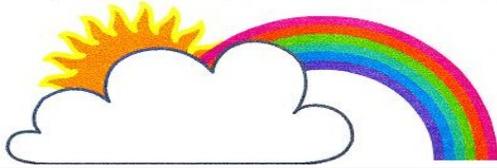


NEVER say NEVER



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

Winter 2017

OCD and Technology

The world we live in today is much different than it was twenty, or even ten years ago. This is the Age of Technology. The world is connected in ways we used to only imagine, maybe by watching Star Trek or other science fantasies. Our connectedness has moved well beyond the “simple” computer. With the Internet accessible to us through smart phones, tablets, digital home assistants, and other marvels, we can experience the world without ever leaving our homes. And with smart watches and Fitbits we can tap into and monitor our own bodies. One manifestation of this new connectedness is the availability of programs, apps, and devices that can assist us in the difficult process of dealing with our OCD.

Traditionally, OCD treatment was only accessible by going to see a therapist, who would direct you through the process of ERP (Exposure and Response Prevention) or some other flavor of Cognitive Behavioral Therapy, and that is still the intervention of choice. But there are many sufferers for whom such treatment is not an option. Certainly, for some, the cost is prohibitive, or the distance too far. Others may, in fact, be rendered homebound by the severity of their OCD. And even those who do engage in “live” therapy may find the process so difficult that the desired results elude them.

In this issue of *Never Say Never*, we will look at some of the new options that are available to us. These are not necessarily intended to **replace** traditional therapy, but can be used to augment it, or at least make it more palatable.

Also included here is the third and final installment of Wally Green’s 1989 self-help book *Never Say Never* that we began in the Summer 2016 issue and continued in the Fall.

SPRING PROGRAM TBA

Online programs or smart phone apps. How can we use (and how do we choose) the latest technology to help us achieve our goal of freedom from OCD? Watch your e-mail, check our website ocdmich.org, follow our [Facebook](#) page for details as they become available.

THE OCD FOUNDATION OF MICHIGAN

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

Telephone (voice mail): (734) 466-3105

E-mail: OCDmich@aol.com

Web: www.ocdmich.org *

* 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:

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)
In the Choir Room (enter under back stairs)
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

FARMINGTON HILLS:

1st and 3rd Sundays, 1-3 PM
BFRB Support Group
Body-Focused Repetitive Behaviors
Trichotillomania and Dermatillomania
(Hair-pulling and Skin-picking)
Beaumont Hospital Botsford Campus
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 Disorders

Meets every Wednesday, 4:30 to 5:30 pm and
7 to 8:30 pm (two groups offered at this time to keep
group size smaller)

A weekly support group open to anyone who has an
anxiety problem (including trichotillomania and
Obsessive-Compulsive Disorder).

Teen Anxiety Disorders

Meets every Wednesday, 5:45 to 7:00 pm
(Please call ahead)

A weekly support group open to teens aged 14-18
who have an anxiety problem.

Yoga

Every Wednesday, 5:30 to 6:30 pm
A gentle yoga class. No experience is necessary.
Schedules do change, so please call ahead to reserve
a spot.

Open Creative Time

1st Wednesday, 6:00 to 7:00 pm
Take your mind off your worries by being creative.
Bring a project to work on or enjoy supplies that are
available at the ARC.

Social Outing Groups

Offered once a month.
Dates and times change.
Check the ARC website for current listings.

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:

DISCONTINUED

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

NEVER SAY NEVER

*(Editor's note: This is the third and final installment of Wally Green's book, **Never Say Never**, which he self-published in 1989. We began this serialization in our Summer 2016 issue and continued in Fall 2016. We conclude here with Chapters 4 and 5, Conclusion, and Author's Note. This book has been reprinted with the author's permission. rws)*

Chapter Four

PAIN TOLERATION

We expose ourselves to pain when we deliberately expose ourselves to what makes us anxious and then refuse to respond. Emotional pain is every bit as real as physical pain. If you aren't ready to suffer, throw this book away.

A deliberate decision to hurt yourself is what you make when you decide to use exposure and response prevention. This goes against our instinctual preference for comfort over discomfort, pleasure over pain. It takes great strength of character to expose ourselves to anxiety without responding to it. Especially, the high levels of anxiety that plague people like us. Ever wonder about all those people that purposely give themselves daily insulin shots? Well, wonder no more. When you expose yourself to anxiety, without responding to it, you inflict pain upon yourself for the very same reason they inflict pain upon themselves. For self-preservation!

So you have to tolerate pain in order to cure your OCD. A lot of pain. Real, emotional pain.

Is there something to hang onto to get you through this? Some thought, concept, idea, something!!!? Most of us, when we have experienced pain in the past, have dug down and/or up and gotten hold of a belief to get us through that pain. Exposure and response prevention is big league pain, so start digging.

It helps to face the fact that you are sick. Don't waste time thinking your OCD problem is just a personality trait. If your OCD has materially interfered with your life, you are sick, period. Now, with that out of the way, motivate yourself to work on your illness. To do this, call on your survival instinct, common to all living things. Get on it and ride.

One thing is for sure. Exposure and response prevention is not going to kill you. Oh, yes, you'll feel mortally wounded many times, but the self-inflicted, emotional wounds do heal. Eventually. Yes, eventually. Sometimes this healing takes a micro-second, sometimes days. Welcome to the world of tolerating emotional pain. Give yourself every edge, you're going to need it.

(Continued on page 5)

The intensity and duration of your anxiety will vary greatly depending on what you do for exposure and response prevention. Start with something that gets a low reading on your anxiety meter. Don't start hunting deer until you are successful with rabbits. You want to get a success momentum going, not start a frustration-ridden downward cycle of failure.

There is one thing for sure, however. Exposure and response prevention won't kill you. That's worth repeating, and we have. It may make you wish you were dead, but won't kill you. It will help to constantly remind yourself of this bit of truth as you start your exposure and response prevention program. And remind yourself of it again as you steel yourself and tolerate the waves of anxiety that wash over you as you proceed with exposure and response prevention. Keep reminding yourself of it as you ride out the waves, again and again and again, until your emotional seas are calm again. The hope lies in the fact that the waves won't be so high next time you choose to go swimming.

This is a good time to make the distinction between exposure's role in the cure of OCD and the role of exposure in the cure for phobias.

You often have to only swim once in your anxiety to cure phobias, but must swim in it every day for a long time to get rid of OCD. No one knows why. One ride in an elevator and the elevator phobia is dead. Touch a spider once and your bug phobia is all over. Not so for us OCD types. Yes, it's over and over again, with a gradual (but noticeable, thank heavens) decline in the anxiety we feel as we go. As long as we don't keep our OCD anxiety alive and well by responding to it in our OCD ways.

And don't forget, this exposure and response prevention business has to be real in order to work. Something that really makes you anxious. Depending upon what your brand of OCD is, write sloppy, throw something away, sleep in dirty sheets, preferably someone else's. Got it? And remember, don't respond by washing those sheets before you sleep in them.

Chapter Five

SELF PRAISE

Pat yourself on the back. I mean it. Reach over your shoulder and do it. Each and every time you do exposure and response prevention. This is the way to create a new you. A healthy you.

So what if other people might think our triumph of exposure and response prevention is no big deal. We know it is a very big deal, indeed. For us, throwing out that left-handed buggy whip instead of collecting it is a personal triumph of the highest magnitude. Why? Because it was so hard to do. To us, it was running the three minute mile.

(Continued on page 6)

Same for resisting the temptation to triple the amount of bleach we put in the clothes washer to get them "really clean". Ditto for not checking the route we just drove home from work to make sure we didn't hit someone or something with our car. And so on.

By not reacting in our OCD ways to our OCD anxiety, we are living heroically and we deserve a hero's recognition for it, if only from ourselves. And try not to be bitter about the spouse or friend or whoever who isn't celebrating with you. There are many significant others, as they're called in the counseling business, who would be the first to join in the applause if they fully understood our disorder and the tremendous effort required to overcome our impulse to react in our OCD ways to our OCD anxiety.

Here is some suggested self-talk for your victory celebration: "You did great, (insert your first name here), when you didn't go back out to the car just now to make sure you locked it. I'm going to let myself feel good about that. I'm going to let myself feel good about myself about that. Congratulations, (insert your first name again here)." Now you reach over your shoulder... come on, no one's looking. Even if they are, you can tell them you're just scratching your back. They'll never know.

CONCLUSION

My son Clark is grown up now, with a little Clark of his own. We've never discussed that terrible day in the car so long ago. I doubt if he fully comprehends my OCD, even now.

Don't expect anyone to. If they do, it's gravy. The important thing is, that we know what's wrong with us and do something about it, something that works. The simple concepts I've shared with you in this book have worked for me. Otherwise, I couldn't have produced *Never Say Never* in the short time it took me to write it.

You did something about your OCD by reading what I've had to say. I encourage you to go on and fight your disorder with everything in you until it is whipped, like I did.

Your loved ones will benefit, too, if you choose to carry on your own all-out war against your illness. What is good for us is good for all the Clarks around us.

But, most important, do it for you.

(Continued on page 7)

AUTHOR'S NOTE

The behavioral modification concept described herein has been used by many to best overcome OCD. That terrible thing that has happened to us that is not our fault. There are a number of other weapons available to us in our fight against the disorder. Other resources include medication and professional counseling. I have benefited some from both in years gone by. But the method set forth in this book did the most good for me and is the only approach that fits the self-help mode. I use the method, every day, to maintain my victory over OCD.

And, always, remember, you are not alone and there is hope.

Love,

Wally Green

NOTES FOR SELF-TALK YOU FIND HELPFUL:

*Better a mistake than
the paralysis of OCD.
W. G.*

Wally Green is a lawyer and administrative law judge who lost his career to OCD. He started the first OCD self-help group in Dearborn, Michigan, in 1989, and is the Founder of The OCD Foundation of Michigan. Wally continues to be an inspiration to all of us in the OCDFM.

"YOU CAN TAKE THE PILL BUT MAKE SURE TO CALL ME IN THE MORNING"

THE ART AND SCIENCE OF TELECONFERENCING FOR OBSESSIVE COMPULSIVE DISORDERS

by

Christian R. Komor, Psy.D.
OCD Recovery Centers of America

Obsessive Compulsive Spectrum Disorders (OCS) including OCD, Aspergers Disorder, Tourette's Disorder, Hypochondriasis, Compulsive Hoarding, Trichotillomania, and Body Dysmorphic Disorder are chronic and often debilitating bio-psycho-social problems. We now believe these disorders are likely to be genetically hard-wired in the brain (in the case of OCD the cortical-thalamic-striatal pathway of the basal ganglia) and can be affected by personality factors, immune system changes and hormonal fluctuations. For most patients a variety of practices and procedures are needed in order to reduce intrusive obsessive thinking and compulsive behavior, heal depression and restore self-care, relationship and other life skills.

While a broad-based recovery program is essential, the core of OCS recovery remains Exposure and Response Prevention (ERP), a form of cognitive-behavioral therapy in which the individual comes into *contact* with the thought, situation, person, or object they fear and remains in contact with the *feared stimulus* long enough for the brain to *habituate* to the stimulus. This is much like jumping in a cold lake of water and staying in the water long enough to become accustomed to it. Without taking the risk of exposure to feared situations it is impossible to really progress in the healing process. By doing so, on the other hand, brain imagery studies have shown us there is actual functional and structural healing the cortical-thalamic-striatal region of the brain – something that is impossible to produce through any other method - including medication.

Unfortunately, for many individuals with OCS, obtaining qualified treatment assistance may be difficult or impossible. There are too many patients needing treatment and too few practitioners available to meet this need. In addition, simply starting treatment is often a daunting task for sufferers under siege by their obsessions. In 2001 the **OCD Recovery Center** started a **Teleconferencing Cognitive Behavioral Therapy (TCBT)** program to link OCS sufferers in distant parts of the world with our clinic as well as to provide ongoing support for **Teleconferencing Program** and **Housecall Program** graduates. Since that time we have conducted hundreds of hours of **TCBT** with similar results to those obtained in the office. Now new research at the *University of Florida at Gainesville* confirms our experience that **TCBT** remission rates

(Continued on page 9)

are similar to those obtained in face-to-face behavior therapy (*Behavioral and Cognitive Psychotherapy*, 37(4): 469-474, 2009). Researchers Turner, Heyman and Furth found that 70% of their teleconferencing patients achieved “remission” and maintained this over a 12 month period.

TCBT can be combined with the use of video if the patient and practitioner both have this available via the Internet. The practitioner can instruct the individual in the specifics of video conferencing if they are not familiar with “web-cam” technology. This can be easily accomplished in 10 to 15 minutes by all patients with access to a computer, the Internet and a digital video camera (less than \$50 investment). We have found that videoconferencing is “the next best thing to being there”. Services such as MSN Messenger, Yahoo Messenger and Skype often include this service for customers. The addition of video allows the practitioner to see the physical objects and situations the patient is dealing with and even instruct the patient in specifics of the behavior therapy.

Patients often report that **TCBT** is more convenient and accessible than working in the counselor’s office. We have found that behavior therapy is most effective when conducted as close to the “epicenter” of the rituals as possible. This it makes intuitive sense that if the counselor is unable to actually come to the home of the patient, a telephonic visit may be the next best thing (and often times better than meeting in the counselors office). There are exceptions, however. Compulsive hoarders, for example, often seem to need the counselor to actually work with them in the hoarding environment.

Additional concerns or limitations to **TCBT** include obtaining insurance reimbursement for telephonic sessions and the legalities of practicing across State lines. The *American Psychological Association* has been working on these issues and such barriers to **TCBT** are being worked through.

A well planned **Teleconferencing Program** can be a wonderful opportunity to begin a recovery program or to jump-start an OC recovery process already underway. At the *OCD Recovery Center* we have found that any limitations of **TCBT** are far outweighed by the benefits obtained. **OCSD** sufferers no longer need to struggle alone in isolation.

*Christian R. Komor, Psy.D. is a nationally-known clinical psychologist, practicing since 1982. Chris combines over 20 years of clinical experience treating Obsessive Compulsive Spectrum Disorders (OCSD) with discoveries from his personal recovery from OCD. Sponsored by PESI Healthcare, he has trained thousands of professionals in over 100 cities around the US in optimal treatment methods for OCSD. Dr. Komor is the author of *The Obsessive Compulsive’s Meditation Book* (2000), *OCD and Other Gods* (2000), *The Power of Being* (1992) and nearly 2 dozen other books on OCD and related topics (most available at Amazon.com). Dr. Komor is the founder of the *OCD Recovery Center of America* which now offers Intensive outpatient Housecalls and Telemedicine services throughout the United States and abroad. Dr. Komor can be reached at dr.komor@gmail.com. His website is www.ocdrecoverycenter.com*

Is Using Technology To Treat OCD a Good Idea?

by

Janet Singer

*(This article appeared on the website **Psych Central** and can be found at psychcentral.com/lib/is-using-technology-to-treat-ocd-a-good-idea. rws)*

For people who are suffering for any reason, the Internet can offer ready-made support. Those with [OCD](#), for example, can visit blogs, forums, mental health sites, and individual health care provider sites dedicated to their disorder.

Now it seems things have gone one step further. A recent pilot study of the effectiveness of ICBT (Internet-Based [Cognitive-Behavioral Therapy](#)) shows promising results.

Twenty-three patients underwent a 15-week ICBT program “with therapist support consisting of psychoeducation, cognitive restructuring and exposure with response prevention. At post-treatment, 61% of participants had a clinically significant improvement and 43% no longer fulfilled the diagnostic criteria of OCD. The treatment also resulted in statistically significant improvements in self-rated OCD symptoms, general functioning and [depression](#).”

OCFighter, based in the United Kingdom, is a CCBT (computer-aided CBT) program that has been used widely for over six years. While it began as a phone-interactive voice response program that included a workbook, it is now in the process of being adapted to the Internet. Shown to be quite successful in multiple studies, OCFighter has been used in the United Kingdom, United States, and Canada.

The benefits of these ICBT programs are many. In the United Kingdom, where there is a one - to two-year wait to receive cognitive-behavioral therapy, OCFighter has the potential to help OCD sufferers who otherwise might just languish on a waiting list. For those who live in rural areas, have limited financial resources, or want complete privacy, this form of therapy could be a good option. Because ICBT is home-based with 24/7 access, the flexibility it affords decreases the need to deal with scheduling conflicts, babysitters, and travel time. And for those with OCD so severe they cannot leave their homes, ICBT could be a lifesaver.

As is often the case with the Internet, one site begets another. There are now apps that you can download to your iPhone to help you beat OCD. One such app is OCD Manager and is touted as “Cognitive Therapy in the Palm of Your Hand.” Another is iCounselor: OCD which will help you “learn skills to resist obsessions and compulsions.” My guess is there are more out there as well.

(Continued on page 11)

Both of these apps profess that they are not a substitute for professional help; they are tools to assist the OCD sufferer with Exposure Response Prevention Therapy, the cognitive-behavioral therapy commonly used in treating OCD. Of course, once ICBT becomes more well-known and widespread, it is likely that there will be many more sites popping up all over the Internet. As you would do before seeking any kind of treatment, it is of the utmost importance to check out the credentials of the sites or therapists you will be dealing with. The IOCDF is always a good place to start.

I do believe these various types of ICBT have their place in the treatment of OCD. But I have concerns as well. I know when my son Dan was battling severe OCD, he would not have had success with any ICBT programs. In fact, he was often not even able to use his computer or cell phone. I hate the thought of someone with OCD downloading an app, struggling with the program, and then writing off therapy altogether.

While OCFighter does involve a 30-minute screening interview with a therapist (either by phone or face to face) before beginning treatment, and there are ways to seek help from an on-call therapist, the OCD sufferers are, for the most part, on their own. And that, for me, is the biggest negative of ICBT. There are no therapists meeting regularly with clients, nobody actually looking the OCD sufferers in the eye, reading their faces or body language. There is nobody to regularly screen for coexisting conditions, or to talk with, listen to, or support those with OCD.

And so while there is no question there are positive aspects to ICBT, many professionals feel it should only be pursued if face to face therapy is not a realistic option. Because as effective as these ICBT programs may be, the bottom line is that they are not human. They cannot empathize, understand, or care about a person, and when someone is suffering, isn't that what they need the most?

Janet Singer's son Dan suffered from OCD so severe that he could not even eat. After navigating through a disorienting maze of treatments and programs, Dan made a triumphant recovery. Janet has become an advocate for OCD awareness and wants everyone to know that OCD, no matter how severe, is treatable. There is so much hope for those with this disorder. Janet, who uses a pseudonym to protect her son's privacy, is the author of [Overcoming OCD: A Journey to Recovery](#), published in January 2015 by Rowman & Littlefield. Her own blog, www.ocdtalk.wordpress.com, has reached readers in 167 countries.

Follow The OCD Foundation of Michigan on FACEBOOK



Always get the latest news and events. Go to our Facebook page,
www.facebook.com/pages/The-OCD-Foundation-of-Michigan/192365410824044
and click "Like".



A Personalized Mobile Treatment Tool for OCD

www.treatmyocd.com

nOCD is a smartphone and smartwatch app bringing technology into OCD treatment where patients need it most. Created by Stephen Michael Smith and Daniel Greenfield and launched in February 2016, it offers “cutting edge technology in the new generation of smartwatches to bring you on-the-go Exposure Response Prevention treatment and keep you synced with your specialists from anywhere in the world.” It offers the following features, as described on the website:

Discreet "On The Go" Help

OCD doesn't always strike at convenient times. With nOCD, you can do your Exposure Therapy anywhere, all while collecting data for smarter OCD treatment decisions.

Objective Data Collection and Analysis

While users are guided through Exposure Therapy, whether if it's On-the-Go Help or structured ERP Homework, nOCD automatically collects objective real time data including : biometrics, location, time of day and more! The app then helps analyze the data for better OCD treatment and Exposure Therapy decisions.

Structured, Daily, ERP Plans

Users can create an organized ERP plan, set reminders telling them when to start treatment, view custom prompts based on their trigger hierarchy, receive input from their therapist, and more!

Words of Wisdom

“Life is either a daring adventure or nothing. Avoiding danger is no safer in the long run than exposure.”
- Helen Keller

“Courage is resistance to fear, mastery of fear - not absence of fear.” - Mark Twain

“You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You must do the thing which you think you cannot do.”

- Eleanor Roosevelt

“Fear is a darkroom where negatives develop.” - Usman B. Asif

Fight Childhood OCD with GoHackify!

GoHackify! Is a Fully Animated Online Program. Supported by Research. Approved by Kids.

94% of people experience intrusive thoughts (according to science).

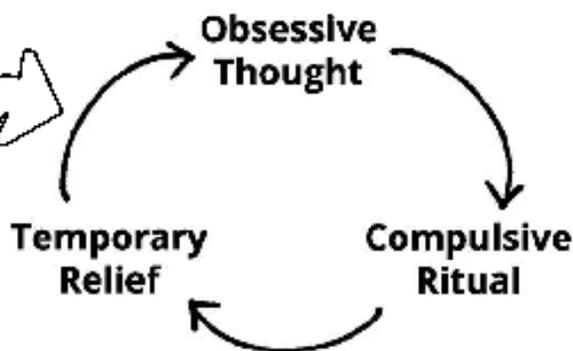
For **one in every 100 children**, these thoughts can be hard to ignore.

Kids engage in rituals to get rid of their anxious thoughts and feelings, *but this ultimately doesn't help.*

"I just need to wash once more."
"Let me check the lock again."
"My parents are in danger."



OCD is a vicious cycle.
Help your child break the cycle with **GoHackify!**



The GoHackify! online program comes with:

- 1) **Videos:** 26 Animations over 5 Modules
- 2) **Games:** GoPractice! Interactive Learning
- 3) **Kid Support Workbook:** 165 pages
- 4) **Parent Support Workbook:** 90 pages

www.GoZen.com/ocd/



SELF-HELP ON THE INTERNET



OCD Challenge is an on line, interactive, behavioral program designed to help people suffering from Obsessive Compulsive Disorder. The program was built by psychologists who are leaders in the field of behavior therapy and have a specialization in the area of OCD. OCD Challenge has three Modules: Assessment, Gaining Awareness and Intervention. Users will be guided through the Modules and taught skills and strategies for managing their OCD behavior. OCD Challenge uses the principles of exposure and response prevention (the treatment of choice for OCD) to help the user to confront and challenge their OCD. OCD Challenge is not therapy and there is not a therapist on the other end of the computer telling you what to do. Instead, OCD Challenge is a program built to interact with the user in a way that is interesting, useful, and moves the user toward change. ocdchallenge.com



nOCD is a smartphone and smartwatch app bringing technology into OCD treatment where patients need it most. nOCD was created by OCD patients for OCD patients driving every aspect of our mission. www.treatmyocd.com



GoZen! provides anxiety relief programs taught via animated videos. Kids watch entertaining cartoons to learn skills of resilience and well-being. In GoHackify!, we have gathered the latest and greatest research all across the board. From neuroscience, to mindfulness, to positive psychology and acceptance and commitment therapy, we have rolled up the best practices for fighting OCD into an engaging, powerful animated program for your kids. www.gozen.com/ocd



Live OCD Free is an interactive application designed to guide users through the only evidence-based treatment, Exposure and Response Prevention (ERP), for Obsessive Compulsive Disorder. Available now for the iPhone, this app functions as your personal pocket therapist, available to coach you through your battle with OCD. With one version for adults and another for children, this app will interactively help you set up your exposure hierarchy, set practice goals and rewards, provide you with tools to help you fight your OCD symptoms at any moment, and much more.



Tranquility is a personalized software application designed to help individuals coping with obsessive-compulsive disorder or anxiety. The app features virtual psychotherapy treatments that incorporate colorful visuals and soothing music. The user-friendly app also includes comprehensive information about OCD and links to reputable online self-assessments for measuring symptom severity. The three innovative virtual treatments of Tranquility are each modeled after clinical psychotherapies (ERP, anxiety management, CBT) and help users to manage symptoms even when away from the clinic. The application is designed as a supplement for traditional clinical therapy, serving as a useful tool for both patients and therapists.

StopPulling.com is an easy to use, online behavioral program designed to help individuals manage their trichotillomania. StopPulling.com is not therapy and is not intended to replace individual behavior therapy. It is an interactive behavioral program that will help you to identify situations associated with your pulling behavior, and will recommend strategies to help you to change those behaviors. ww2.stoppulling.com

StopPicking.com is an easy to use, online behavioral program designed to help individuals reduce unwanted skin picking, nail biting, and cheek and lip biting behaviors. StopPicking.com is not therapy and is not intended to replace individual behavior therapy. It is an interactive behavioral program that will help you to identify situations associated with your picking or biting behaviors, and will recommend strategies to help you to change those behaviors. ww2.stoppicking.com

PARTIAL HOSPITALIZATION PROGRAMS

There is a treatment option available for adolescents and adults in many areas that is often not known or considered by individuals who are struggling with OCD, anxiety, or depression. Partial Hospitalization Programs (PHP) are intensive programs offered by hospitals and clinics, and can benefit those who need more help than traditional outpatient settings can provide. They typically run five days a week, from 8 or 9 am to 3 or 4 pm, and can include group therapy, private time with a psychiatrist, art or music therapy or other activity time, and education programs. They usually include lunch, and some include transportation. Here, we list some of these programs for your information.

St. Joseph Mercy Hospital, Ann Arbor, MI

Adult Partial Hospitalization Program, 734-712-5850

www.stjoesannarbor.org/AdultPartialHospitalizationProgram

Adolescent Partial Hospitalization Program, 734-712-5750

www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram

Beaumont Hospital, Royal Oak, MI, 248-898-2222

www.beaumont.edu/centers-services/psychiatry/partial-hospitalization-program

St. John Providence Hospital, Southfield, MI, 800-875-5566

www.stjohnprovidence.org/behavmed/referral/

Oakwood Heritage Hospital, Taylor, MI, 313-295-5903

www.oakwood.org/mental-health

Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971

www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program

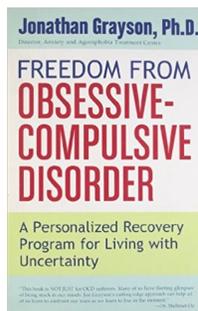
New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223

www.newoakland.org/mental-health-services/face-to-face-day-program.html

SUGGESTED READING

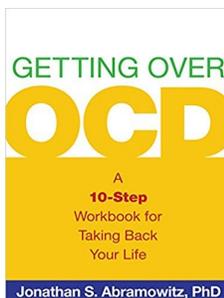


Timothy A. Sisemore, Ph.D.
*Free from OCD: A Workbook for
 Teens with Obsessive-Compulsive
 Disorder*
 Instant Help, 2010
 ISBN 978-1572248489

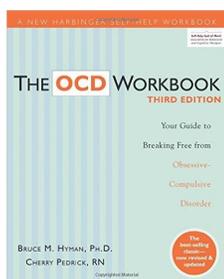
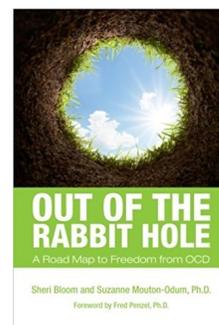


Jonathan Grayson, Ph.D.
*Freedom from Obsessive Compulsive
 Disorder: A Personalized
 Recovery Program for Living with
 Uncertainty*
 Berkley Trade, 2004
 ISBN 978-0425199558

Jonathan S. Abramowitz, Ph.D.
*Getting Over OCD: A 10-Step
 Workbook for Taking Back Your
 Life*
 The Guilford Press, 2009
 ISBN 978-1593859992

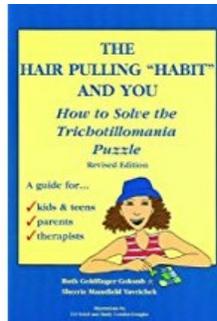
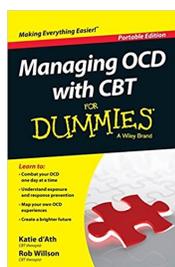


Sheri Bloom,
 Suzanne Mouton-Odum, Ph.D.
*Out of the Rabbit Hole: A Road
 Map to Freedom from OCD*
 Wonderland Press, 2013
 ISBN 978-0615779713



Bruce M. Hyman, Ph.D,
 Cherlene Pedrick, RN
*The OCD Workbook: Your Guide
 to Breaking Free from Obsessive-
 Compulsive Disorder*
 New Harbinger Publications,
 3rd edition , 2010
 ISBN 978-1572249219

Katie d'Ath, Rob Willson
*Managing OCD with CBT For
 Dummies*
 For Dummies; 1st edition, 2016
 ISBN 978-1119074144



Ruth Goldfinger Golomb,
 Sherrie Mansfield Vavrichek
*The Hair Pulling "Habit" and
 You: How to Solve the
 Trichotillomania Puzzle, Revised
 Edition*
 Writers Coop Of Greater Wash,
 2000
 ISBN 978-0967305028



*“Never fear the shadows, they simply mean there’s a
 light shining somewhere nearby.”*

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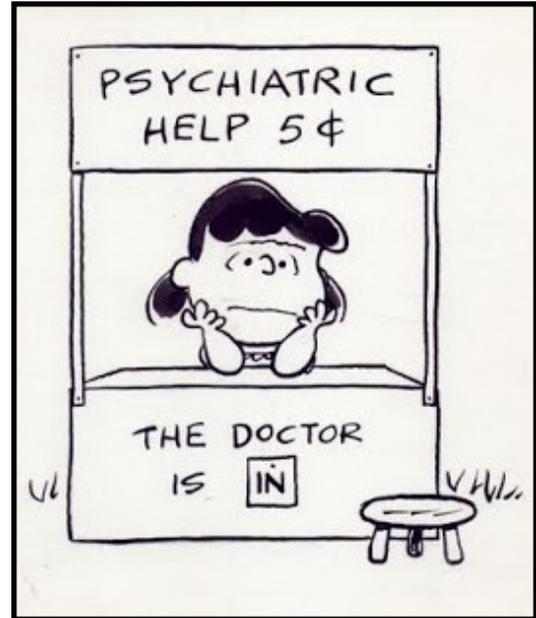
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PLEASE HELP

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 734-466-3105 or e-mail OCDmich@aol.com.

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May we send you newsletters, notices and announcements via e-mail? _____

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3/2017

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
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Livonia, MI 48151-6412