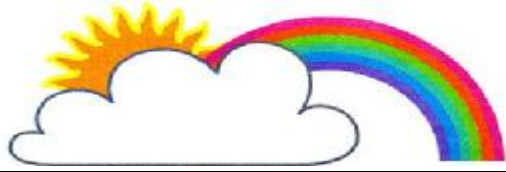


NEVER say NEVER



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

Winter Spring 2009

OCDFM Member Survey Results

By Jennie Shanburn

The OCDFM Member Survey has been available for members and others to fill out since June of 2008. We have received 30 responses so far. If you have not completed the survey yet, please do so by clicking the survey link on www.ocdmich.org or contacting us at 313-438-3293 to send you a paper copy.

Your feedback is very valuable as we plan for future events and the direction of The OCDFM. The following is a summary of the survey results we have received so far.

Luncheons/Events

62.1% of respondents had attended at least one OCDFM event, and most had enjoyed and benefited from them as well as thought the topics were applicable, relevant and helpful.

All respondents said they would benefit from more OCDFM events and agreed that we should offer more events featuring speakers who are OCD professionals. In fact, as a rough average, most respondents said we should have 2 to 4 events per year. While most respondents would be willing to pay admission for these events, the amount of admission is a factor in many respondents' decisions on whether to attend or not.

Respondents gave some great ideas for future OCDFM event topics. The most common ones listed were research, genetics and treatment. There were also suggestions on improving our events. Some of these were to get more volunteers (see below), adding social events, increasing the participation in general, having workshops where people work on their OCD, and having break out sessions for ideas on how to form more self-help groups.

It was encouraging to see that there was a good number of

(Continued on page 9)

SAVE THE DATE !

SATURDAY, MAY 2, 2009

That's the date of our Spring Luncheon, to be held again at the Ukranian Cultural Center in Warren. Dr. Cheryl-Lynn Podolski will speak on "Treatment of OCD in Children." See the flyer included with this newsletter, call 313-438-3293, or visit our website at www.ocdmich.org.

THE OCD FOUNDATION OF MICHIGAN

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NEVER say NEVER

is the quarterly newsletter of the OCD FOUNDATION OF MICHIGAN,
a 501(c)(3) 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 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:

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

The Use of Mindfulness in the Treatment of Obsessive Compulsive Disorder (OCD)

by Dr. Jeffrey Schwartz

There are very effective treatments available for treating obsessive compulsive disorder, and the suffering from the symptoms can be very profound—even to the point where people seriously contemplate ending their lives through suicide in an attempt to escape them.

There are now ways to treat this disorder effectively, combining both the use of medication as well as things you can learn to do with your mind itself. Mental training can be really effective in helping people with obsessive compulsive disorder change not only their functioning and the pragmatic clinical course of the disorder, but also as we're going to see change the brain itself.

This brings us to the second aspect, perhaps as important as the first: the profound implications of medical science demonstrating that what people do with their mind affects how the brain works. I see it as our mission going forward as a society to increasingly have people realize that how you focus your attention, and what you focus your attention on, has very significant affects on how your brain works.

I think that in the materialist culture that the 20th century bequeathed us there is a tendency for people to view themselves as just passive recipients of their own mental contents. Essentially viewing themselves as almost like machines, people can come to believe there is nothing very much you can do about your troublesome feelings unless you take some drug, and that you're basically doomed to more or less to sit there experiencing the affects of a problem like OCD until someone finds a drug to make it better.

Now in no way am I implying that medications are not very helpful in treating neuropsychiatric conditions with a clear cut biological basis, such as obsessive compulsive disorder. However I think that to go forward as a medical community and as a society we need to realize that the materialist approach not only to mental and physical health, but even to life itself, tends to strip us of our capacity to connect with the power we all have within us. And it is this power, with which we are all endowed, that enables us to bring about tremendous changes in the way we live and even the way our brain works.

I think its relatively clear, if you just think about the implications of all this, that it can have profound societal affects in terms of issues of personal responsibility. Actions truly have consequences not only in the most ordinary way of how they affect other people but even how it affects your brain and how it works. This is the big message going forward and the great implications it has for treating mental health problems, and medical disorders in general, are extremely important.

In the next few minutes I'm going to try to explain to you how much the symptoms of this condition can be understood as a brain related medical problem. The first point is that people with obsessive compulsive disorders have increased metabolism, or another way of saying the same thing is excessive energy use, in a specific region of their brain. This excessive energy sits right over the eye orbit or the eye socket, an area of the brain called the orbital frontal cortex. There is a picture of this in my book Brain Lock on the back cover and on page xxiii.

It is well known from a lot of neurobehavioural research that this part of the brain is involved in people making emotional assessments of their environment. More specifically, it is involved in getting the feeling that something isn't right in the environment, or what we can sometimes call an error detection signal. The big point is that people with obsessive compulsive disorder have shown increases in metabolism in this part of the brain that gives one the feeling that something is wrong. This part of the brain is really overactive in people with OCD.

There is almost certainly a connection between that biological change and for instance the description we just heard of feeling like you live in a dump, and the reason why the bothersome feeling doesn't go away is just because the brain is overactive.

Another important brain structure for understanding OCD is the caudate nucleus. There is a picture of it on page 59 of Brain Lock. The caudate nucleus is like an automatic transmission in the brain. What is happening and where the term brain lock comes from, is that an error detection circuit that's contained in the orbital frontal cortex literally gets locked in gear. The result is you are bombarded with these very bothersome troubling feelings.

This is the situation in overview—at the bottom of the front of the brain is the orbital frontal cortex, which can send error detection signals. It sends its signals by a direct connection to the caudate nucleus, which acts like an automatic transmission. Largely because of biologically inherited traits the caudate nucleus gets stuck in gear again and again and again and these very

bad thoughts, these bothersome troubling thoughts, keep bombarding into the persons conscious awareness.

Now what can one do about this? The really good news is that there is a lot that can be done about this problem. While it is quite common, affecting one person in forty in the general population, there is also a huge amount of data that it is a very treatment responsive illness.

There are certainly medications that can help with the treatment process. What those medications do is actually act on the neurochemical transmitter serotonin, which is very widespread throughout the brain, particularly in that caudate nucleus and orbital frontal cortex area. By modulating serotonin levels in the brain, the medications over a period of several months bring down the intensity of the intrusive bothersome feelings.

We can also change the activity in those very same structures of the brain by learning how to redirect our attention and the way to redirect our attention is largely a function of a mental process called mindfulness. This has profound philosophical significance and was first described 2500 years ago by Gotama Buddha.

Mindfulness is the foundation of Buddha's philosophy and of the practice of meditation. However, when used as a form of mental development for something like treating OCD, it has no religious content at all. This is really important to stress—nothing in the use of mindfulness would ever impinge on the religious beliefs of any other religion. Even though in some sense it has what you might call a spiritual content, this is in a general sense of having the mind influence the brain.

Mindfulness as a mental action is described in the abstract in the conference program book (which I have attached as an [appendix](#) at the end of this paper). I really encourage you to read the abstract to have a record to refer back to. Understand that mindfulness is an action in which you learn and train yourself to direct your attention in a wholesome and healthy manner.

Mindfulness is a training process to observe your inner experience with calm and with a feeling of clarity. Observing the inner experience calmly, clearly and without responding to it. For instance in the case that we just heard one would make mental notes reminding oneself that although the experience is very unpleasant, it is not something that one needs to worry about in terms of taking over control of ones mind. The process of observing in itself

(Continued on page 7)

FROM THE NEVER SAY NEVER ARCHIVES:

THE IMMEDIACY OF OCD

By Bob Cato

From the July 4, 1997 issue of Never Say Never

OCD has always impressed me with its characteristic of demanding an immediate response to the high amount of anxiety it evokes in oneself. At least that's been my own personal experience and I have seen it in others afflicted with this disorder as well. It seems to manifest itself in several ways including list-making, racing thoughts, an inability to relax, and a sense of dissatisfactions which robs the person of self-esteem.

List-making is a very powerful type of OCD rumination. Some of us, including myself, tend to look at every activity as a chore waiting to be done and at life as a series of endless tasks which seems always looming like a mountain. I think the idea of unstructured time is viewed as threatening. This uncertainty fills us with anxiety and we then respond by filling every waking moment with thoughts. I've always had severe anxiety about "what if" I stopped thinking? And this has often set off a panic attack. Often, I then make mental lists far ahead of time as to what I will do to fill any and all unstructured time. My thoughts will race to prevent any pause or free thinking, and I seem to get caught up listing all the chores I should get done the next hour, day, or week. When I'm driving in my car, these thoughts will begin: *"I need to clean the house, get groceries, put them away in a certain order. The garage needs painting. The lawn needs to be mowed. One of the kids needs to be driven here. Laundry needs doing. I need to change the oil in the car. It might need waxing again. I need to buy an oil filter. And on and on."*

What I've noticed about this is that I don't need to put it in writing, although at times I have. It just seems to ramble on and on and I will often go over it again and again trying to memorize it. What happens during all of this is, not only do I fill up all the time while I'm driving, but also I plan 28 hours of the next 24 hour day with activities.

I also find that because of the OCD, I'm a very poor judge of how long it will take me to do a chore, and invariably, I run out of time. The idea of stopping in the middle of something is akin to heresy because it is so anxiety provoking. Each chore must be completed before going on to the next one, so there is no such thing as free time.

(Continued on page 6)

With other OCD symptoms, there is always the sense of urgency in our response in a vain attempt to control the anxiety. OCD is a bully and a blackmailer as it pushes us to respond by checking, washing, repeating, undoing or negating intrusive thoughts with the false promise that if we give in we will feel better and that if we resist, we will feel awful forever. This sense of urgency is a powerful force. It prevents me from having a clue as to what the word “relax” even means. It just doesn’t exist in my language, even though that’s one of the promises that OCD makes if we can just finish the next chore.

A therapist once asked me, “Why do you make a job out of everything?” It was a good question and I had no answer back then. It had simply become a way of life. Perhaps it was an extreme case of the old adage of keeping busy, so busy that I could feel nothing. No time for feeling! The same therapist also noted that when I was caught up in the urgency of a present OCD symptom, I wasn’t at all bothered by the previous symptoms which had earlier consumed all my waking moments. In fact, I was even able to discount them when I could look back at them. In fact, for decades my life revolved around the symptom of the week or month, only letting up when a new one took its place. If it was expressed as the need to warn others of danger, apologize or explain, or ask for reassurance or go back and check, it really didn’t matter, even though I could look back at the previous symptoms and wonder what the fuss had been about. In a way, the immediacy and urgency of responding to OCD symptoms is like being a fireman rushing around to put out all the fires. You get one under control and then another breaks out, each one seemingly a major catastrophe. This is how OCD bullies us into compliance, always using inaccurate risk assessment and anxiety to motivate us and then falsely promising us relief if we give in.

For me, I am never satisfied with completing the chores I create. No sense of achievement, but always looking for the next job. Life as an assembly line production. It kind of reminds me of a song written by the Rolling Stones in the 1960’s, “Satisfaction:”

“When I’m driving in my car and a man comes on the radio. He’s telling me more and more about some useless information to fire my imagination. I can’t get no, no, no, no satisfaction. Hey, hey, hey, that’s what I say.

When I’m watching my TV and a man comes on and tells me how white my shirts can be. But he can’t be a man cause he doesn’t smoke the same cigarettes as me.” (Jagger, Richards, BMI, 1965)

I happen to like the song, tune and lyrics, but it seems to epitomize the OCD experience for me.

So what is the answer to all of this? Again, it is behavior modification, learning to get control of our OCD responses. We can do this by setting an arbitrary time limit to the list making and chores and by delaying finishing them or reassigning them to a different time. It’s not easy to walk away from something half done and leave it til later, but by exposing ourselves to the anxiety evoked by delaying, it breaks the assembly line mentality and with much practice, it defuses the anxiety which propels the urgency and immediacy of OCD. It’s not easy, but success in this area is contagious to other areas and is yet another battle won in regaining our freedom from the grasp of the Hydra.

helps people increasingly come to the realization that they can change their responses to those thoughts in very adaptive ways.

The Four Steps are the basis of the treatment approach presented in the book [Brain Lock](#) (they are listed in a chart on page 219). The term brain lock refers to the error detection circuit that is locked in the on position. The Relabel step, which is the first step and recognizes the intrusive thoughts and urges as nothing but the symptoms of OCD, is essentially the equivalent of what I have just described as mindfulness. Another way of thinking of the Relabeling step is called "making mental notes."

What you want to train your mind to do in the Relabel step is to recognize that the reason why you feel like you do when you are having an OCD symptom is simply because of a medical condition, a treatable medical condition. What this does is begin to put things in a real life perspective. You can begin to understand why your consciousness is being bombarded by such bothersome experiences.

We are now taking advantage of advancements in medical science, which have shown us without a doubt that there are brain mechanisms that are responsible for those feelings being there. Then we are coupling that to a traditional process of mental observation. We are using that traditional process of clear-minded mental observation to really put in a context why these thoughts are bothering us so much--because we have a treatable medical condition. The second step answers the question why does it keep bothering us.

The first step is to Relabel. We put an accurate notation in our own mind that answers the question, "What is this that's bothering me?" and the answer is a treatable medical condition, OCD. In fact this process works equally well for panic attacks, panic disorder, social phobia and essentially all the anxiety disorders. We must realize that the feeling itself is not what is important, it is our understanding of the fact that we can mindfully observe the feeling and thereby change our responses to it. This will make us well and make our minds more powerful and even change the underlying chemistry of our brain in ways that move us toward the healthy path.

So the second step, Reattribute is answering the question, "Why do they keep bothering

me?" The thing that really makes them debilitating is that they don't go away, they keep bothering you and bothering you. The answer to that question is that the intensity and intrusiveness of the thought or urge is caused by the medical condition OCD, and it's probably the result of a biochemical imbalance in the brain. So you attribute the bad feeling to OCD and stop blaming yourself for it.

We then came up with this little aphorism that a patient actually said, "it's not me it's the OCD". Now that has a lot to do with mindfulness because it's mindfulness that is allowing you to see clearly that you are not the disease and that your mind and your consciousness are not the disease process. There is an observing aspect of the mind that can really maintain its independence even though the contents of the consciousness are being flayed around by the disease process. We are really training the mind to not identify with those experiences but to see ourselves as separable from those experiences.

Now once we see our mind as separable from those experiences we can go on to the critical third step. This step, called Refocus, actually changes how the brain works. In the Refocus step the critical key phrase is "work around." Work around, I am using as a technical term. Work around the OCD symptoms by focusing attention on something else by doing something else and the key phrase here is do another behaviour. The term "work around" means *don't wait for the feeling to go away--* Work Around it by doing another behaviour, even though the feeling is still bothering you.

Now why is that so important? The reason why work around is a technical term is because the hard part of this treatment that really requires will and stick-to-it-iveness and courage is remembering that you can't make those feelings go away in the short term. You really are *working around them*, and in that way its like an obstacle course.

You have to go over or around or any way you can get past getting locked into compulsive behaviours like washing and checking. You remind yourself I want to do something useful, and generally what you want to do is something that you like to do that's both familiar and useful.

When you do this on a regular basis you literally change the gearbox shifting capacity of the caudate nucleus. What you have happen is that the gearbox now starts shifting to good behaviours. Because of the underlying medical disease process it won't shift to the good behaviours unless you literally shift it

yourself by refocusing your attentions willfully on an adaptive behaviour. The key phrases are *do another behaviour* while *working around* the fact that the bothersome thoughts and urges are still there.

The most important rule of thumb for this critical step is not to try to make the thoughts go away, because in the short term that's something you can't do. There are powerful brain mechanisms going on and that's where people need a lot of support with this treatment. There is a natural tendency to want to make these symptoms just go away. However you have to accept the fact that the symptoms are there but realize with mindfulness that they don't have to control what you do. This is why we say "It's not how you feel it's what you *do* that counts," and that's such an important principle for life.

In practice this means that if you want to change how you feel you have to do good things. If you put all of the focus of your attention on doing good things, your feelings will naturally follow. If you put too much of your attention on how you feel then you get a lot of emotional responses because you are too wrapped up in your feelings, and things can just spiral into becoming more and more intense and out of control.

Now when you do things in the proper way and put your attention on your action what ends up happening is that you really come to Revalue which is step four and is the last step of this process. It can often take several weeks or months to kick in. Revalue means that you really learn not to take the OCD or what ever anxiety symptom we're talking about at face value. Instead you literally *recognize the feeling in a different way*. This is the most powerful part of mindfulness because with mindfulness you can literally have the same feeling but have a totally different meaning than it did before you were mindful.

So it is not the feeling that needs the change, it is your understanding of the truth that needs to change. As your understanding of the truth develops then this feeling that I need to wash, I need to check, I can't breathe if it's a panic attack, whatever the phobia might be changes. The key is to put a different value on that feeling and say "oh well that's just the symptom, that's just the medical symptom I don't need to listen to that I'm going to refocus and do an adaptive behaviour." Yes it takes mindfulness. Yes it takes mental strength. But it's a powerful process with powerful results.

When you do this it literally changes your

(Continued on page 8)

*The Use of Mindfulness
(Continued from page 7)*

brain in a very significant way. You literally have used your mind to change your brain. We can also use the standard medications, the so-called Serotonin Reuptake Inhibitors to change the activity in the gearbox in ways that are helpful. As we said before the medications change the activity in the gear box and the feelings do decrease on account of that. I'm more than happy to use medications in people for whom they are appropriate, and in more than half the people with significant OCD they are appropriate at least in some course of the treatment. The fact that is so encouraging for us that you can cause those same changes to occur in the metabolism of the gear box by using just your mind and its capacity to refocus on a new behaviour.

With the learning of new and better habits, and the new patterns of focusing attention, you literally see biological changes in the area of the brain that functions as the gearbox. I strongly believe this lowers the need

for medications, too, although much more research needs to be done on this aspect of treatment. I think all of the clinicians here at the conference would agree that when people do the cognitive behaviour therapy there is often a progressive decrease in the amounts of medication that are needed.

Slowly over time you can see people needing less medication than they would if they did not do the cognitive behaviour therapy. I would strongly urge clinical researchers in the field to really pursue this hypothesis in a systematic way. I think it would be really good to collect more data that says as people work on cognitive behaviour therapy and change how their brain works their requirement for medication decreases along with that. Already we have a lot of clinical evidence that this is true.

This is very helpful and it's also financially helpful to. It's certainly helpful on the side effect picture. But another point that is even

more important is that we are now empowered and we realize that our mind has real power to affect how our brain works.

The focus of our will through the utilization of refocusing of our attention and doing another behaviour empowers us to change in-born pathological circuitry in the brain. In that message I think comes an awareness that can really affect our entire culture in terms of the power of mindfulness to change not only our lives but even the inner workings of our brain. Thank you very much.

Jeffrey M. Schwartz, M.D., is a Research Psychiatrist at UCLA, and the author of the best selling book, "Brain Lock: Free Yourself from Obsessive-Compulsive Behavior." Go online to view his video "An Introductory Overview of the Four Steps Treatment Method for OCD." The link is www.ocduk.org/video/FourSteps/index.htm.

(Here is the abstract referred to Dr. Schwartz' article)

About Mindfulness

Mindfulness, to put it as plainly as possible, is the ability to observe one's own internal sensations with the calm clarity of an external witness. It has been described by the great Buddhist monk Nyanaponika as "the clear and single-minded awareness of what actually happens *to* us and *in* us, at the successive moments of perception." The mental act of advertent attention in this manner can enable sufferers of OCD and related problems to develop the insight necessary for consciously choosing new and more adaptive responses to the intrusive and intensely bothersome thoughts and urges which bombard their consciousness. As a practical matter, shifting one's perspective in this way requires substantial and quite directed effort, especially when it is done in the presence of significant anxiety and fear. For that reason, in my book *Brain Lock* I developed Four Steps -- Relabel, Reattribute, Refocus, Revalue -- to help people working on OCD and related problems utilize mindfulness more effectively

The Four Step approach to treatment is essentially an enhancement of traditional cognitive-behavioral therapy methods. It involves systematically training people with OCD to recognize their symptoms as being related to brain biochemical imbalances that can be responded to adaptively and in ways that lead to improved function. A great deal of personal therapeutic empowerment occurs when OCD sufferers clearly realize that their symptoms are, in effect, "false messages from the brain" which the medical condition OCD is causing them to experience, and that they have the ability to willfully change their behavioral and emotional responses to these "false messages."

The goal of treatment is to learn to respond to these "false brain messages" in new and much more adaptive ways. This is accomplished through the utilization of techniques of behavioral refocusing, in which functional activities are systematically performed in place of habitual OCD responses. These cognitive-behavioral training techniques enable patients to utilize improved self-monitoring capabilities in order to more accurately interpret their symptoms, resulting in an improved ability to manage their emotional and behavioral responses to the intense anxiety they cause. This results in an enhanced ability to maintain attentional focus on the performance of consciously chosen adaptive behaviors, rather than capitulating to automaton like compulsive responses such as repetitive washing and checking, when besieged by the fearsome thoughts and urges of OCD.

respondents who would be willing to volunteer their time to help with future OCDFM events. Please let us know who you are – we could certainly use your help!

Camp Redwing

65.2% of respondents did not have or know children who would attend Camp Redwing. It would be helpful to get more responses from parents of children with OCD and/or related disorders, to share if they feel Camp Redwing is important and how we can improve it, or what other events would be helpful for their children. Some ideas for Camp Redwing improvement that were suggested were to have it be longer and have more children attend, and to have optional parent/family attendance.

Newsletter

While respondents overall had positive feedback on the newsletter, they expressed that the articles could be more useful, relevant, applicable and could cover a larger variety of subjects. There were many suggestions for improvement, such as including more personal stories of those with OCD, especially those of hope and success, more articles written by experts and covering research and treatment, more about local treatment professionals and facilities, and articles on OCD and spirituality.

Again, it was encouraging to see that a significant number of respondents said they would be willing to write newsletter articles. As shown above, people want to read about personal stories, so please send us your articles!

Support/Self-Help Groups

66.7% of respondents had attended a support group at least once. Most of these respondents found the support groups

to be beneficial. The feedback on support group leaders was mixed – only 3 respondents said that the support group leaders are “always” helpful, fair and know how to run an organized discussion, with 8 saying “most of the time” and 5 saying “some of the time.” Most respondents feel they are given sufficient time to share about their own OCD, and most would like the support groups to be more structured.

The majority of respondents said the support group locations were convenient, yet in the suggestions for improvement, the most common response was to have support groups in locations closer to where people lived or worked.

Many respondents would like to have a support group just for family members, as well as one for children and/or adolescents.

Website

Almost 92% of respondents use the internet. Most respondents agreed that the OCDFM website was helpful and beneficial, but not overwhelmingly so. The most common suggestion for improvement was to update it and include information about upcoming events.

Miscellaneous

79.2% of respondents were people with OCD and/or a related disorder. We welcome more family members, friends, treatment professionals and others to also fill out the survey.

The survey will be available only until this coming June, so please get your responses in as soon as possible. It is especially important to fill out a survey if you disagree with the above results and want your voice heard.

Look for information in upcoming newsletters about how we will incorporate your feedback into OCDFM events and planning.

REMINDER



There's still time to complete our online survey, if you have not already done so. Go to our website at www.ocdmich.org and click on the link

NOTE: If you would prefer to fill in the survey on paper, please call us at 313-438-3293 and we will send you a copy.

SUGGESTED READING

John B

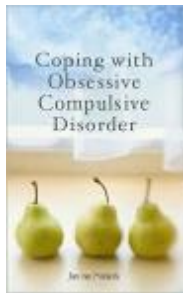
The Boy Who Finally Stopped Washing: OCD From Both Sides of the Couch

Cooper Union Press, 2009
ISBN 978-0-979-1339-6-1

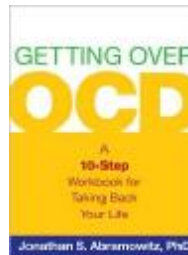


Stanley Rachman, Padmal de Silva
*Obsessive-Compulsive Disorder—
The Facts*

Oxford University Press, 2009
ISBN 978-0199561773



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Oneworld Publications, 2009
ISBN 978-1851685158



Jonathan S. Abramowitz
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The Guilford Press, 2009
ISBN 978-1593859992

Cheryl Carmin

Obsessive-Compulsive Disorder Demystified: An Essential Guide for Understanding and Living with OCD

De Capo Press, 2009
ISBN 978-1600940644



Dean McKay, Jonathan S. Abramowitz,
Steven Taylor, Gordon J. G. Asmunasor, Editors
Current Perspectives on the Anxiety Disorders: Implications for DSM-V and Beyond
Springer Publishing Co., 2009
ISBN 978-0826132475

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.



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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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.

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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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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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