A Newsletter Dealing with Obsessive Compulsive Disorder

NEVER say NEVER

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

Fall 2014

Michigan's Got Talent

The OCD Foundation of Michigan has always tried to fill its newsletter with articles which address the important and most current issues and concepts related to Obsessive-Compulsive Disorder. Often, we pull this information from the Internet because that's where you go to find important and current. But we are The OCD Foundation of ***MICHIGAN***, and we do have professionals in our own state who have something to say on the subject.

In this issue of ***Never Say Never***, we have included articles from our own pool of talent. Debra Dahl is the newest member of our Board of Advisors, and the speaker at our upcoming Fall Program. Her article, "The Doctor Who Was the Patient," which originally appeared in our Spring 2010 issue, introduces you to Dr. Dahl and leads in to her October 25th talk.. We met Terry Shulman only recently and have found him to be an invaluable resource for hoarding information and treatment in Southeast Michigan. His article, "Cluttered Lives, Empty Souls," begins on page 5. Jessica Purtan Harrell is a longtime member of our Board of Advisors, contributor to this newsletter, and presenter at our programs. Her article "When Good is Not Good Enough," originally appeared in the Summer/ Fall 2009 issue. Bud Clayman is not a Michigander, but he is a friend of the OCDFM, and we have Part 3 of his 4-part interview with Dr. Jon Hershfield. We have many more Michigan experts who we hope to showcase in future issues.

FALL PROGRAM, OCT 25, 2014

"From Patient to Therapist: How I Treat OCD." Guest speaker Dr. Debra Dahl will discuss her own journey through and beyond OCD, and how she developed and uses what she calls the "Whole Person Approach" to treat OCD. Saturday, October 25th, 1:00 at Botsford Hospital, Classroom A/B in the Administration & Education Center. RSVP 734-466-3105 or e-mail ocdmich@aol.com. See our webpage, ocdmich.org, to download the flyer.

THE OCD FOUNDATION OF MICHIGAN

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NEVER say NEVER

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To submit articles or letters, write or e-mail the OCDFM at the above addresses.

LIST OF SELF-HELP GROUPS

ANN ARBOR:

1st Thursday, 7-9 PM
St. Joseph Mercy Hospital Ann Arbor
Ellen Thompson Women's Health Center
Classroom #3
(in the Specialty Centers area)
5320 Elliott Drive, Ypsilanti, MI
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

DEARBORN:

2nd Thursday, 7-9 PM
First United Methodist Church
22124 Garrison Street (at Mason)
Call Joan at (734) 479-2416

FARMINGTON HILLS:

1st and 3rd Sundays, 1-3 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 or (734) 652-8907
E-mail rslade9627@aol.com

GRAND RAPIDS:

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

Anxiety (all forms)
Meets every Wednesday, 7 to 8:30 p.m.
Open to individuals who have any kind of anxiety problems as well as their friends and family members.

Teen Anxiety Group
1st, 3rd, and 5th Wednesday, 5:30 to 6:30 p.m.
Open to individuals who have any kind of anxiety problems as well as their friends and family members.

Adults Obsessive-Compulsive Disorders
Every Tuesday, 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.

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.

Social Outings
3rd Tuesday and 4th Saturday, call for details
Challenge your anxiety in the comfort of others while attending fun-filled events.
Past activities have included: game night, visiting a bird sanctuary, concert and comedy events, sunset strolls on the beach and even canoeing.

LANSING:

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

LAPEER:

2nd Wednesday, 7:30 - 9 PM
Meditation Self-Healing Center
244 Law St. (Corner of Law & Cedar Streets)
Call Mary at (810) 441-9822

PETOSKEY:

2nd Tuesday, 7-9 PM
NOTE NEW LOCATION FOR 2014
The John & Marnie Demmer Wellness Pavilion
820 Arlington Ave.
Petoskey, MI 49770
Call Kevin at (231) 838-9501
E-mail Runocd@gmail.com

ROYAL OAK:

1st Wednesday, 7-9 PM
Beaumont Hospital, Administration Building
3601 W. Thirteen Mile Rd.
Use Staff Entrance off 13 Mile Rd.
Follow John R. Poole Drive to Administration Building
Park in the South Parking Deck
Meets in Private Dining Room
(If the building is locked, press the Security button next to the door, tell them you are there for a meeting, and they will buzz you in.)
Call Terry at (586) 790-8867
E-mail tmbrusoe@att.net

FROM THE NEVER SAY NEVER ARCHIVES:

The Doctor Who Was the Patient

by Debra Dahl, Ph.D.

This article originally appeared in the Spring 2010 issue of *Never Say Never*

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 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, thinking, "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

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CLUTTERED *Lives*,
empty SOULS
Understanding and Treating Hoarding Disorder

by
Terrence Daryl Shulman, JD,LMSW,ACSW
Founder/Director
The Shulman Center for Compulsive Theft, Spending & Hoarding

You can't take it with you.—Kaufman and Hart

Unless you've been living on another planet, you've probably noticed the ever-increasing media coverage over the last few years around the "latest" disorder: hoarding. Several cable programs on hoarding have garnered big ratings and endless fascination: A&E's "Hoarders," TLC's "Hoarding: Buried Alive" and "Storage Wars," Animal Planet's "Animal Hoarders," and OWN's "Enough Already!" And you thought you or someone you know was the only one with this "secret." Of course, these TV programs tend to highlight the more extreme cases of hoarding, but hoarding is either on the rise or we're finally starting to come to terms with it. While statistics and prevalence are still sketchy, here's what the latest research shows:

Hoarding affects about 6-15 million Americans.—2010, Time magazine

There are over 75 U.S. National Hoarding Taskforces.—2010, Time magazine

Personal consumption expenditures and storage unit rentals increased over 20% since 1980.—U.S. Chamber of Commerce

I became interested in studying and treating hoarding disorder several years ago when many of my counseling clients divulged their struggles with clutter and stuff—especially my clients who were compulsive shoppers or shoplifters. I also recognized several family members and friends who were "packrats" and, bit-by-bit, even found my office getting disorganized. Then, it occurred to me: my father had been a hoarder, too! And for every hoarder still "hiding" behind closed doors, more public faces of this disorder are "coming out," including Micahaele Salahi, Heidi Montag and Spencer Pratt, Lisa Kudrow, Mariah Carey, Kevin Federline, Celine Dion, Marie Osmond and Paris Hilton (17 dogs might qualify as animal hoarding).

Looking at the bigger picture, society has encouraged super-consumerism; hoarding often is its byproduct. When everyone bought a home before the housing bubble burst, we had to fill those homes up, didn't we? And if there wasn't enough room in your McMansion, have we got a storage unit for you! Or two, or three or four!

But what, actually, is hoarding? Compulsive hoarding (a.k.a. pathological hoarding or disposophobia) is a hard condition to pin down. While no clear clinical definition or set of diagnostic criteria exist, certain defining features have been identified by researchers in dealing with chronic hoarders. These criteria include:

The acquisition of and failure to discard a large number of possessions that appear to be useless or of limited value;

Living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed;

Significant distress or impairment in function by hoarding; and

Reluctance or inability to return borrowed items; as boundaries blur, impulsive acquisitiveness could sometimes lead to stealing or kleptomania.

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FROM THE NEVER SAY NEVER ARCHIVES:

When Good is Not Good Enough

How to Work Through Motivation Problems When Treating OCD

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

This article originally appeared in the Summer/ Fall 2009 issue of *Never Say Never*

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 managing 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, 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

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An OCD Therapist's Story

BUD CLAYMAN INTERVIEWS OCD SPECIALIST JON HERSHFIELD

This is part three of a four-part interview series on OCD with specialist Jon Hershfield. See oc87recoverydiaries.com/an-ocd-therapists-story.

Bud Clayman: I [would like] to talk about your life a bit. How long have you been a therapist? I know you started out as an actor. Is that true?

Jon Hershfield: Yeah, it's been a long strange journey indeed.

Bud Clayman: How did you segue from acting to being a therapist and what has being a therapist done for your life? And why did you become a therapist?

Jon Hershfield: That's quite a question. So yeah, I started acting professionally as a teenager I guess, when I got my first acting gig. I think my earliest memory of having OCD was probably at about six – nobody knew it was OCD. But looking back on it, there were certain things that would happen. If they were looking at it now, there was no other explanation for that kind of behavior.

I had a rough go of it with the OCD when I was a teenager. I got whatever help was available which wasn't bad but at that time, there wasn't a heavy focus on mindfulness and cognitive behavioral therapy the way there is now. It was mostly focused on medication and kind of challenging the thoughts in ways that we now understand are probably just mental rituals in and of themselves. Like a lot of people, my OCD kind of went a little bit on the backburner in my college years and then decided to show up and surprise me in my late 20s. When it showed up, I was really taken by surprise. I was really shocked at how incapable I felt with dealing with what I was going through and had really kind of prided myself up to that point on thinking, "Ah, I can handle this. I have OCD. What OCD means to me is that as long as I do things a certain way, nothing bad will happen. So I just got to make sure I do those things the way I want them to happen and then nothing bad will happen."

Well, then that stopped working and I decided, "Okay, I have to bite the bullet and go back in and try treatment again." This time, I was able – I was very fortunate to immediately connect with an excellent therapist who specialized in OCD and this is exactly what we worked on. We did cognitive behavioral therapy and we did exposure therapy. The nature of my OCD involved grappling with a lot of intrusive thoughts so I had to learn to stop reassurance seeking and also do a lot of imaginal exposures. You and I didn't really talk about this before, but imaginal exposures are strategies for confronting thoughts where exposures wouldn't work very well in real life. That would be writing out narratives in which you're describing your intrusive thoughts, your fears coming true, and learning to tolerate the discomfort that comes with the uncertainty of that. So that was a big part of the work.
As I was doing that, I [was] thinking, "Oh God, I hope this works. This is the one, this therapy is the one thing I haven't tried, and I have to try something because I can't live this way anymore." As I was doing that I started to go online and write to discussion boards, and describe my experience. This was probably the best decision I ever made because not only did it expose me to a world of OCD sufferers who think the way that I was thinking and was able to sort of support me in this process, and I was able to offer them support at the same time, but it also exposed me to some of the great minds in the OCD field like Jonathan Grayson, Jim Claiborn, Michael Jenike, and they would be commenting on some of the things that I would write. At first I'd see their comments and think, "Huh? What? No, it's not that simple." As I started to get better I started to realize, "Wait a second, no it kind of is this simple." Thoughts really are thoughts, not threats. Feelings really are feelings, not facts. If I can combine this exposure and response prevention and this challenging of distorted thinking with this acknowledgement that thoughts and feelings are thoughts and feelings, that they're just something that's happening, they're not something I necessarily have to go to war with, maybe I can get better.

Bud Clayman: Did this interfere with the acting or did you just decide that you wanted to become a therapist [as] it got more interesting to you?

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The Doctor Who Was the Patient
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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!

Debra Dahl is a psychologist specializing in the treatment of OCD. She is currently the Program Manager of the Addiction Recovery Center at Allegience Health in Jackson, MI, and a member of the OCDFM Board of Advisors.

When Good is Not Good Enough
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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 occurring, 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.

Jessica Harrell is a psychologist in Farmington Hills specializing in cognitive-behavioral therapy for OCD and related disorders, and is a valued member of the OCDFM Board of Advisors.

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One man's hoard is another man's collection.—Anonymous

There are different degrees of hoarding—from a Level I to a Level V—and there are different things that people hoard, including:

New purchased items;

Used purchased items (from garage sales, flea markets, discount stores);

Freebies and junk (picked out of garbage, the side of the road, etc…);

Food;

Animals;

Newspapers, magazines, bills, other papers;

Scraps or parts for artistic or utilitarian projects; and

Intangibles (email, DVR recordings, etc…)

Hoarding can lead to many negative consequences, including:

Loss of money;

Loss of time;

Loss of relationships;

Shame and embarrassment and isolation;

Arguments with loved ones;

Germs and disease;

Accidents and injuries;

Loss of freedom and movement; and

Increased mental illness (especially depression, anxiety and OCD)

Beauty is Nature's coin, must not be hoarded, must be current.—John Milton

Why Do People Hoard?

While pioneers and experts in the field of hoarding are still unlocking the puzzle of what causes hoarding, it's believed that hoarding has both genetic and socialized components (nature and nurture). Hoarding has been related to obsessive-compulsive disorder and anxiety disorder but it is distinct in itself. Theories about what causes hoarding include:

Getting a high from accumulating and feel pain/anxiety when discarding;

Reaction to change, trauma, loss, stress—control over little things;

Social anxiety/phobia, isolation/protection;

Shaky sense of self and over-identification with objects;

Problems with attention/organization

Problems processing information/categorizing;

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Problems making decisions;

Problems with memory (too much/too little); and

Attempts to experience safety, security, control

If you or someone you know may have a hoarding problem, take ***The Shulman Center 20-Question Assessment*** below:

1. Are some living areas in your home cluttered?
2. Do you have trouble controlling urges to acquire things?
3. Does the clutter in your home prevent you from using some of your living space?
4. Do you have trouble controlling your urges to save things?
5. Do you have trouble walking through areas of your house because of clutter?
6. Do you have trouble throwing away or discarding things?
7. Do you experience distress throwing away or discarding possessions?
8. Do you feel distressed or uncomfortable when I can not acquire something you want?
9. Does the clutter in your home interfere with your social, work or everyday functioning?
10. Do you have strong urges to buy/acquire things for which you have no immediate use?
11. Does the clutter in my home causes you distress?
12. Do you have strong urges to save things you know you may never use?
13. Do you feel upset/distressed about your acquiring habits?
14. Do you feel unable to control the clutter in your home?
15. Has compulsive buying resulted in financial difficulties?
16. Do you avoid trying to discard possessions because it's too stressful/time consuming?
17. Do you often decide to keep things you do not need and have little space for?
18. Does the clutter in your home prevent you from inviting people to visit?
19. Do you often buy or acquire free things for which you have no immediate use/need?
20. Do you often feel unable to discard possessions you would like to get rid of?

Most hoarders will answer "yes" to at least 7 of these questions.

We are hoarding potentials so great they are just about unimaginable.—Jack Schwartz

TIPS for Dealing with Hoarding:

Admit you have a problem and need help;

Seek professional, specialized counseling/therapy;

Read books/watch TV programs on this subject;

Visit the websites www.hoardingtherapy.com and www.hoardersanonymous.org;

See support groups (Messies Anonymous, Clutterers Anonymous);

Hire a professional organizer;

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Set a timer to clean a certain amount of time per day;

If you are trying to help a hoarder, don't move or throw out their possessions;

Seek help categorizing things: trash, keepers, recycling, gifts, for sale; and

Maintain order and cleanliness through ongoing support/accountability.

Some Case Studies:

Cathy, a 50ish married mother of three started overshopping and hoarding around the time her first daughter became very ill at age 3. Her husband, Don, was an overspender, too, but eventually became a penny-pinching workaholic. He became increasingly angry and controlling and threw out some of Cathy's things without asking her. "It's me or the stuff!" he'd yell. Through several months of counseling, Cathy began to understand what triggered her hoarding and found the skills and support to de-clutter her home, improve her self-esteem and confidence, and confront the underlying issues in her marriage.

Billie, a 65-year old homemaker, wife, mother and grandmother, began overshopping and hoarding fifteen years ago after moving to a new home and raising three kids while her husband worked all the time. She began having flashbacks of sexual abuse as an adopted child. She accumulated things by working a part-time flea market business which filled her entire basement with knick-knacks she couldn't seem to part with. This caused stress with her husband. After therapy and support group attendance, she began to move forward with his support and began to heal her underlying abuse issues.

Mark, a 40-year old single father with a 10-year old son, used to be meticulously clean and orderly before his son's birth. Since then, he started to buy excessive amounts of toys for him and developed hoarding disorder with food, papers, coupons, and various items. He worried his son would become a hoarder and experienced a great deal of anxiety over his "stuff"—procrastinating endlessly, which kept him stuck in unsatisfying relationships and menial jobs. Since beginning to address his hoarding and underlying issues, he went back to school for a year to learn a new trade for which he has a true passion and recently graduated with the top Grade Point Average in his class.

Bonnie, a 50ish divorced woman and certified financial planner, began overshopping and hoarding about ten years ago shortly after her mother's death. She has eight storage units of belongings in three different states, costing her nearly $10,000/year. A self-described workaholic, Bonnie recently wound up in the hospital from exhaustion and poor diet. She started dating a man and they moved in together. He was concerned about her shopping, hoarding, and her health. Bonnie, an extremely smart person who is phenomenal at assisting others with their financial well-being, felt hypocritical about her own money decisions and was feeling increasingly stressed over her "baggage."

Corrine, a 60ish writer and journalist, never married and no kids, had a long history of overshopping—especially bargain hunting—which still got her into deep debt and led to losing her long-time home a year ago. In the process of moving, she confronted her hoarding disorder and her attachment to stuff. As she downsized three times over the last year, each time she had to reassess what was really important to her. In letting go of her home and most of her things, she grieved but felt lighter and found inner peace.

Ralph, a retired husband, father and grandfather in his 60s, lived a middle-class life until his life unraveled recently when his wife and children discovered a myriad of secret lives he'd been keeping over the last several years. He'd embezzled tens of thousands

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of dollars from his church, where he'd been a volunteer bookkeeper for many years, to buy all sorts of things which he stored in public storage units close to his home. By the time the church had confronted him, Ralph's wife was on the verge of leaving him and Ralph was suicidal. It took several months of individual and family therapy to clarify what triggered Ralph's erratic behaviors and assist his wife and family in sticking by him.

Sabrina, a 50-ish attractive married woman, still feels the effects of her deceased parents' hoarding. She felt shame, anger, and powerlessness. She was embarrassed to have friends over her house when she was a child and was resentful when her father died ten years ago that she had to clean out tons of junk to put the house up for sale. She admits that she has to watch her own hoarding tendencies and almost every week has to discipline herself to go through her house and clean, donate, and throw out things.

Terrence Daryl Shulman, JD,LMSW,ACSW,CAADC,CPC is the Founder/Director of The Shulman Center for Compulsive Theft, Spending & Hoarding in Franklin/Southfield, Michigan. He has authored four books, including the recently published Cluttered Lives, Empty Souls: Compulsive Stealing, Spending & Hoarding (2011, Infinity Publishing). See www.clutteredlives.com He offers specialized counseling and consulting in person, by phone and via Skype. He can be reached at 248-358-8508 or terrenceshulman@theshulmancenter.com. His websites include theshulmancenter.com and hoardingtherapy.com.

Words of Wisdom

- If you wait for the perfect moment when all is safe and assured, it may never arrive. Mountains will not be climbed, races won, or lasting happiness achieved.
  - Maurice Chevalier
- The best way out is always through.
  - Robert Frost
- This only is certain, that there is nothing certain.
  - Pliny the Elder
- Better to do something imperfectly than to do nothing flawlessly.
  - *Robert H. Schuller*
- The greatest mistake you can make in life is to be continually fearing you will make one. - Elbert Hubbard

Jon Hershfield: To be honest it's hard to interfere in something that almost never happens. At that point in my acting career it was a lot of waiting around for the phone to ring, going on auditions, pretending I was excited about this big commercial call back and stuff like that. I had kind of started to lose interest in [acting] and [became] fascinated in the treatment of OCD. I was spending a lot of time writing to these boards and listening to people's stories and with the support of my lovely wife and my amazing parents, and my brilliant therapist, everybody was telling me – maybe it's time for a change. Then I went to graduate school. I got a master's in Clinical Psychology. I found the OCD Center of Los Angeles and got an internship with Tom Corboy, which I'm grateful for because it meant the bulk of my training is exclusively with using mindfulness and CBT to treat OCD . It's not just that I got a general masters in clinical psychology with a focus on marriage and family therapy, but to also have the experience of almost every client that I ever saw being an OCD client, and just absolutely adoring what I do, what an amazing life changer. Everything that I wanted to get out of acting; influencing people's lives, giving back to people the way that movie stars gave back to me when I was a kid watching movies, I get to do as a therapist. Day one, class one of graduate school I was like, "Why did I wait this long?"

Bud Clayman: So you really found what you wanted to do in life.

Jon Hershfield: Yeah.

Bud Clayman: Amazing.

Jon Hershfield: There's no way to overstate how lucky I feel to be able to do this. I moved into private practice earlier this year, and also I started working at UCLA as associate director of their Child OCD Intensive Outpatient Program. This is an amazing program where children with more severe OCD come and get treated for three hours a day four days a week, including family therapy and med management. We're doing CBT and mindfulness work and to have this even broader spectrum of experience so that it's not just myself and a client hour by hour by hour, but also this other experience of working in a hospital environment and [a] more intensive environment, and now this book. Honestly, Buddy it just keeps getting better and better.

JON GRAYSON & THE INTERNATIONAL OCD FOUNDATION

Bud Clayman: It's great. It's great. You mentioned Dr. Jonathan Grayson [Ph.D.] and I think he's affected all our lives. Can you please talk about his work and being a pioneer in the treatment of OCD and how did he influence your life and work if at all.

Jon Hershfield: Well, certainly his book, *Freedom from Obsessive Compulsive Disorder*, helped me at a time when I felt like there was no help and I can't deny that. I'm actually glad that you brought that up because it ties into the work of the International OCD Foundation. I think the first conference I went to was in 2005. I went as a sufferer and I thought that was a very interesting experience because it was enlightening. It was help, but at the time I was still heavily immersed in my own therapy and my own OCD, and was for lack of a better word, self-centered. I was centered on myself. What do I get out of this? A few years later, when I was in graduate school, I was able to convince my university to give me two college credits for making up a class called "OCD" where basically I just went to the conference and wrote a paper about it. I was amazed that they let me do this, but that's basically what they did. I went again thinking, "What do I get out of this? This is pretty neat." Then when I started as an intern at the OCD Center of LA, I thought, "Well I've developed this pretty good relationship with Dr. Jenike on the online support board, maybe I'll send the OCD Foundation a proposal for a panel on OCD and online support," just on a whim. I asked Dr. Jenike if he wanted to be involved, and he said, "Sure, why not." Low and behold the IOCDF said, "Sure, let's do it." So I found myself suddenly presenting at the International OCD Foundation Annual Conference.

Bud Clayman: This was about two years in after you were going in as a sufferer?

Jon Hershfield: This was only four years after first going in as a sufferer and one year after going as a grad student.

Bud Clayman: That's amazing.

Jon Hershfield: Yeah, and that was a really positive experience. I really started thinking about the amazing work that the International OCD Foundation is doing in just providing and disseminating information, and connecting people to resources. I had this fantastic experience and then one evening that weekend I was standing around in the lobby thinking, "Okay, what do I do now? I've been talking to people all day. I'm a little bit tired, I don't know what to do now." [Then] I saw this collection of OCD therapists at the door that looked like they were kind of deciding what to do, as well. When I say, "collection of OCD therapists," I mean Jona-

(Continued on page 14)

than Grayson, Charley Mansueto, Fred Penzel. These are all people whose articles I've read, books I've read, and it was one of those moments and I guess it was an exposure moment where I decided, well, I could just do nothing or I could take the risk of looking like a crazy stalker and see if I could tag along. I took that risk and I said, "You guys going somewhere? Mind if I tag along?" They kind of looked at me like, "Okay kid, sure, whatever." That night we all went out, we all had dinner. I found myself at this pizza place sitting across from Jonathan Grayson and we had a contamination-off. There was one slice of pizza left; the question was who was going to get it. I don't remember who started it exactly, but one of us basically licked the pizza and put it down and looked at the other one.

Bud Clayman: Oh boy. That would drive a lot of people crazy.

Jon Hershfield: Then the other one bit the pizza, then I think rubbed it on the bottom of their shoe and put it back. This went on a couple of back and forths before I eventually deferred to the master.

Bud Clayman: There you go.

Jon Hershfield: We've been good friends ever since.

Bud Clayman: That's great.

Jon Hershfield: So to have this person speak to me through a book, through this very kind of distant thing and then years later have this person become an actual person in my life, what an amazing experience that's been for me and I hope, I'll also be able to provide that experience for somebody else.

Bud Clayman: Cool. You had mentioned the International OCD Foundation. Can you just talk a little about the foundation and specifically about the conference they hold each year, and is it important for OCD people to attend that conference?

Jon Hershfield: I think that there's a lot that one can get out of the conference. For me – I'm fond of saying for comic book nerds there's ComicCon and for OCD nerds like me, there's the International OCD Foundation conference. It's panels with all of your super heroes. It's poster presentations with all the latest research. It's support groups. It's training sessions. There's stuff for therapists so they can learn to be better OCD therapists. There's a lot of stuff for sufferers, for kids, for people of different cultures. Pretty much, if you have OCD or treat OCD, there should be something you can find at this conference that really speaks to you, that really matters to you. Then, in the evening, they have all these great activities, as well, these great social activities.

Bud Clayman: It's important to go.

Jon Hershfield: If you can make it to one, I would really recommend it. I think they're a great experience. They usually have them in these fancy hotels in these nice cities, and I'm very happy to know that they're going to be having the next conference in LA, about two blocks from my office.

Bud Clayman: I may be going because [I love] LA, so that'll be next year. That should be great, that should be great.

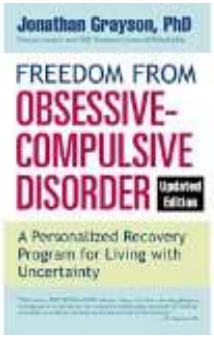
Jon Hershfield: I surely hope to see you there.

SUGGESTED READING

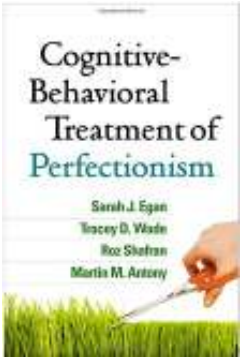
Joan Davidson, PhD
Forward by Jeff Bell
Daring To Challenge OCD
New Harbinger Publications, 2014
ISBN 978-1608828593

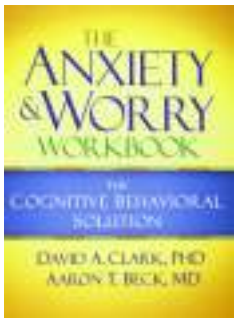
David Tolin, PhD
Randy O. Frost, PhD
Gail Steketee, PhD
Buried in Treasurers: Help for Compulsive Acquiring, Saving and Hoarding, 2nd Edition
Oxford University Press, 2013
ISBN 978-0199329250

Jonathan Grayson, PhD
Freedom From Obsessive-Compulsive Disorder
Updated Edition
Berkley Trade, 2014
ISBN 978-0425273890

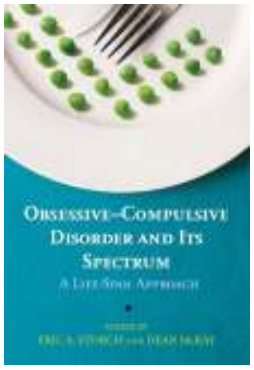


Sarah J. Egan, PhD
Tracey D. Wade, PhD
Roz Shafran, PhD
Martin M. Antony, PhD
Cognitive-Behavioral Treatment of Perfectionism
The Guilford Press, 2014
ISBN 978-1462516988





David A. Clark, PhD
Aaron T. Beck, PhD
The Anxiety and Worry Workbook: The Cognitive-Behavioral Solution
The Guilford Press, 2012
ISBN 978-1606239186



Eric A. Storch, PhD
Dean McKay, PhD
Obsessive-Compulsive Disorder and Its Spectrum: A Life-Span Approach
American Psychological Association, 2014
ISBN 978-1433815638

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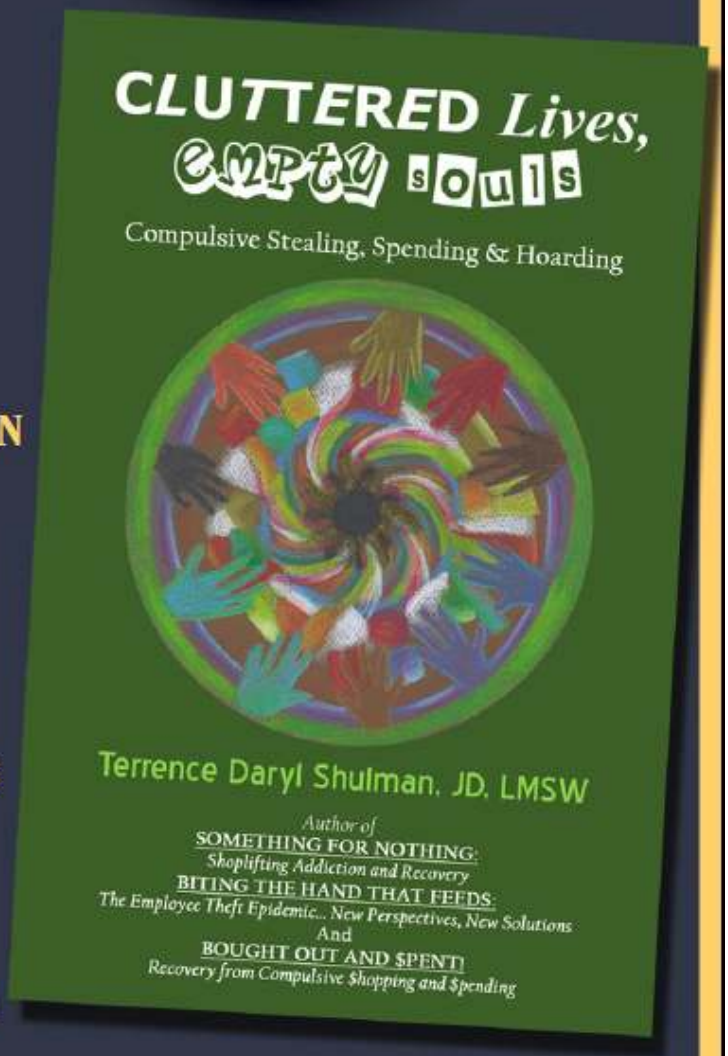

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You've finished reading me and don't need to keep me anymore. Or worse (boo-hoo), you don't need me and don't even want me. In either case, please take me somewhere where I can help someone else. Take me to your library. Take me to your doctor, therapist, 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.

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