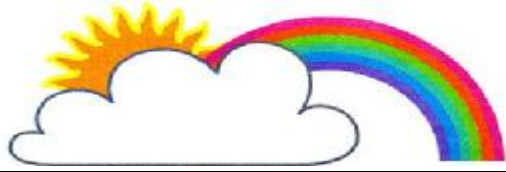


NEVER say NEVER



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

Spring 2010

The Doctor Who Was the Patient

by Debra Dahl, Ph.D.

When I was asked to write an article for this Newsletter, I thought, "What information would OCD sufferers need to hear the most?" "What would encourage people the most?" Would it be the research that I have done over the years? Would people want to know more about the therapeutic techniques that I use in my practice? Would other client's stories be interesting? Then, it hit me...the single most powerful statement that helps my own patients and clients more than any technique or research available, is my own admission of struggling for many years with OCD!!! After I do an intake with someone and I begin educating people about OCD, people often say,

"How do you know so much about what I am talking about?" My reply is, "Because I have suffered with OCD." I have fought through obsessions and compulsions. I have first hand knowledge of how panic attacks actually "feel." I know what it is like to get "stuck," to have difficulty with decision making; to wonder if I am sane, then ask someone for reassurance to make "certain." As a Psychologist I was taught to not "disclose" personal information with my clients; however, in my case, I do so to help those with whom I work because if I can say something to help someone else, then my own battle with the disease has all been worth it.

My first bout with OCD came when I was only 4 years old! I can still remember

(Continued on page 6)

SAVE THE DATE

Saturday, September 18, 2010

Hear Peter Pascaris, author of "Desert Lily"

*The story of one couple's resolve to overcome OCD and depression
to build a balanced and joyful marriage*

THE OCD FOUNDATION OF MICHIGAN

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

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* 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 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.
Looking for new group leader.
Call (313) 438-3293

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
E-mail rslade9627@aol.com

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.

LANSING:

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

LAPEER

2nd Wednesday, 7 - 9 PM
Meditation Self-Healing Center
244 Law St.
Call Mary at (810) 793-6544

NOVI:

1st and 3rd Wednesday, 7:00-9:00 PM
Novi Providence Park Hospital
47601 Grand River Ave., Novi, MI
Existing Medical Center (Outpatient Center)
Conference Room A
I-96 and Beck Rd. (Exit 160)
Use Heart Institute Entrance off Beck Road.
Call Kevin at 248-991-9350
E-mail jogger112@earthlink.net

ROYAL OAK:

Group is currently not meeting.
Looking for new group leader.
Call (313) 438-3293

SPRING LAKE / MUSKEGON / GRAND HAVEN:

Group does not meet regularly,
but will meet a few evenings a year.
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

Compulsive Hoarding

by Antonia Caretto, Ph.D.

(from her website www.betreatedwell.com)

Compulsive Hoarding is a sub-type of Obsessive-Compulsive Disorder (OCD) typified by an inability to discard worthless items that have been acquired. It is estimated that roughly 20-30% of those with OCD engage in hoarding.

In my experience, mail is the most often hoarded item. Newspapers, books and magazines are also frequently hoarded. Items hoarded can also include old clothing and items that are more sentimental than functional.

Though hoarders often live within a cluttered and disorganized environment, paradoxically this may be due to perfectionism - and the inability to take action is due to fear of making the wrong decision about discarding an item. Other obsessions that plague hoarders could include anxiety-provoking thoughts regarding the need to keep an item close at hand due to fear of a faulty memory, and emotional distress about the anticipated loss associated with discarding an item.

Hoarding is a compulsion of both acquisition and avoidance. The failure to discard may be not only the result of avoidance caused by indecisiveness, but may also be the result of severe problems with attention and an impaired ability to categorize. An assessment of compulsive hoarding needs to identify not only the hoarded items, but also the deficits in cognitive skills.

Like all treatment for OCD, I use a Cognitive and Behavioral approach to the treatment of Compulsive Hoarding.

My first goal is action: I urge hoarders to start to sort and de-clutter the items or areas which are the least distressing; I ask all hoarders to bring to therapy as many items as they can carry. As they sort items, I ask them to verbalize the decision making process. This helps with attention and helps highlight the themes associated with avoiding a decision.

For hoarders who lack organizational skills, I teach a basic categorizing technique whereby all items are placed in one of three piles: discard, keep or decide later. The "discard" pile immediately goes into the trash in my office thereby prohibiting any tendency to check for a mistake.

The success of placing items in one of the first two categories reinforces the belief that a decision can be made and being able to decide to "decide later" establishes a pattern of making decisions at a rapid pace. I often urge the use of a timer at home to counter the pervasive slowness of the decision process.

I may use a variety of cognitive techniques to teach a decision process, for instance: "If you need the discarded item later, how would you cope?". I use cognitive challenges to teach emotional distance by asking things like, "What would other people do?".

A Cognitive-Behavioral Treatment that addresses indecisiveness, pervasive slowness, inattention, lack of organizational skills, and faulty beliefs responsible for emotional distress can not only improve life for the Compulsive Hoarder, but can also improve the functioning of those with ADHD, Depression and other Anxieties.

Compulsive Hoarding may never be cured but it can be managed.

Scrupulosity

by Antonia Caretto, Ph.D.

(from her website www.betreatedwell.com)

One type of Obsessive-Compulsive Disorder (OCD) that is often hard to detect is scrupulosity. Scrupulosity is typified by religious obsessions in which individuals are driven by the fear that they are evil and could be doomed to punishment by their particular supreme being. Because the content and implications of the obsessions are so disturbing, people are hesitant to disclose the thoughts. Because religion is such a personal subject, therapists are often avoidant about addressing this type of OCD.

The religious obsessions may include blasphemous or sinful images or thoughts; very disturbing immoral thoughts or desires; concerns about the morality of past actions; doubts about if one followed religious rituals perfectly; and possibly sinful behaviors. Those with scrupulosity may have frequent and distressing doubts about whether or not they sinned or offended and whether or not they meant what they said, did or thought.

Scrupulosity may not only involve religious obsessions, but often involves obsessive mental rituals which are the compulsive behavior used to neutralize the anxiety. If the compulsions are obsessive, they are not readily visible to others. The types of mental rituals may include silent prayers, reassurance and phrases; trying to figure out the morality or intention of thoughts; or the repetition or representation of religious rituals or behaviors. Sometimes religious or symbolic gestures will accompany the mental ritual.

Those with scrupulosity tend to rely on all-or-nothing thinking and perfectionistic expectations of adherence to a specific interpretation of a religious doctrine. They may seek counsel with religious leaders much more willingly than they would seek therapy. If they share their concerns with family and friends, they easily get reassurances.

Among others, I have treated a number of young teens troubled by scrupulosity. This age group is particularly susceptible due the developmental constellation in which the ability to engage in abstract reasoning, increased independence from authority, and the emergence and awareness of sexual and aggressive impulses co-occur. The teens are usually bright, articulate, sensitive and kind kids who are compliant with treatment and get good results.

I acknowledge the value of having a spiritual life and one's religious beliefs. I treat the scrupulosity as I treat all types of OCD, using Exposure with Response Prevention and other Cognitive-Behavioral Therapy techniques. I prescribe gradual exposure to the blasphemous thoughts and images and teach the person how to stop ritualizing in the service of OCD.

As I challenge the person to stop their rituals, I note that if they truly believe in a loving higher power they are not showing faith in that supreme being by needing to rely on special magical routines. I may ask them if they would hold others to the standards to which they hold themselves. I support their efforts, reminding them that their holy being does not want them to be in anguish.

laying on my couch with a cold rag on my forehead that my mother had placed there. I was crying uncontrollably. I kept saying, "I am having bad thoughts mama." But, as soon as I would "confess" the thought, I felt better, until the next obsession came. When I felt like this, I was literally in the "OCD loop" as I have come to call it. This is when an obsession hits like a slap in the face, then the panic comes, then the compulsion follows (which provides temporary relief), then the anxiety comes back, and the cycle is repeated. This is when the person gets "stuck."

My OCD persisted throughout my childhood in various forms, whether it be the fear of going to school, or feeling "different" then the other children, etc. However, another big bout came in my adolescent years, which is not uncommon for OCD sufferers! I can remember wanting my hair parted down the middle, as did all of the kids in the early 70's. If I could not get the part "perfect" I would throw the brush and sob. Sometimes I would spend hours in the bathroom before seeing my friends.

My greatest struggle came after the birth of my daughter (another hormonal change that often increases OCD symptoms). When my daughter was a month old I went to check on her after laying her down in her crib, and she was not breathing. Her coloring was a bluish tinge. I grabbed her, only to hear a deep sigh. The months to follow became my personal nightmare. She was fine, but hooked up to a monitor every time she slept. Night after night I would check on her only to remain at her crib-side for hours at a time. My obsessions were fierce, but the compulsions were hell. I would cover her up over and over again, think-

ing, "What if I didn't cover her right?"

From that time on, my OCD was severe. For 10 years I went to doctors, Psychiatrists, and Psychologists, only to hear them minimize my symptoms. However, after searching and searching for "someone" to help me, I was put in contact with a Behavioral Therapist from The OCD Foundation of Michigan. What a blessing! For many weeks and months I was taught how to cope with the obsessions, compulsions, and anxiety, until eventually, I was able to watch as many symptoms disappear. The time that I spent doing homework and behavioral modification was most difficult, but in the end, well worth it. I was no longer "controlled" by OCD. I was able to move on and help others.

After earning my Ph.D. in Clinical Psychology I have devoted a good part of my career to what I call "The Whole Person Approach" to OCD because this disease does affect the "entire" person. People not only experience the thoughts, feelings, and behaviors, but OCD seems to cut into every area of one's life. One may ask, "Are you completely symptom free?" Well my answer is, "For the most part, yes." There are times that I may experience a "fleeing" obsessional thought, but guess what, EVERYONE whether OCD or not, has what I call "Bad thoughts." Stress seems to make things worse, so I am able to "practice what I teach others" in regards to Stress Management Techniques and conflict resolution.

Thank you to The OCD Foundation of Michigan for allowing me to tell a bit about my story, and I do so in hopes that it will help the readers realize that although OCD is very difficult to live with, one can learn ways to live a healthy, productive life "in spite" of it. Look at Howie Mandel for heaven sakes!

OCD on TV

There seems to be a new obsession on TV with the explosion in reality shows. I find it interesting that a large number of these shows relate to Obsessive-Compulsive Disorder. There have been no less than four on the subject, and, for the record, they are quite good. If you happen to suffer from OCD, they can be difficult to watch. They really hit home in terms of the impact OCD has on our lives, and the reality of proper OCD treatment. Here is a rundown on the shows and where you can find them.

The OCD Project, VH1, Thursday evenings at 10:00. The episodes are repeated often, and you can also watch episodes in their entirety at vh1.com/shows/the_ocr_project/series.jhtml.

Obsessed, A&E. The new season starts Monday, June 28th, at 10:00 p.m.. But as with all cable channels, the shows are aired often and repeated. See their website at aetv.com/obsessed.

Hoarding - Buried Alive, The Learning Channel. These are aired and repeated at various times. Find the schedule at tlc.discovery.com/tv/hoarding-buried-alive.

Hoarders, A&E. These are also aired and repeated often.. The website is aetv.com/hoarders/.

There was another show on TLC a while back called ***Help! I'm a Hoarder***. You may find it repeated from time to time, or you could watch it on youtube.com.

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.

Parents Trichotillomania Support (<http://health.groups.yahoo.com/group/ParentsTrichSupport>).

An online support group for parents of children with Trichotillomania.

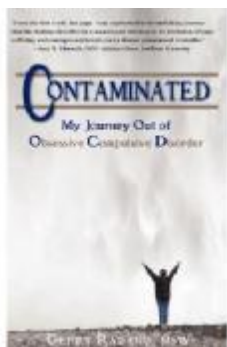
JJ's Place (www.jjsplace.org)

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.



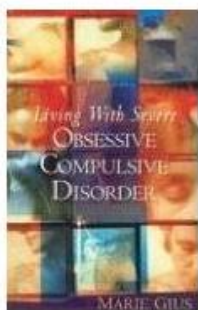
Book Reviews by Kay Zeaman



Gerry Radano,
Contaminated: My Journey Out Of OCD
Bar-Le-Duc Books, 2007
ISBN 978-0979228803

Gerry describes many situations where her OCD manifests itself. She has contamination fears which affect her ability to live a full life. She has hospitalizations where she does cognitive behavior therapy but still her obsessions and compulsions remain. Her husband must do all the housework and raise their two children. She suffers ten painful years of OCD. Finally her husband leaves her.

She hears about Gamma Knife Surgery, an experimental surgery which is hard to get and still harder to persuade an insurance company to cover the cost. She is very persistent in getting herself approved for the surgery and her insurance company to pay for it. It costs \$30,000. She succeeds in both. She has the surgery and six months after she sees no difference in her OCD. Then slowly she notices improvements until she is well enough to go back to school to get a masters degree in social work. Her story has a happy ending...her husband returns to the marriage and she is able to function well again. I have emailed with Gerry and talked on the telephone with her. She tells her story to hospitals, the national OC Foundation annual conferences, colleges, and mental health facilities. Her story is inspirational. She has a website: freeofocd.com



Marie Gius
Living With Severe Obsessive Compulsive Disorder
Book Publishers Network, 2006
ISBN 978-1887542418

Marie teaches school for nineteen years and then is forced to quit what she loves doing because of OCD. She has contamination fears. She feels the way her mother raised her and her siblings contributed to her getting OCD. Her mother had cleanliness issues. Maria's obsessions and compulsions get so bad she attempts suicide. She has multiple hospitalizations. At the age of forty she gets married. Her husband lives with her fears. She stays in the shower for an hour and tries to avoid situations where she feels the need to shower after them. Marie lives in Washington state and still battles with severe OCD.

SUGGESTED READING

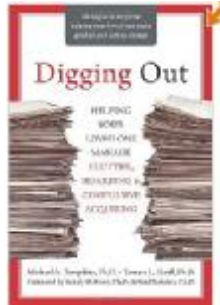


Randy O. Frost, PhD, Gail Steketee, PhD
STUFF
Compulsive Hoarding and the Meaning of Things
 Houghton, Mifflin, Harcourt, 2010
 ISBN 978-0-15-101423-1



Timothy A. Sisemore, PhD
FREE FROM OCD: A Workbook for Teens with Obsessive-Compulsive Disorder
 New Harbinger Publications, Inc., 2010
 ISBN 978-1-57224-848-9

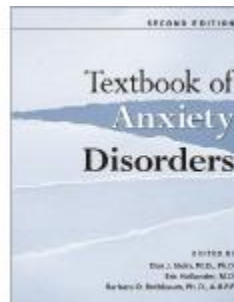
Michael A. Tompkins, PhD
 Tamara L. Hartl, PhD
DIGGING OUT: Helping Your Loved One Manage Clutter, Hoarding, & Compulsive Acquiring
 New Harbinger Publications, Inc., 2009
 ISBN 978-1-57224-594-5



Avy Joseph
Cognitive Behavioral Therapy: Your Route out of Perfectionism, Self-Sabotage, and Other Everyday Habits
 Capstone Press, 2009
 ISBN 978-1841128009



Arnold Arluke, Celeste Killeen
Inside Animal Hoarding: The Case of Barbara Erickson and her 552 Dogs
 Purdue University Press, 2009
 ISBN 978-1557535115



Dan J. Stein, MD, PhD
 Eric Hollander, MD
 Barbara O. Rothbaum PhD
Textbook of Anxiety Disorders Second Edition
 American Psychiatric Publishing, 2010
 ISBN 978-1585622542

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 story to OCDFM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to OCDmich@aol.com.

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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BY APPOINTMENT
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SUITE 107B
ROCHESTER HILLS, MI 48307

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MSW, LMSW

Cognitive-Behavioral Therapy for
Obsessive-Compulsive Disorder
and other Anxiety Problems

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Debra Dahl, Ph.D.

Phone: (586) 693-0374
Fax: (586) 693-9536

13315 15 Mile Road
Sterling Heights, MI 48213

E-Mail: info@behavioraledsar.com

THERAPISTS!!

LIST WITH US

**YOUR BUSINESS CARD
COULD BE HERE!**

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
THE OCD FOUNDATION OF MICHIGAN
c/o Terry Brusoe, Treasurer
25140 Docksider Lane
Harrison Twp., MI 48045-6707

6/2010

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.



The 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**

The OCD Foundation of Michigan
P.O. Box 510412
Livonia, MI 48151-6412