

NEVER say NEVER



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

Spring/Summer 2020

2020 IOCDF Conference Highlights

As we all know by now, the Covid-19 pandemic has fundamentally changed the way we do things. Everything in our reality has been re-framed as “the new normal.” We don’t go shopping, we buy online. Our kids don’t go to school, they engage in virtual learning. We don’t work out at the gym, we exercise to YouTube videos. We don’t go to meetings, we video-conference on Zoom.

The 2020 Annual Conference of the International OCD Foundation (IOCDF) was no exception. Instead of the big, beautiful extravaganza they hold each year in a different major city, this year’s conference was held entirely online. What made it extraordinary was that, in this format, the conference became accessible to many more people, people who have never attended, who would never have been able to attend a conference at all. The presentations this year were outstanding, all informative and well-presented. In this issue of *Never Say Never*, we will discuss two of our favorite sessions from the weekend. We will present more conference highlights in the next issue.

Support Groups Now on Zoom

The quarantines and lockdowns of the Covid-19 crisis have certainly interfered with our accustomed way of doing things. We can no longer hold in-person support group meetings, so on April 1st, we started holding some of them online using Zoom. This video-conferencing platform can be used from any computer, cell phone, or tablet. The silver lining in this is that our meetings are now accessible to anyone, from any location. Although for convenience we still refer to the groups as “Ann Arbor,” “Dearborn,” “Royal Oak,” and “Farmington Hills,” you can go to any, many, or all of the groups if you so desire. You don’t even have to be a resident of Michigan. Everyone is welcome. To receive the needed connection information, contact the group leader listed on page 3, or e-mail OCDmich@aol.com. Everyone stay safe and be well.

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

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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, 4:30 to 5:45 pm
A weekly support group open to teens aged 14-18
who have an anxiety problem.

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:

1st Monday, 7-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 944-0477
E-mail jvogler75@comcast.net

LAPEER:

DISCONTINUED

PETOSKEY:

DISCONTINUED

ROYAL OAK:

NOW, TWICE A MONTH!
1st and 3rd Wednesdays, 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 Kevin at (248) 302-9569
E-mail kevinkuhn2015@gmail.com

**DUE TO COVID-19, GROUPS ARE
NOT MEETING LIVE**

**MANY OF OUR GROUPS ARE
MEETING REMOTELY ON ZOOM**

**For connection information,
contact the group leaders or
e-mail OCDmich@aol.com**

OCD Isn't a Thought Problem, It's a Feeling Problem

The real culprit of OCD may not be what you originally thought.

Kevin Foss, MFT

It is not uncommon to hear an OCD sufferer make a comment such as “OCD thoughts are ruining my life,” or “I have to get rid of these thoughts!” This refrain is echoed by many of my clients who lament their unwanted, intrusive thoughts and the seemingly endless struggle to suppress, neutralize, and explain away their thoughts.

The common belief, whether explicit or implicit, is that the presence and content of the thoughts are the problem, and getting rid of them will restore hope, confidence, and happiness.

But OCD is not a thought problem — it's a feeling problem. In other words, if the thought did not have the accompanying painful feeling, you would ignore the thought, call it “weird,” and simply move on without compulsions or a second thought.

Allow me to unpack this as it may seem like what I'm saying is controversial or missing some important point about OCD.

Obsessive Compulsive Disorder is a condition marked by a pattern of unwanted, intrusive thoughts, feelings, images, sensations, or urges that take the form of a Feared Story. This story tells the sufferer of a potential, and as of yet fictional, outcome or truth about their actions, intentions, character, or future. This story, being completely unwanted, makes the sufferer feel an overwhelming sense of anxiety.

To deal with this anxiety and to get back to a sense of normalcy, confidence, and comfort, the OCD sufferer will then engage in overt or covert compulsive behaviors as an anxiety management strategy. Compulsions can include avoidance, reassurance seeking, mental review, rituals, and other repetitive acts. Once done, the sufferer gets a false sense of security that unfortunately reinforces the anxiety cycle.

OCD's deception is that you have to struggle with and resolve the content of the thought. You have to clarify, rectify, and examine the thoughts to determine whether they are true or false. For example, the contamination OCD sufferer believes he must be sure that his hands are fully clean, or at least clean enough, before they can interact with anyone.

In the brief overview of the OCD cycle above, you likely noticed that I mentioned thoughts and feelings. Wouldn't this suggest that OCD is both a thought *and* a feeling issue? Yes, but in practice not really. People with OCD often get wrapped up in three potential issues; the trigger, the feared story, and the feeling. Ultimately, freedom from OCD requires you to face down the feeling, because OCD is a feeling problem.

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OCD Isn't a Thought Problem
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The Trigger

OCD can be triggered by almost anything, including things we see, random thoughts we have, sensations we experience, and objects we encounter. Everything that you and I will ever encounter, think, feel, or experience is neutral until we place some value upon it. Meaning it is neither good nor bad, right nor wrong. Is a knife good or bad? It can be used to open a letter, but it can also be used to open a person. How about therapy? It is both good and bad. It can bring about profound positive life transformation, but it can also be emotionally draining, time-consuming, and costly.

Likewise, triggers to one's fears are also neutral. Yet those with OCD and anxiety disorders exaggerate the meaning and importance of triggering thoughts or images as they relate to the Feared Story.

Each fear has any number of neutral associations. Remember the knife example? It doesn't have just one meaning or significance. A knife can conjure thoughts of cooking shows. It can cause someone to think of their dad's fishing knife or Julius Caesar. The thought of a knife can also spark thoughts of suicide, harm, or crime.

If you blame the trigger (i.e. the feared thought or object) and label it as the problem, you are being misdirected. OCD, and the history of repeated compulsions, exaggerate the importance of a select number of mental associations. Over time, the other neutral or positive associations are downplayed or ignored leaving the feared associations as seemingly the only associations for these thoughts or experiences.

When you scapegoat the trigger as the problem, you believe minimizing your contact with it will make the obsession about it go away. Unfortunately, avoiding the trigger leads to isolation and reinforces the false notion that the trigger is the problem, resulting in greater fear of the trigger and the feared story it spawns.

The Feared Story

Our brain tells us stories all day. Some we like. Some we don't. OCD tells us stories too, and they are catastrophic, threatening, and at odds with who we are. These Feared Stories are a combination of distorted thoughts and mental images about the result of actions, one's character, or an inevitable future that concludes in something terrible.

Some people blame the Feared Story as the problem within OCD. They think that if they were

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to simply get rid of the thoughts, think the opposite of the thought, prove that the thought is wrong, or simply “just think right” that their OCD would evaporate. They believe OCD is a thought problem.

To their point, treatment for OCD and anxiety disorders commonly begins by challenging the feared story using rational thought to develop a broader, reality-based view of the fear. This exercise helps the sufferer develop confidence that their intrusive thoughts are likely irrational, overvalued, and not deserving of excessive and exhausting compulsive responses.

When I challenge the Feared Story in session, my clients are quick to point out how their Feared Story is wrong. They usually say, “I know this doesn’t make sense,” then proceed to point out all the reasons why it doesn’t make sense, and they are right!

For example, a client with Pedophile OCD (POCD) might say, “I’m not a pedophile because I’ve never been attracted to a child in the past. I’ve never wanted to do anything sexual with a child. Whenever I have the thought about molesting a child, I always get anxious and have never felt feelings consistent with my typical feelings of attraction when I think about adults.”

Generally speaking, people with OCD are capable of combating their feared thoughts with rational alternatives. However, compulsions exist because a feared thought comes with, or takes the form of, an uncomfortable and unwanted feeling that overwhelms the sufferer.

Despite developing a list of rational observations and objections to the Feared Story, it does nothing long term because the issue has never been a matter of “right thinking,” but of an intolerance of the feeling brought on by the Feared Story.

The Feeling

Here is the actual problem of OCD. The feeling. More specifically, it is the feeling that makes you engage in compulsive behavior, which subsequently reinforces the OCD cycle. Chasing down and embracing that feeling with a welcoming and accepting posture desensitizes you to the feeling over time. Conversely, if you are unwilling to feel the feeling, but instead rely on compulsions and avoidances, desensitization cannot happen.

Remember, we are able to acknowledge that the trigger is neutral, and has a number of alternative associations. Additionally, we are very capable of telling ourselves why the Feared Story is irrational and wrong. However, we are unable to convince ourselves to not feel something because feelings are largely out of our control.

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A True Gift From the Heart

The OCD Foundation of Michigan recently received an incredibly generous gift from the estate of Rose G. Boy, who passed away earlier this year. We are overwhelmed by the bequest, and wish to express our profound gratitude to Rose and her family for thinking of us and supporting our mission. These funds will allow us to expand our reach and enhance our programs to benefit the OCD Community in the State of Michigan. Thank you, thank you for your generosity.

OCD Isn't a Thought Problem *(Continued from page 6)*

While not bad or wrong, feeling anxiety in an OCD moment is unwanted. Typically speaking, we say anxiety feels bad, but it by itself is not “bad.” It is an unwanted feeling state at the moment you’re feeling it. When we ride a roller coaster or see a horror movie, we expect to feel butterflies in our stomach, feel our heart racing, and feel jumpy. You know, anxiety feelings. But in this context, we paid good money for the experience! So, the feeling itself is not bad, just unwanted at that moment and inconsistent with the level of actual risk.

Similarly, when it comes to OCD, sometimes the feeling isn’t just anxiety, but sadness, loneliness, anger, apathy, or emptiness.

The goal of Exposure and Response Prevention treatment is to intentionally feel this feeling, acknowledge this inconsistent emotional response, and let it remain without compulsive behaviors until it passes. Remember, it will always pass.

Counterintuitively, your job in Exposure and Response Prevention is to engage the feeling. It’s the enemy and the problem. The solution is to show that you’re stronger than it by calling its bluff that the feeling is heralding in something terrible and that you are not strong enough to shoulder the uncomfortable experience. You are strong enough, and the terrible outcome probably is not coming. Stand firm and let the storm pass.

Feel the Pain, See the Results

If you are not ready to do this, you are going to have a hard time overcoming your anxiety. But you can start small, and progressively work up. If you are consistent and keep pushing yourself, you will eventually find more mental and emotional strength and freedom.

*This article appeared on psychologytoday.com on December 27, 2019, and can be found here:
www.psychologytoday.com/us/blog/stronger-fear/201912/ocd-isn-t-thought-problem-it-s-feeling-problem*

R.A.I.N. Practice for OCD

by
Kevin Kuhn

Today we are discussing a very valuable mindfulness tool called RAIN. It can be a super helpful way to manage strong emotions and sensations. RAIN can help manage OCD, anxiety and panic as well as anger, shame, guilt, sadness, depression and pain. It is also a very helpful tool for strong hair pulling or skin picking urges. You can use this R.A.I.N. method anytime you are feeling stressed, overwhelmed or out of touch.

"RAIN directly de-conditions the habitual ways in which you resist your moment-to-moment experience. It doesn't matter whether you resist what is by lashing out in anger, by having a cigarette, or by getting immersed in obsessive thinking. Your attempt to control the life within you and around you cuts you off from your own heart and from this living world." Tara Brach

1. RECOGNIZE what is happening in the present moment.
2. ACCEPT (allow) your experience to just be as it is.
3. INVESTIGATE your inner experience with kindness.
4. NON-IDENTIFICATION (nurture) You are only the observer of your experience.

Recognize:

It sounds simple on an intellectual level, but for the unacquainted, this can often be the hardest step. And it starts the minute you turn your attention on those thoughts, emotions or feelings.

- The idea of catching an OCD thought and recognizing it as such can be a new concept, but it is a crucial place to start. If you don't recognize that you have been triggered by OCD then you are very likely to fall into compulsions.
- Take a moment to recognize that a strong emotion is present and gently turn TOWARDS what you're experiencing in an open and non-judgmental way.
- Just notice the obsession (thoughts, feelings, sensations, images, or urges).

It can be helpful to mentally name it, for example, "I am feeling triggered about X" or "I am feeling overwhelmed with this OCD thought." This recognition of what your

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feeling, opens inner space and brings you into full contact with yourself and the actuality of the present moment. Often, we are so REACTIVE that we don't stop to notice if there might be another solution or another way to respond. We stop to recognize things for how they really are.

Accept (allow):

Accepting or allowing means to "let it be as it is." It is the acknowledgement and acceptance of your present moment reality. Allowing doesn't mean we have to like the situation. It means we aim to soften (or drop) our mental RESISTANCE to what is happening. The reason this is so important is because we often have the unconscious impulse to push away, suppress or ignore difficult emotions, which is called aversion. Aversion usually leads us to perform our rituals in an attempt to change the way we are feeling. When we engage in an inner struggle in these ways, we unknowingly create more suffering and tension and exacerbate our OCD. In this unconscious struggle we also tend to get "caught up" in our thoughts and emotions; therefore we are more likely to react (perform compulsions) rather than being able to choose a conscious response. By allowing, we're able to bring an inner "yes" to our present moment experience. You may notice almost immediately a sense of softening and ease around the emotion. Recognize that you're feeling a certain way, and then accept that it isn't going to unhinge your entire circumstance or being.

- First, start by saying "YES"
- Do not fight that this is what is happening.
- By allowing the feeling you are not denying it. Make room for it in your mind.
- By allowing, you are also not invested in its removal or exit. You are staying present.

An example of allowing and accepting is, "I am going to allow the sensations of anxiety in my body right now. I am going to just allow it to come and go, I know it won't last forever. I trust the process and I don't have to fight OCD anymore."

Investigate:

Now that you have recognized and allowed this emotion you can choose to investigate it. You may not always feel you can or want to do the "I" step, especially if you are

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new to any type of exposure and response prevention (ERP). Feel free to move on to the “N” step if that is the case.

Step three can be understood in one word: curiosity. Not something you would normally associate with managing OCD discomfort, right? Investigation means calling on your natural interest to direct a more focused attention on your experience.

- When we investigate, we take note of what is going on.
- We become aware of the real details.

It is IMPORTANT to know that this does NOT mean that you should be thinking about the perceived problem. This does not mean that you should be trying to figure out the perceived problem. Using the I of RAIN, you would investigate what it feels like in your body and mind to have that thought. You would NOT investigate the validity of that thought.

Let's say you have the OCD thought “What if I go crazy and go on a shooting rampage” (a typical harm OCD thought). Before using this tool, you might immediately feel anxious, and then go into a long process of trying to get rid of that thought (resistance through mental compulsions) and find proof that you would NEVER EVER, EVER do such a thing. You might spend hours going over and over in your head if that would appeal to you or if others would think you are capable of such an act.

Using RAIN, the goal would be to Recognize (step 1), “Oh, this experience is here again”. Then, work on Accepting and Allowing (step 2) that experience to be present. Using Investigate (step 3) one would then investigate what sensations come along with this experience and allow them to be and subside over time. “Do I notice that this feeling immediately makes my heart begin to race?” Investigate is about asking yourself, “what's going on for me right now? “How does this feel in my body in this moment?”

Non-Identification and Nurture:

In this step of R.A.I.N, you turn your attention to the simple realization that YOU are not your mind, your OCD thoughts, nor are you your emotions. You are the awareness that is always there underneath every thought, emotion and sense perception.

Non-identification means that your sense of who you are is not fused with or defined by your thoughts and emotions. This brings about a natural sense of freedom and ease. It gives a sense of having peace in the middle of it all. No matter how intense and painful

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R.A.I.N. Practice for OCD
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the emotional storm, there is always a part of you which is still, silent and untouched.

- Non-identify is the act of not taking the experience personally.
- When we are uncomfortable, we often identify with the emotion.
- If you felt anxiety, you might say, “I am an anxious person”. Instead, say, “I am anxious in this moment” or even better is. “There is a lot of anxiety here”
- If you feel sad and depressed, you might non-identify by stating, “I notice sensations of sadness” instead of, “I am depressed.”
- A trick here is to notice if you ever label yourself as one thing. We are never one emotion or one identity. Our work is to not put ourselves in an identity.

You also engage in self-compassion (nurture) by recognizing that you just responded to a very difficult situation in the most therapeutic way possible. Steps 1-3 were the “work”, now you should take time to reflect on your true nature and practice self-compassion.

- Statements to yourself such as “I’m here for you”, “I’m proud of you”.
- Putting your hand on your chest or giving yourself a hug can be extremely helpful.
- Recognize that the triggering obsessions were like passing clouds in the sky. Your true nature is clear, like the clear blue sky behind the clouds. Do not accept the clouds as who you are.
- Clouds and storms always pass, but the clear blue sky of your true essence remains.

Kevin Kuhn is the leader of our Royal Oak OCD support group, which meets on the first and third Wednesday of every month. Kevin inspires us with his story of his own journey to healing from severe OCD using exposure and response prevention (ERP) and embracing mindfulness and meditation. Kevin is also a valued member of The OCD Foundation of Michigan Board of Directors.



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



Session Highlights

Don't Try Harder, Try Different

Patrick B. McGrath, Ph.D.
President, Anxiety Centers of Illinois

Reviewed by
Roberta Warren Slade

The conference program described this presentation as follows:

"Don't Try Harder, Try Different (DTHTD) is a stress management approach to challenging OCD. Since day-to-day stressors can have an influence on OCD, learning basic ways to challenge stressors can help to decrease OCD flare-ups. Be you a person with OCD or a friend or family member, the goal of DTHTD is to review 1: Common themes seen in stress and OCD, 2: Identification and elimination of safety seeking behaviors, and 3: Bringing some fun and humor back in your life, since OCD tries to rob you of that."

When we think of the things that most likely cause us fear, they will typically be seen as threats to the integrity of our physical, mental, social, or spiritual status. They will tend to be fed by one or more cognitive distortions based on perceived SEVERITY ("It will be the worst thing in the world and I might die"), PROBABILITY ("It will definitely happen, no question"), and EFFICACY ("I will not be able to handle it").

Dr. McGrath goes on to explore our common conception of the word "should." We always think of it in the negative (must, always, have to, need to). When have we ever used the word "should" to describe something that went well? "Should" is really only an opinion that does not have to define our actions. Really, does everything in our lives have to hit the bullseye every

time?

Can't vs Won't

The thought of confronting our OCD fears can be terrifying, and we end up saying "I can't." But, as Dr. McGrath points out, if you say you can't do something, then that's exactly what's going to happen, and if you can't do it, then no therapist or medication will ever be able to help you. But "can't" only refers to a lack of ability to do something. Dealing with stress or facing your anxiety isn't about something you **can't** do, but about something you **won't** do.

The Myth of Perfection

There is no such thing as perfection. It does not exist, and it doesn't make sense for us to try to pursue it. A perfect pitcher will strike out every batter he faces, and a perfect batter will hit a home run with every swing. So what happens when the perfect pitcher meets the perfect batter? It can't happen. Yet our OCD minds will not let us accept anything less than perfection.

So how are we to resolve this paradox? We often hear the phrase "Practice makes perfect." Dr. McGrath suggests we think instead "Practice makes **routine**." Aim to create a routine that works for you, one that does not require perfection. The goal of therapy is to help modify those routines that are not working for you.

Worry and Control

OCD makes us think that we can control the events around us, and it does so by inducing worry. OCD worry serves one of two functions: (1) if I worry about something enough, I can prevent it from happening, or (2) if I worry about everything bad that might happen, then I can be prepared for everything bad that might happen, so then I won't need to worry about it anymore. But such control is only an illusion and has no basis in reality.

Everything we encounter in our experience is,

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in fact, subject to our own perception. When we experience OCD worry, we actually might logically recognize that it is an unrealistic fear, one which other people can navigate without a second thought. But OCD has endowed us with a peculiar sense of “specialness.” The rules of the world apply to us differently than they do to the other 8.5 billion people that live on the planet. Thus OCD convinces us that *we* should be worried even if no one else is. The goal of therapy, then, is to help change our perception.

The things that we do to overcome our OCD stress, anxiety, and fear take the form of avoidance, reassurance seeking, distraction, substance abuse, or compulsions. These actions are taken in an effort to find relief but, as we find out, this relief is only sort-term, after which the OCD thought returns even stronger. We seek to find,

instead, a response that will provide long-term relief.

The fact is that you will never, stress never, win an argument with OCD no matter how hard you try. So the secret is not to try harder, but to try *different*, that is, avoid the argument altogether. Don’t change the thought, change the *behavior*. Thus, the aim of exposure and response prevention (ERP) is not to banish the thought, but to learn to tolerate it, to live alongside it without allowing it to control your behavior.

Dr. Patrick McGrath wears many hats. He is the Head of Clinical Services for nOCD, a platform for tele-health treatment of OCD. He is also the Lead Psychologist with AMITA Behavioral Medicine Institute, the President of the Anxiety Centers of Illinois, and President of the IOCDF affiliate OCD Midwest.

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

“Feel the fear and do it anyway.” - Susan Jeffers

“The cave you fear to enter holds the treasure that you seek.” - Joseph Campbell



Session Highlights

What is Inhibitory Learning Theory and How Does it Apply to OCD Treatment?

Jennifer L. Buchholz, MA
University of North Carolina
Chapel Hill

Reviewed by
Roberta Warren Slade

The conference program described this presentation as follows:

"Jennifer Buchholz will describe inhibitory learning theory and its applications to OCD treatment. She will offer examples and strategies for optimizing inhibitory learning during treatment, such as designing exposures to maximize surprise, introducing variability, labeling emotions during exposures, and strategically using cognitive techniques. Jennifer will teach participants new ways to get the most out of OCD treatment."

Jennifer begins by providing a basic definition of exposure and response prevention (ERP): "Repeated confrontation with feared situations and thoughts without the use of compulsions", with "exposure" equating to confronting obsessional cues, and "response prevention" to breaking the link between obsessions and compulsions. She notes (citing Jon Abramowitz) that ERP is effective for about 80% of individuals who complete treatment. Can there be room for improvement? How can we optimize this treatment?

She suggests that we think about what mechanisms are at play during ERP, and offers two theories about how ERP works. The first is Emo-

tional Processing Theory, which facilitates corrective learning by replacing fear-based associations with safety-based associations (the thing we thought was dangerous is actually safe), leading to habituation evidenced by a reduction of SUDS (subjective units of distress). But, she asks, does habituation really matter? Is it a reliable predictor of long-term outcome? Emphasizing habituation, she says, can give an implicit message that anxiety is unsafe or intolerable, or lead to a misinterpretation of future anxiety as a sign of danger or relapse.

She offers that successful outcomes can occur even *without* habituation, utilizing the second approach, Inhibitory Learning Theory. In this construct, fear-based associations are not *replaced*, but rather *inhibited* by new safety-based associations. That is, whereas the goal of exposure in Emotional Processing is to remain in the situation until the anxiety subsides, the expectation being that the anxiety will go down over time, in Inhibitory Learning it is to remain in the situation until the patient no longer expects catastrophe, so that he learns to *tolerate* anxiety, no matter the duration or intensity.

To accomplish this, the exercise is set up to: (1) frame exposures to violate negative expectancies; (2) introduce variability wherever possible; (3) combine multiple fear cues; and (4) enhance learning with affect labeling. All this is to set the stage for a "mismatch" between expectation and reality. Learning is enhanced by the element of "surprise," so the objective is to maximize surprise, not reduce SUDS. *Before* exposure, the patient is asked to identify his negative prediction, the level of anticipated distress, and the length of time she can persist, or resist safety behaviors. *After* the exposure, the patient is asked to summarize what he or she learned, then explicitly contrast the predicted and actual outcomes. Ideally, the anticipated outcome is not as likely as thought, the anticipated outcome is not as awful as thought, and anxiety/uncertainty are found to be safe and tolerable.

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 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.org/services/psychiatry

Henry Ford Health System, 313-640-2637

www.henryford.com/services/behavioral-health/mental-health/outpatient/partial-hospitalization

New Oakland Family Centers, 800-395-3223

newoakland.org/programs/face-to-face-php

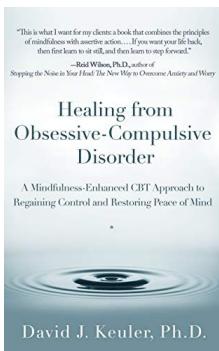
University of Michigan Department of Psychiatry, 734-764-6880

medicine.umich.edu/dept/psychiatry/programs/adult-partial-hospitalization-program

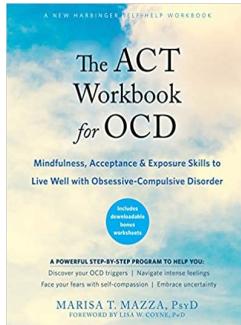
**** PLEASE NOTE: These programs can provide extended support and skills building, but they are not specifically designed to treat OCD. They might not have OCD specialists and they don't do ERP.**

Updated 9/15/20

SUGGESTED READING

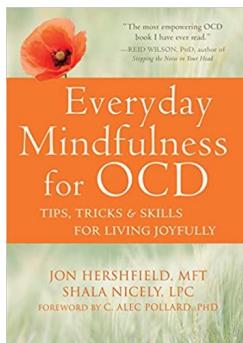


David Keuler, PhD
Healing from Obsessive-Compulsive Disorder: A Mindfulness-Enhanced CBT Approach to Regaining Control and Restoring Peace of Mind
Guillon Press, 2019
ISBN 978-1734344806



Marissa T. Mazza, PsyD
The ACT Workbook for OCD: Mindfulness, Acceptance, and Exposure Skills to Live Well with Obsessive-Compulsive Disorder
New Harbinger, 2020
ISBN 978-1684032891

Jon Hershfield, MFT
Everyday Mindfulness for OCD: Tips, Tricks, and Skills for Living Joyfully
New Harbinger, 2017
ISBN 978-1626258921



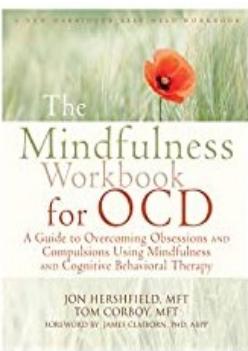
Jonathan Grayson, PhD
Freedom from Obsessive Compulsive Disorder: A Personalized Recovery Program for Living with Uncertainty, Updated Edition
Berkley, 2014
ISBN 978-0425273890

Jonathan Grayson, PhD
Director, Grayson LA Treatment Center for Anxiety and OCD

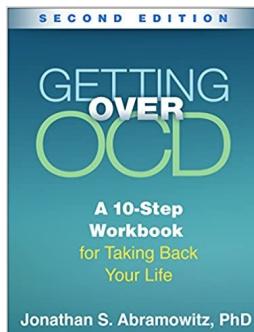
FREEDOM FROM OBSESSIVE-COMPULSIVE DISORDER Updated Edition

A Personalized Recovery Program for Living with Uncertainty

"This book is NOT JUST for OCD sufferers. Many of us have fleeting obsessions. If you're like me, you've had them since childhood. This book shows us how all of us learn to confront our fears as we learn to live in the moment." —Adam DeVay



Jon Hershfield, MFT
The Mindfulness Workbook for OCD: A Guide to Overcoming Obsessions and Compulsions Using Mindfulness and Cognitive Behavioral Therapy
New Harbinger, 2013
ISBN 978-1684033706



Jonathan S. Abramowitz, PhD
Getting Over OCD, Second Edition: A 10-Step Workbook for Taking Back Your Life
Guilford Press, 2018
ISBN 978-1462529704

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PROFESSIONAL DIRECTORY

Antonia Caretto, Ph.D., PLLC

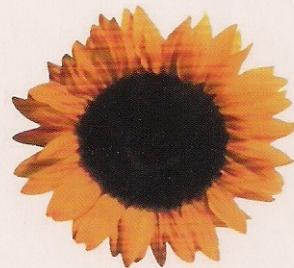
Licensed Clinical Psychologist
www.BetreatedWell.com
(248) 553-9053

Office hours by appointment
25882 Orchard Lake Road #201
Farmington Hills, MI 48336

P.O. Box 2265
Dearborn, MI 48123

Laurie Krauth

MA, PLC
Psychotherapist



2002 Hogback Road, Suite 15
Ann Arbor, MI 48105

(734) 973-3100
LKrauth@comcast.net

James A. Gall, Ph.D., L.P.
Founder/President

EXCELSIOR
PSYCHOLOGICAL SERVICES, PLC

11111 Hall Road, Suite 105
Utica, Michigan 48317-5799
P: 248.656.5003 F: 248.656.5004 C: 810.543.1050
excelsiorpsych@gmail.com
www.excelsiorpsych.com

JESSICA PURTAN HARRELL, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST
(248)767-5955

33493 W. 14 MILE RD.
SUITE 130
FARM HILLS, MI 48331

DRJESSICAHARRELL@GMAIL.COM
WWW.MI-CBT-PSYCHOLOGIST.COM

Laura G. Nisenson, Ph.D.
Licensed Psychologist

425 E. Washington
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COULD BE HERE!**



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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.

*The OCD Foundation of Michigan
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May we send you newsletters, 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
P.O. Box 510412
Livonia, MI 48151-6412

9/2020

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