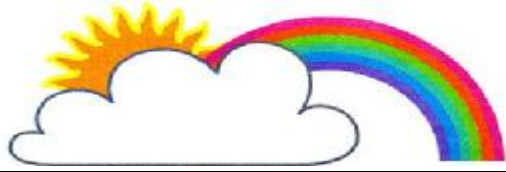


NEVER say NEVER



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

Summer/Fall 2009

When Good is Not Good Enough

How to Work Through Motivation Problems When Treating OCD

Jessica Puritan Harrell, Ph.D., LP
Cognitive-Behavioral Therapist

If you are a regular reader of this newsletter, you are likely familiar with the workings of Exposure and Ritual Prevention (ERP) in the treatment of OCD. Many articles have been written detailing the process by which hierarchies are created and exposure exercises are carried out. In a perfect world, patients steadily move through their hierarchies, conquering more and more difficult situations, thoughts, and/or images. In reality, progress with ERP ebbs and flows. While poor hierarchy construction and improper “dosing” of ERP exercises can sometimes be to blame, it is my experience that changes in patient motivation are often a major contributor. This “two steps forward, one step back” progression can be frustrating to patients and therapists alike, and it is one of the bigger challenges we face in treating OCD.

Motivation often begins to wane as patients become satisfied with the therapeutic gains they have made. This might occur when life has become livable again, when obsessions comprise less of their thoughts, and compulsions occupy less of their time. This is often the point when patients say things like “I am doing so much better, I just don’t want to rock the boat” or “I’m manag-

ing the OCD so it isn’t ruling my life anymore, and I am happy with that”. So, what do we do when we get to this point? As much as we therapists might like to pat ourselves on the back and consider these cases treatment successes, there is more we can do. I believe that it is a therapist’s responsibility to encourage his/her patients to strive for greater gains by, among other things, discussing how the quality of their lives could be further improved with continued dedication and diligence to their ERP programs. We may need to visualize and describe their lives, free from OCD, before they are able to do so themselves.

Patients have shared various reasons for their waning motivation. Some report anxiety about making OCD worse if they push further out of their comfort zones. Others say they are afraid they will develop new obsessions if they completely rid themselves of their current ones. These fears lead to avoidance of ERP exercises and can wreak havoc on motivation levels.

Many of us struggle with motivation from time to time. Anyone who has tried to lose weight knows how tough it can be to stay dedicated to a diet and exercise plan. At first, we are vigilant about food choices, portion control, and physical activity, and we usually see positive results fairly swiftly. Over time, as we begin appreciating our new,

(Continued on page 6)

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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 8:30 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 8:30 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 8:30 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 and 5th Tuesday, 7 to 8:30 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:

3rd Monday, 7:00-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 485-6653

ROYAL OAK:

Group is currently not meeting.
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

FROM THE NEVER SAY NEVER ARCHIVES:

From the Fall 2003 issue of *Never Say Never*

CENTERING: A NOVEL ANTI-OBSESSIONAL AGENT

By Dr. Christian R. Komor
OCD Recovery Centers of America

OCD, Hypochondriasis, Body Dysmorphic Disorder and the other OCD-Spectrum disorders are driven by anxiety. As anxiety reaches a certain level within the individual it triggers what appears to be an “obsession circuit” in the orbital frontal cortex of the brain. These cognitive obsessions then generate behavioral compulsions designed to reduce the anxiety the individual is experiencing. This compulsive behavior, unfortunately, has the opposite effect of further increasing anxiety and doubt.

While many individuals with OC-Spectrum disorders are able to target compulsive behaviors, which they can address in exposure and response prevention (ERP) behavior therapy, others must cope primarily with obsessions. Known as “Pure-O” in the literature, it is generally agreed that obsessions without clear externally observable behavioral elements are far more difficult for the individual to surmount. The notoriously difficult to treat Body Dysmorphic Disorder is one example of such a highly obsession-dominated condition. Often patients with BDD and similar highly obsessional conditions must rely solely on pharmacological solutions.

The primary dynamic, which occurs during an obsessional episode, is a *focus of attention outside of one’s own body or personal field of awareness*. When we obsess our attention goes outward from our consciousness into another time (future or past), another person, or a imagined reality (distortion or exaggeration of a body defect or deformity) or situation (the bump in the pavement that may have been a body being run over.) To break the obsessional cycle it is thus necessary to *shift focus back inward*. The popular Alanon saying of “Keep the focus on self” can summarize this act of refocusing attention inward. Two of the most effective tools for accomplishing this are: (1) Deliberate relaxation, and (2) Centering. For the purposes of this article our focus will be on the latter.

It is important to remember that it is anxiety that is at the root of obsessive compulsive behavior. Anxiety, of course, is a seemingly primal response which humans have in situations of tension or danger - what has come to be known as the “fight/flight” reaction. When we are frightened or under stress we seek to either attack the source of our stress or run away from it as fast as possible. When one has an anxiety disorder the fight/flight alarm system is being triggered frequently without due cause. The act of centering takes the individual out of the fight/flight modality and returns the concentration to a more adaptive orientation of self-ownership, relaxed preparedness and self-possession.

(Continued on page 5)

Centering is a true mind/body technique developed initially for use in martial arts settings, especially in the arts of Aikido and Judo. Martial artists, ballet dancers and other athletes learn to maintain a *proactive* focus on the geographic center of their physical body – known in Japan as the “hara”. In the case of the martial artist, centering facilitates a maintenance of concentration on one’s own movements rather than being distracted or drawn off into *reacting* to an opponent’s behavior.

In daily life centering is often used in communications-skills training where people have become uncentered and are acting in an overly aggressive/forceful fashion or, (conversely) in an overly passive/submissive manner. Both imbalances tend to create interpersonal anxiety. A more “centered” response is to look inside and then make an “I statement” concerning ones thoughts or feelings. For example, “When you step on my foot I feel uncomfortable and I would like you to get off my foot” versus “You are a clumsy fool”.

In OC-Spectrum obsessional disorders the mind/body act of centering can quickly shift the focus off of the obsessional person, object, or situation and back onto the reality of ones moment-by-moment experience. When we teach our obsessional patients to “center” we begin by asking them to focus their attention on the exact geographic middle of the physical body. That is a point an inch or two below the naval and in the center of the abdomen. Just as you can hold out your hand in front of you and feel the sensation of opening and closing your fingers, you can develop a “feel” for this center point in your body.

Once a sense of this center point of physical anatomy is developed, it can be used as an intervention in times of high anxiety when obsessional cognitions have begun to take over. By focusing on this center point, attention shifts inward and internal balance becomes re-established.

In order to “test” one’s centered state, simply ask someone to give you a gentle push on the front of your shoulder while standing side by side with you. Your immediate tendency will be to become aware of the touch on your shoulder. This is a metaphor for the way in which obsessions distract us from our center. When this occurs do not resist the touch on your shoulder (obsession) - this will only get you more caught up in it. Instead, just refocus your attention on your center point - regarding the shoulder touch (obsession) as irrelevant to your true needs, purpose and goals. (Note: In the test situation, if you find your body wobbling when you are touched it is likely that you are not centered. If you feel a sense of solidness and stability you have mastered the centered state.)

OC-Spectrum disorders are chronic and difficult to deal with. Like exposure and response prevention work, centering is something we need to continually practice in order to see the desired benefits. While we never wish to fall into a state of “self-centeredness” it should always be our goal in obsession recovery to be “centered in ourselves”.

Christian R. Komor, Psy.D. is a clinical psychologist who combines 12 years of clinical experience treating OCD-Spectrum disorders with discoveries from his personal recovery from OCD. Dr. Komor is the author of *The Obsessive Compulsive’s Meditation Book* (2000), *OCD and Other Gods* (2000), and *The Power of being* (1992). Dr. Komor is the founder of the **OCD Recovery Centers of America** based in Grand Rapids - telephone 888-432-9130 or e-mail at drcrk@aol.com. For more information visit the RCA web site at www.mindbodyconsult.com

healthier bodies, it becomes easy to convince ourselves that we deserve a few extra bites of dessert or a day off from exercising. These changes may seem negligible at first, but, over time, they can sabotage weight loss. The OCD sufferer often experiences this same pattern of behavior. During the first part of treatment, most patients are extremely conscientious and diligent about working their ERP programs, and their anxiety diminishes significantly. Feeling relieved and, deservedly, proud of themselves, some may spend less time doing ERP, or they might lessen the intensity of the exercises, both of which can halt progress.

Just as jump-starting weight loss involves having the dieter re-commit himself to the program, without cutting corners or “cheating” on their exercise and meal plans, OCD patients should also be encouraged to re-dedicate themselves to their ERP programs. This might include increasing the duration or intensity of exposure exercises and discovering those areas where “cheating” might be oc-

curing, with or without their knowledge. For example, one of my patients recently complained that his OCD was no longer improving, despite engaging in daily exposure sessions. After a detailed assessment, we discovered that he was reassuring himself during the exercises in an effort to “make it easier”, which resulted in short-term anxiety relief that he misinterpreted as successful desensitization. Once we identified the problem, explored possible obstacles to his motivation, and re-worked the exercises to prevent self-reassurance, the patient began making steady gains once again.

A few weeks ago, I received a note from a former patient. She talked about how much better life was now that her OCD was no longer in control, a place that she, at one time, could not even imagine. The one thing she was most grateful for, she said, was the encouragement to strive for greater and greater gains, even when she wanted to settle. With consistent encouragement and support, she was able to work through her lapses in motivation and find greater relief from her OCD than she had ever believed was possible.

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.

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 treatment providers.

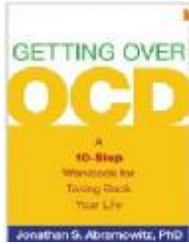
JJ's Place (www.jjsplace.org)

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

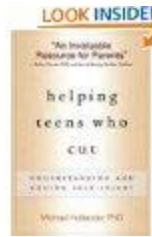
For a long list of websites relating to OCD, see our website at www.ocdmich.org.



SUGGESTED READING

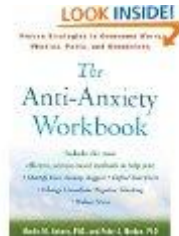


Jonathan Abramowitz, PhD
Getting Over OCD
A 10-Step Workbook for Taking Your Life Back
 The Guilford Press, 2009
 ISBN 978-1-59385-999-2

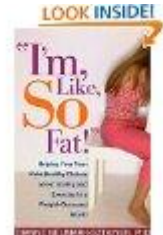


Michael Hollander, PhD
Helping Teens Who Cut
Understanding and Ending Self-Injury
 The Guilford Press, 2008
 ISBN 978-1-59385-426-3

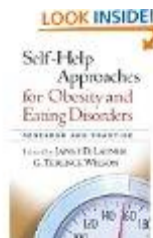
Martin M. Antony, PhD
 Peter J. Norton, PhD
The Anti-Anxiety Workbook
 The Guilford Press, 2009
 ISBN 978-1-59385-993-0



Dianne Neumark-Sztainer, PhD
"I'm, Like, So Fat!"
Helping Your Teen Make Healthy Choices about Eating and Exercise in a Weight-Obsessed World
 The Guilford Press, 2005
 ISBN 978-1-57230-980-7



Bruce M. Hyman, PhD
 Cherry Pedrick, RN
The OCD Workbook
Your Guide to Break Free from Obsessive-Compulsive Disorder
 Second Edition
 New Harbinger Publications, Inc., 2005
 ISBN 1-57224-422-4



Janet D. Latner, PhD
 G. Terrence Wilson, PhD
Self-Help Approaches for Obesity and Eating Disorders
Research and Practice
 The Guilford Press, 2007
 ISBN 978-1-59385-442-3

Sabine Wilhelm, PhD
Feeling Good About the Way You Look
A Program for Overcoming Body Image Problems
 The Guilford Press, 2006
 ISBN 978-1-57230-730-8



TELL US YOUR STORY

You've told us what you want to see in your newsletter - more personal stories. What is OCD like for you? How has it affected your life? How have you dealt with it? What advice do you have for others? We would like to hear your stories and include them in these pages. Send your contributions to OCDFM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to OCDmich@aol.com.

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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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10/2009

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.

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