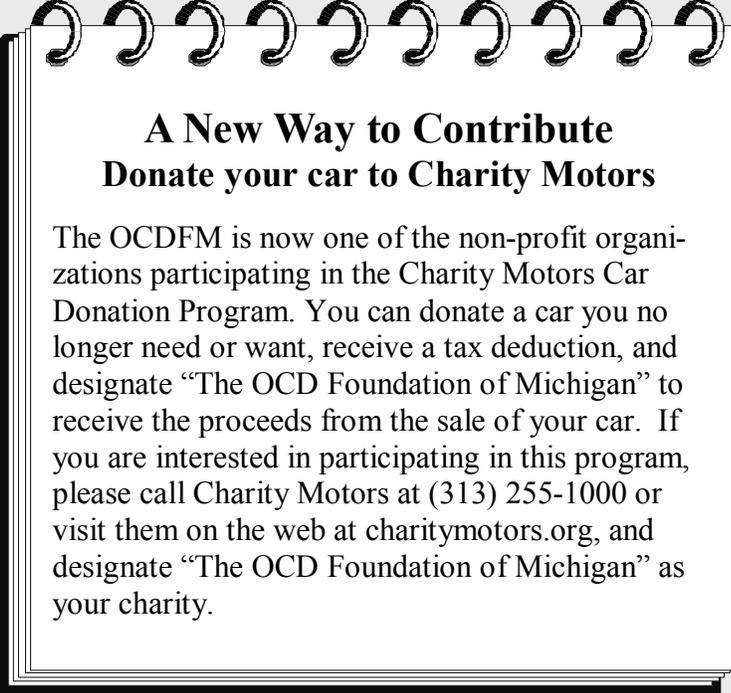
courage others to attend future workshops in order to learn to identify, assess, intervene and treat those who live with OCD. The tools and strategies presented can be used regardless of your work setting. Having had the opportunity to attend this seminar has inspired me to learn more about Obsessive-Compulsive Disorders and to encourage others in my profession to become more knowledgeable about OCSDs.

Thank you to the OCD Foundation of Michigan for continuing to work hard to educate people on such under-recognized and misunderstood disorders.

Victoria Winebarger is a Senior Therapist at Pathway Family Center in Southfield, MI. More information can be found at www.pathwayfamilycenter.org.

She is also available for individual consultation, and can be reached at 734-377-4928.

BULLETIN BOARD



A New Way to Contribute Donate your car to Charity Motors

The OCDFM is now one of the non-profit organizations participating in the Charity Motors Car Donation Program. You can donate a car you no longer need or want, receive a tax deduction, and designate "The OCD Foundation of Michigan" to receive the proceeds from the sale of your car. If you are interested in participating in this program, please call Charity Motors at (313) 255-1000 or visit them on the web at charitymotors.org, and designate "The OCD Foundation of Michigan" as your charity.

OCD DISCUSSION GROUP FORMING

Discussion group on religion and spirituality forming for people with OCD and Depression. This group is intended to provide a relaxed, yet structured environment where people with OCD and Depression can discuss their experiences, questions, viewpoints, and struggles regarding spirituality with people who share a common psychological disorder. All religious or spiritual streams, including those who have completely rejected the existence of a spiritual dimension to life, are encouraged to join in the discussion. This group is not intended to be limited for those people with scrupulosity issues (while they are certainly welcome), or any other particular subset of the OCD condition, but to be an open forum where people with OCD and Depression can feel comfortable expressing their views and experiences, whatever they may be. Of course, people with scrupulosity will likely find many other people with the same problem who hopefully be willing to share their experiences and coping methods with the rest of the group. Finally, this group makes no claim to present or work towards a "cure" for the OCD condition for its participants. I am not a psychiatrist, just a guy with OCD who is interested in spirituality and believes that people with OCD have a unique approach to dealing with spirituality that is often misunderstood in traditional religious discussion groups.

Meetings in Hamtramck. For more information, please call: Brian at 586-610-0830 anytime, or e-mail me at oscaryoda@juno.com.

PROFESSIONAL DIRECTORY

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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 OCD FM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to OCDmich@aol.com. For more information, call 313-438-3293.

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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.

The OCD Foundation of Michigan Membership Application

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

- Enclosed please find my check for \$20 annual membership fee.
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Make check or money order payable in U.S. funds to
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7/2006

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
P.O. Box 510412
Livonia, MI 48151-6412