

NEVER say NEVER



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

Winter 2007

Spouses of OCD Sufferers Speak Up

Sometimes the forgotten person in the struggle of OCD is the spouse/partner of the OCD sufferer. These individuals face many challenges of their own through living with and loving someone with OCD. Therefore, we wanted to give them a voice, to express their concerns, struggles, and knowledge. The following are two interviews with spouses of OCD sufferers. Eric and Rick are interviewed by their wives, Jennifer and Amanda.

What is the biggest challenge for you as a spouse of someone with OCD?

Eric: The general challenge is living with OCD myself. I live with OCD too; I don't have it, but the person I love has OCD, so it's not something I can ignore and pretend isn't there. I can't treat my wife the way I would treat anybody. I have to learn and educate myself: what is the right way for me to respond and interact with my wife so that she can have a better quality of life, not just to make my life easier. These [her having a better quality of life and making my life easier] are two different things and can sometimes mean two different responses. Specifically, my challenge is to not become harsh in my responses to her OCD.

Rick: The constant mood swings OCD creates. OCD makes it difficult to plan on any sort of peace or consistency at home or in public. When OCD rears its ugly head, it causes an instant mood swing which can come in an array of forms, ranging from anger to sadness to withdrawal.

How do you identify when a behavior or thought is OCD in your spouse and when it's not?

Eric: First of all, you can't always do that perfectly; you're not going to be right all the time. You're going to think things are OCD when they're not and you're not going to think things are OCD when they are; you don't have OCD. And you can't always trust your spouse, because your spouse might want to do the compulsion so bad that they might not be honest with you. Or maybe they're even deceived themselves. Every OCD person is different, so get to know them and go from there. Obviously you can't just say "when they're anxious" because a lot of things in life cause anxiety. I think the key for me [to know when

something *is* OCD] is when my wife asks me for reassurance or when she's repeating something (i.e. "I'm sorry, I'm sorry, I'm sorry, etc").

Rick: Lately, I attribute an unexplainable mood swing or uninstitigated anger to OCD. I say or do nothing, and my spouse is suddenly angry, crying or completely withdrawn; that's often the OCD invading the relationship.

What is the saddest part for you of seeing your spouse suffer with OCD?

Eric: That it steals some of her ability to enjoy life, and enjoy people. And to enjoy our time together as a family. Guilt, doubt, second guessing interfere with relationships.

Rick: How the intrusions can invade her mind without anything happening to trigger them. Being in a boat makes people afraid of drowning even more scared. Flying in an airplane makes people afraid of a plane crash terrified. OCD however, can come without warning and without any affirmative act whatsoever, which is saddening and has been a huge burden on our marriage.

How do you handle OCD reassurance-seeking from your spouse?

Eric: I will say "I think you're asking for reassurance, therefore I'm not going to respond because I think it's better if I don't." Instead of just not responding, I think it's better to explain to the person that the reason I'm not responding to you is because I care about you and it's better if I don't reassure your OCD because it will make it worse. You have to stick to your guns, because your spouse might be a great manipulator. You have to do this for a while and then it works better, because at first they might resist this approach. I don't think you should ask them "are you asking for reassurance?" Because that's not going to work; I think you've got to have more respect for the power of OCD than that. [OCD can persuade a person to be dishonest with this question or make the person think they are not reassurance-seeking when they really are].

(Continued on page 4)

THE OCD FOUNDATION OF MICHIGAN

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

Telephone (voice mail): (313) 438-3293
Fax: (734) 522-1404

E-mail: OCDmich@aol.com

Web: www.ocdmich.org *

* 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:

2nd Wednesday, 6:30-8:30 PM
Washtenaw County Community
Mental Health
Call Mary Jo at (734) 222-9226

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:

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

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

2nd and 4th 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

1st 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

1st Tuesday, 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

3rd 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

1st 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:

1st Thursday, 7:30-9 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 Terry at (586) 790-8867

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

Spouses Speak Up
(Continued from page 1)

Rick: My spouse rarely seeks reassurance and generally withdraws during difficult times.

How have you been most helpful to your spouse with her OCD?

Eric: Being an emotional support – helping her feel she’s not alone, because they will feel this. Helping take the edge off that feeling of aloneness that is bound to happen.

Rick: I ask fewer problem-solver questions like "what is your problem?"

How has your spouse been most helpful to you?

Eric: Educating me. When there’s a window of freedom from OCD is a good time to get education about OCD. Ask them about what all the books say about responding to asking for reassurance and symptoms. They usually know the answers but they struggle to do it themselves. You can remind them of this when they’re in the middle of struggling.

Rick: I am more aware of when my spouse unexplainably withdraws or gets angry without warning. Just being more aware that the anger or the withdrawal aren't necessarily my fault helps me cope.

What do you wish your spouse could understand about your position (living with someone with OCD)?

Eric: That my limited ability to fully understand from a sufferer’s point of view and my limited academic understanding of what OCD is and how to respond to it does not mean that my love is limited.

Rick: As a male, I am often interested in fixing the problem. When my spouse exhibits signs of anger, sadness or withdrawal, I would be interested in learning more about what I can do to make the intrusion pass. The anger or other acts brought on by the OCD often give me a feeling of powerlessness. I would also like my spouse to articulate more when OCD is affecting her in the moment.

What is your greatest hope for your spouse and your relationship as it relates to OCD?

Eric: As far as my spouse, I hope that she’s cured, I hope it disappears, that it’s gone and she doesn’t have to suffer anymore. As far as the relationship, that the darkness that is OCD will be transformed by a deeper love that grows in the midst of the suffering as we respond together.

Rick: I hope that my spouse can overcome OCD. I hope that my spouse acknowledges more that OCD has a great effect on the person without OCD as well.

Tyrant Lover

(an ode to my OCD)

By Jennifer Shanburn

Like a tyrant lover
But I’ve never loved you
And you must hate me

You pierce my mind
I bleed inside
Your promises are bare
You’ve always lied

I want to please you
Yet I try to turn away
You’re never satisfied
You will not be denied

Like a tyrant lover
But I’ve never loved you
And you must hate me

Your way is the only way
Any deviation is sin
Hopeless at your feet
My thoughts I lay

You punish me
With your crime
And your prison of emotion
You and all your kind

Why do you cage me?
You have no freedom to give
You hold the keys
To life or hell

Reality has disappeared
My mind is not my own

But belongs to you

Like a tyrant lover
But I’ve never loved you...

...I will take back what is mine.

What happened to my child? Taking charge of "bad thought" OCD

By Lynne Siqueland, Ph.D.
Children's Center for OCD and Anxiety and
University of Pennsylvania Medical School

What is a parent to do? What is a parent to think when out of the blue their child comes to tell you I think I touched your private parts, I just made a deal with the devil, or most scary, I think I want to kill myself? Many people know something about OCD, they might think about handwashing, checking, or counting, but there is another aspect of OCD that is not often talked about or even understood by the public. For lack of a more technical term, let's call it bad thought OCD- intrusive thoughts of harm to self or others, inappropriate sexual thoughts, thoughts about God or religion, or simply doubt about one's actions.

Red flags

- your gentle child talks about thoughts of violently hurting others even his family
- your faithful child talks about hating God or making deals with the Devil
- your easily embarrassed child describes thoughts of unusual sex acts
- your well behaved kid thinks they lied, swore or cheated
- your cautious kid drank poison or swallowed something
- your kind kid begins to review every small not nice act he did in his life

This is one of the few ways OCD seems to prey on what the child holds most dear or cares about the most. Children are often tormented by these thoughts because they don't know where they come from and conclude that they must want to be thinking that or secretly feel that way. They can be terrified by the possibility that they might want to and are going to act on their thoughts. Kids who are open with their parents about most everything else can keep these thoughts secret, because how can they tell the parent they love that they have images of killing them. Instead kids start to get grumpy and irritable, they start to become more withdrawn, they may have trouble concentrating and focusing on school and other tasks, and they might start avoiding things, people and places to protect others.

Despite the suffering that bad thought OCD causes, it is very treatable. A number of the techniques we use for other forms of OCD are applicable here. But in addition, there are a few approaches that are specific for this form of OCD. A careful assessment by a professional with experience in OCD is crucial to make certain that the symptoms are OCD and not another disorder (serious depression with truly suicidal thoughts, psychotic thinking). Indeed, many kids are so stressed and upset by having their life and head filled up with these thoughts that they may be feeling genuinely suicidal at the beginning of treatment. Here are some common differences. Kids or adults who don't have OCD tend to experience these violent thoughts as commands from a voice other than their own and often from outside their head. In addition,

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FROM THE NEVER SAY NEVER ARCHIVES:

WAITING MOMENTS

Nancy Ellen Vance

(from the Spring 2001 issue of Never Say Never)

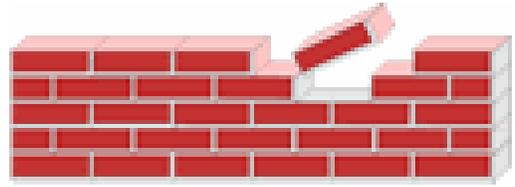
We OCD sufferers spend a lot of time trapped by this insidious monster that usurps our joy. Whether we are involved in a bustling activity or have a few special moments to ourselves, the tormenting thoughts and anxiety-provoking behaviors quickly appear like a thief. It is very important that we use behavioral modification to take back our ground. I know how necessary it is to capture uplifting moments and find time to appreciate the beauty that surrounds me. I have found that recording these precious moments often helps. I wrote the following poem during one of my difficult episodes. I occasionally read it to remind me of the good things found in living everyday and to combat the OCD enemy.

*As I waited for Aaron in our red sedan
I noticed a little tree looking quite grand.
She stood proudly at the Christian college
unconcerned that she wore no foliage.
She was wrapped in a winter coat of ice
and looking quite regal, she certainly enticed.
Her bowing branches were dressed in lace
and gently moved in a rhythmic pace.
The bark of her truck became the prop
Of a performance I would rate at the top.
Shiny raindrops began to slither down
the back of her transparent gown.
Soon brilliant acts of liquid races
were marked by interrupted paces.
As crystal soldiers scurried around,
little armies suddenly hit the ground!
Amazed by this spectacular show,
I could hardly wait for Aaron to know
that the magic found in these waiting moments
provided his mom with rare entertainment.*

If you have something you would like to share with others, please send your precious moments to us and we will publish your contribution in our upcoming newsletters.

ANOTHER BRICK WALL

One of our OCDFM members recently applied for life insurance with the Veterans Life Insurance Company in Valley Forge, Pennsylvania. She received a letter that stated:



Thank you for your recent application for Life Insurance. When we receive an application for life insurance, there are a number of areas which must be re-viewed carefully. One important area we consider is current and past medical history.

We evaluated your application and are unable to accept you for coverage at this time because of your Obsessive Compulsive Disorder.

We are sorry we could not be of service to you at this time, but we are pleased that you chose our company as a possible source for your insurance needs.

Our OCDFM member served many years with the Michigan Air National Guard and received recognition for her versatility and accomplishments.

Upon receiving the denial letter from Veterans Life Insurance, she was struck by the cruel irony. Even with her medical history, she was good enough to serve our country before, during and after Desert storm. Now she doesn't even qualify for life insurance coverage from the company that purports to serve our veterans. *What's wrong with this picture?*

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.

JJ's Place (www.jjsplace.org)

The website for kids with OCD. Also has resources for family and friends, teachers, and therapists.

For a long list of websites relating to OCD, see our website at www.ocdmich.org.



they might enjoy or like the thoughts, feel they would enjoy doing the things the thoughts tell them about. In contrast, people with OCD are very distressed about the thoughts and try to avoid them.

How to know it's OCD

- The thoughts barge in out of the blue (e.g. playing with friend and think wants to stab them, feeling happy and think suicide)
- Content of thoughts contrary to child's general personality
- The child is very distressed about thoughts and tries to avoid them
- The child may do rituals repeatedly when has the thought (confessing, praying, saying special word)

Once it is clear that it is OCD, the most important part is educating the child and family about what is happening in the child's brain. Their brain is misfiring or hiccupping, sending out a nonsense message wrapped in very scary packaging. The child needs to know that it is his reaction to the thought that is causing the problem- the thought is scaring them because they think it is important and has to mean something. The most important thing to do is rename it as OCD or a brain trick. Kids need to also know they are not going to do the thing that is in their thoughts no matter how much it comes to their head. We teach kids that trying to suppress thoughts makes them occur more frequently. If possible, they want to let the thought come in, think that was weird or that was OCD, and let it float on out like a cloud or a wave. They want to switch gears, shake out the sticky thoughts, and then do what they want to do.

We teach kids to

- Let the thought come in and go out like any other thought- don't try to stop it, don't push the pause button, don't try and force it out, play out the movie
- Relabel- It's not me - it's OCD, I am not weird- OCD is weird
- No thought, no matter how horrible, changes the person I am
- Just because I have the thought, doesn't mean I want to do it
- Break OCD rules - don't do or do the opposite of what it says

After the education, we need to work on the rituals like other forms of OCD. The most common is telling or confessing all the thoughts. This is one of the most painful and upsetting components for parents. Parents really need to be calm and need to help to reframe for their child that this is OCD not their thoughts. Parents especially need to avoid saying things like "how could you think or say that or why would you think that- because kids are already beating themselves up with these words. Parents need to help remind kids no matter what they think, it does not make them a bad person. Some kids once they understand about OCD can stop

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telling cold turkey but the other options are available. Therapists work with kids and parents to reduce rituals slowly by using coupons to allow a certain number of confessions, writing the thoughts down instead, or limiting confession to a specific tell time each day.

It is harder to recognize mental rituals that are common with bad thought OCD. Therapists will ask careful questions- does the child think of a positive word or create a good picture in his head to neutralize the bad image. Does he say a prayer, a special word, or does he think to himself I am a good person. Does the child mentally review his day in his head to make sure he did not do something bad. The therapists work with kids to change and eliminate these mental rituals. In addition, the avoidance needs to be addressed through exposure like other forms of OCD. If a kid is scared about being around scissors because he is afraid of stabbing his parent, he needs to work toward having his hand on the scissor while being near the parent. If a child is afraid, she will drink poison, she needs to practice having her hand on the poison bottle. These situations are practiced step by step moving up to the most feared situations, first in the office with the therapist and then at home. The point is not about exposing a child to inappropriate dangers, it is to help the child see that these situations which occur in the typical course of life are not dangerous to them.

Many times these strategies alone bring the child relief and reduce the number and intensity of the thoughts. Sometimes kids will still have thoughts but they say the thoughts don't upset them anymore or get in their way. Other kids will require another level of exposure through the use of audiotape loops. The therapist will work with the child to first write out a script of their feared outcome in all its detail. Then the therapist will record the child reading the script onto a loop audiotape (like the kind used for answering machines) and ask the child to listen to it for specific amounts of time each day. This will help the child desensitize or wear out the scary message. The child listens until the content becomes boring instead of scary. Parents need to understand the rationale and why these seemingly bizarre approaches are used. The therapist needs to explain the purpose of exposure and response prevention in the context of intrusive thoughts. These tapes are usually used with older children ages 10 or over (with case by case exceptions). For younger children, the therapist and child can make up silly songs about the feared content (going to jail, poison, etc.) both to expose the child to what they fear but also change the tone from serious to humorous.

The good news is although this is scary stuff- this form of OCD is very treatable. Often this can be done with cognitive-behavioral therapy alone. However, sometimes a child is just too depressed, too overwhelmed, or too bombarded by thoughts to do the treatment or function in her life. Medication, usually the SSRIs, and sometimes the atypical anti-psychotic medications, can do wonders in dampening or eliminating these intrusive thoughts. There is a place for medication in some cases. Unfortunately because OCD often waxes and wanes, the bad thoughts can return after withdrawal of medicine if the child has not learned other tools through CBT to manage them.

The therapist will design the treatment plan for your child, but the parents' role is also important because kids look to parents for their reactions as well as their support. The parents' job is to be brave too, and to show their child that they are not afraid of their child's fears. This helps the child have confidence in him or herself.

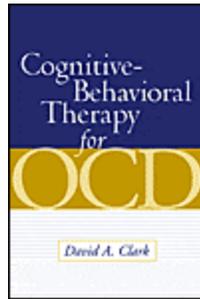
Lynne Siqueland, Ph.D. is a psychologist at the Children's Center for OCD and Anxiety in Pennsylvania and has been specializing in treating anxiety disorders in children and adolescents for over 15 years.

from www.worrywisekids.org

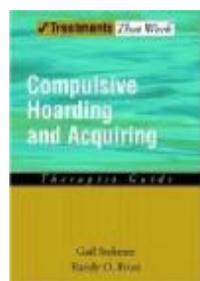
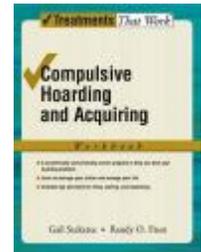
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SUGGESTED READING

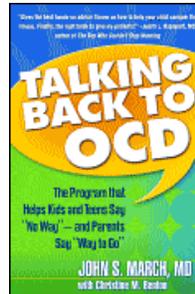
David A. Clark
Cognitive Behavioral Therapy for OCD
 The Guilford Press, 2004
 ISBN 1-57230-963-6
 (Hardcover)
 ISBN-10 1-59385-375-0
 (Paperback)
 ISBN-13 978-1-59385-375-4 (Paperback)



Gail Steketee, Randy O. Frost
Compulsive Hoarding and Acquiring: Workbook
 Oxford University Press, 2007
 ISBN-10 0-19-531055-1

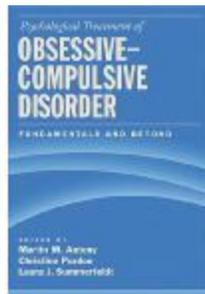


Gail Steketee, Randy O. Frost
Compulsive Hoarding and Acquiring: Therapists Guide
 Oxford University Press, 2007
 ISBN-10 0-19-530025-4
 ISBN-13 978-0-19-530025-3

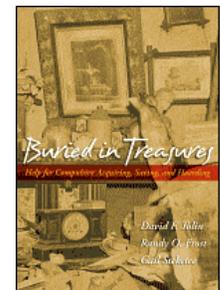


John S. March, M.D.,
 with Catherine M. Benton
Talking Back To OCD: The Program That Helps Kids and Teens Say "No Way" and Parents to Say "Way to Go"
 The Guilford Press, 2007
 ISBN-10 1-59385-355-6
 ISBN-13 978-1-59385-355-6

Martin M. Antony,
 Christine Purdon,
 Laura J. Summerfeldt
Psychological Treatment of Obsessive-Compulsive Disorder: Fundamentals and Beyond
 American Psychological Assn., 2007
 ISBN-10 1-59147-484-1
 ISBN-13 978-1-59147-484-5



David F. Tolin, Randy O. Frost,
 Gail Steketee
Buried in Treasures: Help for Compulsive Acquiring, Saving, and Collecting
 ISBN-10 0-19-530058-0
 ISBN-13 978-0-19-530058-1



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.

Mayo Clinic describes Serotonin Syndrome

“When your body has too much serotonin, typically from taking too much medication that affects serotonin levels, the excess can cause the serotonin syndrome.”

Read, online, what the Mayo Clinic has to say about this very serious, potentially life-threatening, serotonin syndrome. The article may be read at:

www.mayoclinic.com/health/serotonin-syndrome/DS00860

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

Antonia Caretto, Ph.D., PLLC Licensed Clinical Psychologist

Office: 28423 Orchard Lake Road Suite 216
Farmington Hills, MI 48334

Mailing: P.O. Box 2265 Dearborn, MI 48123

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ROCHESTER HILLS, MI 48307

SHAUNA TINDALL, PH.D. LICENSED CLINICAL PSYCHOLOGIST

CHILDREN AND ADOLESCENTS

1945 PAULINE BLVD., SUITE 13A
ANN ARBOR, MICHIGAN 48103
TELEPHONE 734.223.4148

Alan D. Carriero, MSW, LMSW
Licensed Clinical Social Worker

- Counseling and Psychotherapy
- Anxiety Disorders
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alan.carriero@sbcglobal.net

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CAMP REDWING

August 10-12, 2007

CAMP REDWING IS COMING!

Camp Redwing 2007 is coming the weekend of August 10-12. As in the past two years, the camp will be held at the beautiful Howell Conference and Nature Center. Open to kids from ages 7-15, the camp offers swimming, fishing, canoeing, hiking, challenge activities, and even a dose of OCD therapy. You can download the flyer from our website, www.ocdmich.org. The registration deadline is Friday, June 8, 2007.

HELP WANTED

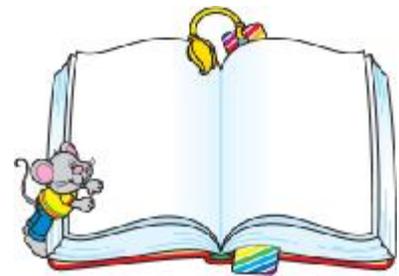
Book for OCD Teens

The OCD Kids newsletter out of Akron, Ohio, recently reported that children's author Natalie Rompella is writing a book on OCD for teenagers. She is looking for teens willing to share narratives with her to use in the book. Contributors may remain anonymous by using a pen name for their stories, and if their stories are included, they will receive a free copy of the book.

Some of the issues Natalie wishes to address are: **How OCD runs in your family**

- How you would explain what's happening in your brain
- How it affects you at school
- How it affects you at work
- How it makes you late everyday
- How it affects you at home
- How it affects you with your friends
- Your relationship with a mental health professional
- Your experience with cognitive behavior therapy
- Your experience with medication
- Other treatments you've tried successfully: relaxation therapy, yoga, meditation, acupuncture, biofeedback, exercise, sleep, art therapy
- Related Disorders: Asperger's, Autism, Trichotillomania, Body Dysmorphic Disorder, Anorexia, Habit & Impulse Disorders, Obsessive Compulsive Personality Disorder, Hoarding
- Positive experience with a support group

Teens under age 18 would need written permission from their parents. Check out her website at www.natalierompella.com/ocd.



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

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

4/2007

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