

NEVER say NEVER



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

Spring 2008

Tackling OCD: Talk Is Not Cheap!

*By Christina J. Taylor, Ph.D.
Sacred Heart University
Fairfield, Connecticut*

While ERP is the main behavioral tool to manage OCD, there are also cognitive skills to assist in your efforts to fight OCD. Cognitive therapy is based on the idea that our thoughts - what we say to ourselves, our "self-talk," - determines our feelings and our actions. It is the essence of the biblical statement, "As you think, so shall you be." It's a simple idea with profound implications for what guides all behavior - we are like puppets on the strings of our own thoughts. Even the act of reading these words was based on a simple thought such as, "I'll take a look at the newsletter and see what the contributors have to say about OCD." And, there may have

been further thoughts, such as, "I'll read this article and learn something that will help my OCD."

Simple statements, what amounts to our self-talk, guide our actions, effort, and feelings. The person who says, "I will read this and learn something that will help my OCD," has clearly got a different mindset than someone who says, "I'll read the article, but it probably won't help much." How we talk to ourselves can certainly affect our motivation and effort, and, dealing with OCD, the willingness to engage in finding help for OCD.

Cognitive therapy offers techniques to help identify ways and patterns of thinking that produce distress, negative behavior, and poor motivation. With regard to

(Continued on page 4)

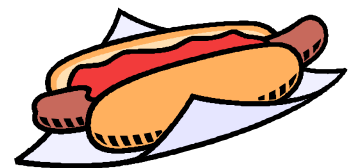
COME TO OUR OCD FM PICNIC

When: Saturday, July 12, 2008, 11:00 am

Where: Starr Jaycee Park in Royal Oak
(on the south side of 13 Mile Rd, 1 block east of Crooks)

Cost: No Charge, but donations will be accepted.

RSVP: 313-438-3293 or e-mail OCDmich@aol.com



THE OCD FOUNDATION OF MICHIGAN

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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:

Group is currently not meeting.
Call Mary Jo at (734) 883-4038

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

General Anxiety

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.

Teen Group General Anxiety

1st Monday, 5:30 to 6:30 p.m.
A monthly support group for teens who have or
think they may have an anxiety 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.

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

OCD, cognitive techniques can help improve an individual's motivation to tackle her OCD, help change her reaction to and interpretation of her obsessions, and help her to cope with the anxiety she experiences when she carries out an exposure and response prevention regimen. It can certainly do helpful things and can be a useful tool in the treatment of OCD.

I have been a college teacher for 30 years. I have seen students with the exact same ability excel, while others fail precisely because of how they "talked" to themselves about their ability to succeed - which in turn determined their motivation. Some years ago, I learned this lesson very clearly when I returned exams to students in an introductory psychology course. It was the first test the students took in the course so the students were very keen on reviewing their exam. When the class finished going over the questions, a student who had done poorly complained to me about the difficulty of the test questions. The implication was, of course, that the test was unfair. In contrast, another student who has also done very poorly looked at me with steel in her eyes and resolve in her heart as she exclaimed, "Now I know what it is that you want." Interestingly, at the end of the course, the student who complained that the questions were unfair ended up with a "C" average on the exams, while the student with resolve and determination achieved an "A" average. Why should students of similar capabilities perform so differently? It is really a matter of self-talk.

If you say that your poor performance is due to the impossibility of a task, it is understandably a very un-motivating situation. Why would you even try to succeed? Where is the

motivation to try if you perceive the questions, job, therapy, or life problem as too hard? On the other hand, if you say to yourself that although the questions are hard, "I can redouble my effort, regroup, and try harder," then you will be motivated to put in the effort to succeed. This seems to be what my steely eyed and determined student did. This is called "self-efficacy." Self-efficacy refers to our belief, expectation, knowledge, or confidence that we can do what is necessary to achieve a goal. My student who asserted that she knew what the teacher expected demonstrated strong self-efficacy - confidence in her ability to do what was necessary to succeed. In contrast, my other student, whose self-talk said, "the teacher was too tough and the questions too hard," appeared to be low in self-efficacy. If you think you have a shot at succeeding, that you can figure it out, then you will give it a try, doing whatever it takes to succeed.

How you talk to yourself about your own ability to tackle OCD reflects your self-efficacy and is a key ingredient to your motivation. If you think you can do it, then you greatly increase your chances of trying. In regard to challenging your OCD, you will be determined to learn what you need and get the tools and resources to do it. On the other hand, if you don't think you can, or if you are unsure, which is probably most often the case when undertakings involve making tough changes, then you will need to build your self-efficacy and motivation.

Resistance to change or ambivalence about making change are common reactions people have when confronting changes of all types, including quitting smoking, losing weight, stopping drinking, as well as stopping compulsive rituals. Change is a difficult undertaking even when the

behavior we want to eliminate is hurting us and preventing us from living life more fully and happily. In the case of OCD, there can, indeed, be a very strong resistance and ambivalence about change because the obsessions seem so real and the compulsions appear to offer protection from some very awful consequences. It may, therefore, appear almost impossible to stop the compulsions. How do you build motivation and self-efficacy to take on such a challenge? Remember that self-efficacy is at least partly a reflection of self-talk. Cognitive techniques are a means of overcoming this obstacle. Changing irrational and self-defeating self-talk can set the stage for embarking on the journey of gaining control over the OCD. To help yourself with this, check out some of the self-help books on OCD. Look over the discussion and exercises on how to change distorted and irrational thinking, especially statements that interfere with trying to work on your OCD. Someone who has been working on her OCD for some time and who has become discouraged, as well as someone who does not recognize that she has a problem, or someone else who does not think that there is any particular hope for here problem, may all benefit from using cognitive therapy techniques to build self-efficacy and hope.

The most important point to keep in mind is that you can learn the tools needed to control OCD. Remember the Little Engine that Could? You can too!

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FROM THE NEVER SAY NEVER ARCHIVES:

Pooh suffers 'psychological problems'

From BBC News at bbcnews.com

Winnie the Pooh, Christopher Robin and their forest friends are "seriously troubled individuals" according to Canadian researchers.

Far from being the innocent world it appears to be on the surface, Hundred Acre Wood is, say the researchers, a place where psycho-social problems are not recognised or treated.

In a report published in the Canadian Medical Association Journal, the specialists suggest AA Milne's characters would be better off with psycho-active drugs and more parental guidance.

Lead researcher Sarah Shea said the purpose of the tongue-in-cheek study was to remind people that anyone can have disorders.

Shaken bear syndrome

Pooh, a bear of very little brain, is said to suffer from the condition known as attention deficit hyperactivity disorder (ADHD).

His fixation with honey and his repetitive counting behaviours suggest he may also present obsessive compulsive disorder, according to the report.

Pooh's learning problems could also arise from him being dragged downstairs by Christopher Robin, bumping his head on each step - a possible case of "shaken bear syndrome", asks the study.

"We cannot but wonder how much richer Pooh's life might be were he to have a trial of low-dose stimulant medication," say the researchers.

Piglet obviously suffers from generalised anxiety disorder according to the study.

Anti-panic agent, it says, would have saved him from the emotional trauma experienced while attempting to trap heffalumps.

Role models

While the chronically depressed Eeyore and risk-taking Tigger are also prescribed different kinds of medication, some of their friends need support and better role-models.

Had his condition been identified early, Owl's dyslexia could be overcome through intensive support.

The researchers predict that Roo is likely to become a delinquent for lack of a good role model, while Kanga will probably miss the opportunity to get an MBA due to a social context that does not "appear to value education and provides no strong leadership".

Which brings us to Christopher Robin.

Not finding any diagnosable condition, the specialists express concern over several issues. Namely, the boy's lack of parental supervision and the fact that he spends his time talking to animals.

"Sadly the forest is not, in fact, a place of enchantment, but rather one of disenchantment, where neuro-developmental and psycho-social problems go unrecognised and untreated," conclude the authors.

Whether the readers of Pooh would benefit from the bear's visit to a child development clinic, as suggested in the study, is another matter.

This article, dated 13 December, 2000, can be found at <http://news.bbc.co.uk/1/hi/world/americas/1068391.stm>

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Ridding the Home of OCD

William M. Gordon, Ph.D.

Private Practice, Upper Montclair, NJ

OCD rituals and compulsions often are most severe in the privacy of one's own home. While they occur throughout the day in many different situations, the home turf is often the most problematic. Hair pullers, for example, usually do the most damage at home - not at work. Likewise, many symmetry, repeating and checking rituals occur more frequently at home than anywhere else.

What is it about the home that allows for more ritualizing? Although some families do engender high stress, for most people the home environment is less stressful than work or other situations. Yet the OCD is worse at home.

I believe that certain characteristics of the home environment inadvertently facilitate obsessive symptoms. We often feel that our home is our castle. At home we can do whatever we like. We don't have to worry about how others view our behavior. We can do bizarre things without feeling embarrassed. No one's watching, except maybe other family members. And who cares what they think? They already know about our idiosyncrasies.

Additionally, time constraints and responsibilities often are less at home. Especially for single people, there is far less accountability at home than at work. Chores can be put off. Time can be wasted. Rituals can be indulged in.

This relative lack of accountability and increased privacy allow OCD rituals to run unchecked. OCD gobles up free time. It turns free time into OCD time. Some OCD sufferers may feel that they have earned the right to ritualize after a hard day's work. They may just want to relax and let it all out. We know, though, that a little ritualizing only produces more ritualizing and ultimately more stress. As with addictive behaviors, performing a few rituals usually increases, rather than decreases, the desire to do more. (Delaying the ritual, though, is an effective way of lowering the urge to do it.)

We are faced with a dilemma. A warm, indulgent home environment allows OCD to flourish, which then turns our cushy castle into a hellish prison. How do we deal with this situation? How do we maintain a warm, relaxed home environment without giving a green light to OCD? The answer lies in learning how to be loving and firm with ourselves. Dr. Tamar Chansky addresses this issue for parents of children with OCD in her excellent book, "Freeing Your Child From Obsessive Compulsive Disorder." How, though, can we apply this firm, loving attitude towards ourselves in our own homes?

A good place to start is to get accurate data on how much time you spend ritualizing at home. Buy a stopwatch. As soon as your OCD kicks in, start the watch. When you stop obsessing, turn it off. At the end of the day, record the total amount of time you spent obsessing at home. Do this for a week. You'll be amazed at how much time you wasted. Think about specific things you could do with that extra time. *P.S. **Don't** give time estimates. Using the watch increases self-awareness, which is the necessary first step in changing behavior.*

Next, schedule in a 20-30 minute block of time when you can do your exposure and response prevention (ERP) exercises. Reward yourself by engaging in some pleasant activity after you complete the exercises, e.g., watch a favorite TV show or listen to some music. Remember that ERP only works if you do it. Building in incentives helps you to do it consistently.

Try to isolate OCD in a small area of the house or apartment. For example, if you obsess a lot, do it only in one room. (Pick a room that's not too comfortable.) Establish other areas in the house that are OCD-free zones. Never obsess in these areas. Gradually expand the OCD free zones. Isolating the OCD will reduce your desire to engage in it.

Notice which activities trigger OCD. For example, some people obsess and ritualize a lot when talking on the phone or watching TV or laying in bed. Whenever you obsess on such occasions, interrupt the activity. If you catch yourself ritualizing during a TV show, turn off the TV for one minute, stop ritualizing, and only then turn it back on.. Repeat this process whenever

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Do you have a child with obsessive compulsive disorder?

Clinical investigators at the University of Michigan are looking for 8-17 year old youth with OCD to participate in a magnetic resonance imaging (MRI) study. The study seeks to understand how the brain may contribute to early-onset OCD. A thorough assessment will be completed to determine if your child has OCD or other psychiatric diagnoses. Children with OCD will play a simple computer game while pictures are taken of the brain using MRI (a non-invasive “brain camera” that is safe for use in children).

Volunteers must be able to come to 1-3 sessions for a total of 2 -6 hours with a parent, and will be paid \$50.00 for the assessment and \$50.00 for the MRI portion of the study. Total amount for both portions is \$100.00.

For more information, please call social worker, Karen, at 232-0443 or email nichkare@med.umich.edu. Thank you for your interest!

University of Michigan IRBMED HUM3920

*Ridding the Home of OCD
(Continued from page 6)*

necessary. If you obsess in bed, get out of bed briefly, stand for a minute without obsessing, and then return to bed. One patient of mine has a compulsion to run in the house from one location to another. Whenever this happens, he now has to either crawl back to the starting point or else run a block outside. All of these tactics penalize the OCD. They also uncouple the association between the activity and the tendency to ritualize. Neuroscientists note that “neurons that fire together, wire together.” We want to break those neural connections between OCD and certain places and activities.

Invite friends and coworkers to your house often. Their presence might inhibit your ritualizing. Establishing some precedent for being in the house without ritualizing might make it easier to avoid ritual-

izing even when they are gone. Make a commitment to avoid ritualizing for at least 10-20 minutes after they leave. Then make it longer.

Finally, plan your free time so that you do rewarding, enjoyable activities. Don’t sit around the house doing nothing. OCD loves a behavioral vacuum. Pleasant activities, especially with other people, improve your mood and prevent OCD from infringing on your time. If you are not working, consider a part-time job, volunteer work, or classes at a local college or adult school. By filling your day with meaningful activities, you help to crowd out OCD. All of these tactics help to minimize OCD and make your home life more rewarding.

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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 ones.

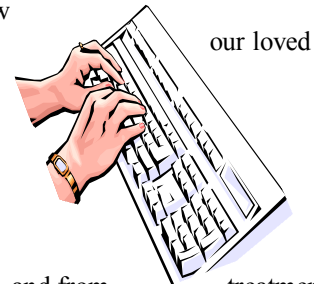
It is asked that OCDers themselves not subscribe to this list.

OCD and Parenting (<http://health.groups.yahoo.com/group/ocdandparenting>)

An online support group for parents of children with OCD.

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 providers.



OTHER ONLINE RESOURCES

JJ's Place (www.jjsplace.org)

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

Brain Physics: (www.brainphysics.com)

An excellent resource for OCD and spectrum disorders.

OC Foundation Hoarding Website: (www.ocfoundation.org/hoarding)

Everything you ever wanted to know about compulsive hoarding.

BDD Central: (www.bddcentral.com)

The most comprehensive online presence related to body dysmorphic disorder (BDD).

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

WORDS OF WISDOM

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

- Helen Keller

"Courage is resistance to fear, mastery of fear - not absence of fear."

- Mark Twain



"Do not go where the path may lead, go instead where there is no path and leave a trail."

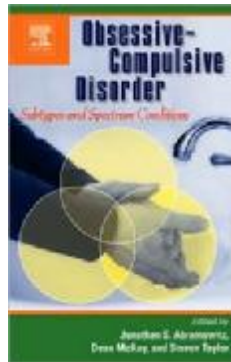
- Ralph Waldo Emerson

"Go confidently in the direction of your dreams! Live the life you've imagined."

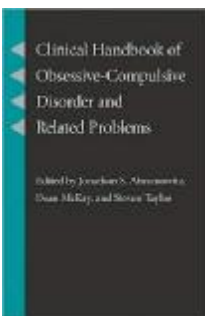
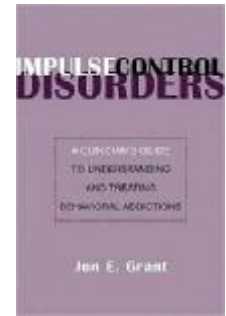
- Henry David Thoreau

SUGGESTED READING

Jonathan Abramowitz,
Dean McKay,
Steven Taylor, Editors
Obsessive-Compulsive Disorder: Subtypes and Spectrum Conditions
Elsevier Science, 2007
ISBN 978-0-08-044701-8



Jon E. Grant
Impulse Control Disorders
W. W. Norton & Co., Inc.,
2008
ISBN 978-0-393-70521-8

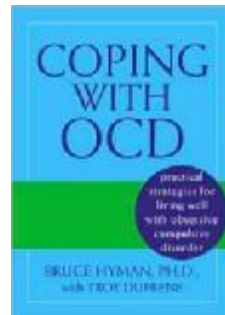
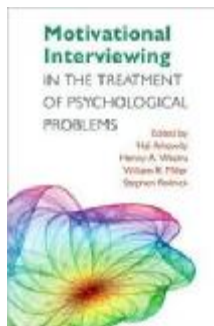


Jonathan Abramowitz,
Dean McKay, Steven Taylor,
Editors
Clinical Handbook of Obsessive-Compulsive Disorder and Related Problems
The John Hopkins University
Press, 2008

ISBN 978-0801886973

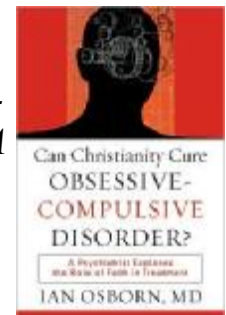
David F. Tolin, Nicholas Maltby
“Motivating treatment-refusing patients
with obsessive-compulsive disorder”
In:

Hal Harkowitz, Henry A.
Westra, William R. Miller,
Stephen Rollnick
*Motivational Interviewing
in the Treatment of
Psychological Problems*
The Guilford Press, 2008
ISBN 978-1-59385-585-7

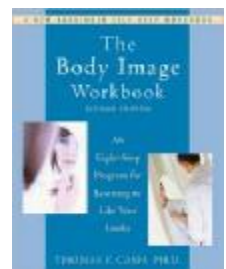


Bruce M. Hyman,
Troy DuFrene
Coping With OCD
New Harbinger Publica-
tions, Inc., 2008
ISBN 978-1-57224-468-9

Ian Osborn, M.D.
*Can Christianity Cure Obses-
sive-Compulsive Disorder? A
Psychiatrist Explores the
Role of Faith in Treatment*
Brazos Press, 2008
ISBN 978-1-58743-206-4



Thomas F. Cash, Ph.D.
The Body Image Workbook
Second Edition
New Harbinger Publications,
Inc., 2008
ISBN 978-1-57224-546-4



PROFESSIONAL DIRECTORY

List 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. For more information, call 313-438-3293.

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FAX (734) 737-1205

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:

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Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Phone Number: _____ E-mail Address: _____

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- 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

6/2008

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 Obsessive-Compulsive Disorder (OCD) is an anxiety-driven, neurobiobehavioral disorder that can be successfully treated.
- ◆ To offer a network of information, support, and education for people living with OCD, their families and friends, and the community.

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

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P.O. Box 510412
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