

NEVER say NEVER



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

Summer 2004

CONFERENCE & LUNCHEON & HELP, OH MY

INFORMATION. That's the name of the game when it comes to OCD or any of its sister disorders. The more information we have, the more understanding we gain, the better equipped we are to "fight the good fight". But where do we find such information?

CONFERENCE. The OC Foundation's recent national conference in Chicago was a treasure trove of information. Featuring the top experts in OCD treatment and research, the conference offered sessions on new medications, deep brain stimulation (DBS), cognitive behavioral therapy (CBT), progressive mindfulness, relapse prevention, family issues, social phobia, and much, much more. We will be summarizing some of these presentations in future issues of *Never Say Never*.

LUNCHEON. If you've ever attended one of our Rainbow Luncheons, you know that these are very special events. We gather together as friends and kindred spirits for good food, education, and



mutual support, and **RAINBOW LUNCHEON 2004 WILL BE BETTER THAN EVER.** On Saturday, October 2nd, we will be treated to a presentation by two of the foremost OCD experts in the State of Michigan. In a talk entitled

"EASIER SAID THAN DONE", Drs. Antonia Caretto and Jessica Purtan Harrell will speak on "Obstacles to Treating OCD." See the flyer attached to this newsletter and SAVE THE DATE. That's Saturday, October 2, 2004, 11:30 at DeLuca's Restaurant in Westland.

HELP. Finding help in dealing with our OCD can be a daunting task, to say the least. Look inside for our list of Self-Help Groups, and for a special article by Dr. Fred Penzel on how to find the right therapist by asking the right questions. A new feature in *NEVER SAY NEVER* is our **PROFESSIONAL DIRECTORY**, in which you will find business cards for therapists who have expressed an interest in treating individuals with OCD. You will also find a fascinating article by Dr. Christian Komor focusing on the many characteristics that act either separately or collectively to define our OCD.

SEE OUR NEW PROFESSIONAL DIRECTORY ON PAGE 14.

OCD SUFFERERS: FIND A THERAPIST

THERAPISTS: ADVERTISE WITH US

THE OCD FOUNDATION OF MICHIGAN

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NEVER say NEVER

is the quarterly newsletter of the OCD FOUNDATION OF MICHIGAN,
a 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:

2nd Wednesday, 6:30-8:30 PM
Washtenaw County Community
Mental Health
Call Mary Jo at (734) 761-9167

DEARBORN:

1st Thursday, 7-9 PM
First United Methodist Church
Garrison and Mason Streets
Call (313) 438-3293

FARMINGTON HILLS:

1st and 3rd Sundays, 1-4 PM
Trichotillomania Support Group
Botsford Hospital
Administration & Education Center,
Classroom C
28050 Grand River Ave. (North of 8 Mile)
Call Bobbie at (734) 522-8907

FLINT:

1st and 3rd Thursdays, 7-9 PM
Perry Center
11920 S. Saginaw St.
Grand Blanc
Call Mario at (810) 743-8508

GRAND RAPIDS:

Every other Tuesday, 7-9 PM
OCD and other Anxiety Disorders
Dominican Center, Marywood Campus
Fulton Street
Call Mike at (616) 957-5119

HOLLAND:

For information, call:
Geraldine at (616) 335-3503 or
Tony at (616) 396-5089

LANSING:

1st and 3rd Thursdays, 7:00-9:00 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 485-6653

ROYAL OAK:

1st and 3rd Tuesdays, 7-9 PM
St. John's Episcopal Church
115 S. Woodward at 11 Mile
Call Cyndi at (248)-541-0782

SPRING LAKE / MUSKEGON / GRAND HAVEN:

1st and 3rd Mondays, 7-9 PM
Spring Lake Wesleyan Church
Classroom E-111
Call Pam at (231) 744-3585

CLEVELAND, OHIO:

2nd and 4th Thursdays
Call Mary Ann at (440) 442-1739

ONLINE SUPPORT

OCD-Support (<http://health.groups.yahoo.com/group/OCD-Support>)

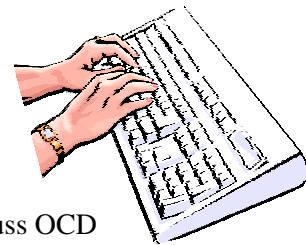
This is a very large and well-connected support group. Among its many members are doctors and treatment professionals who respond to questions.

OCD-Family (<http://groups.yahoo.com/group/OCD-Family>)

This is a mailing list for the loved ones of OCD sufferers, a safe place to discuss OCD and the way it affects the family as well as the sufferer. Its purpose is to help learn new ways of dealing with OCD from a second-hand perspective and to learn how to help our loved ones. It is asked that OCDers themselves not subscribe to this list.

Organized Chaos (<http://www.ocfoundation.org/1000>)

For teenagers/young adults only, this is a site for learning about OCD from each other, and from treatment providers.



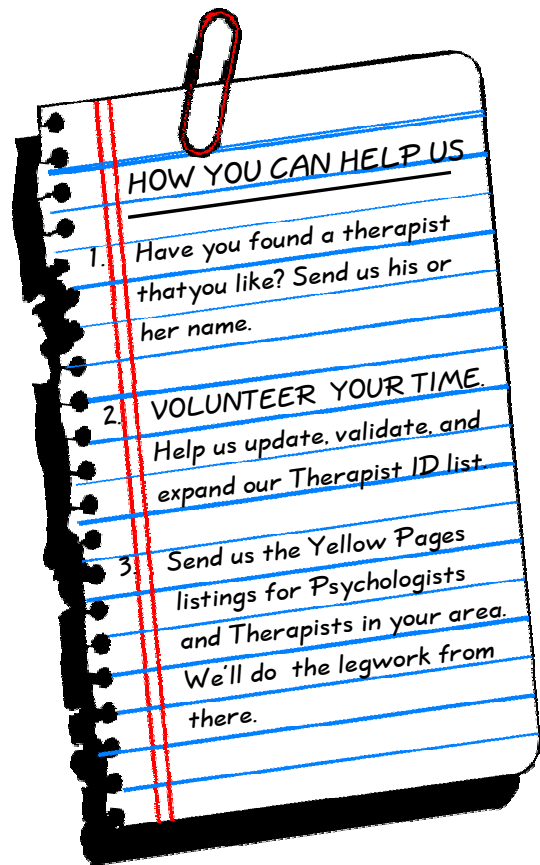
HOW TO FIND PROFESSIONAL HELP

Let Your Fingers Do the Walking
(Then ask the right questions)

“Can you recommend a therapist in _____?”
You fill in the blank. “Traverse City”, “St. Joseph”,
“Sault Ste Marie”? The sad fact is, we don’t know
all the therapists in the State of Michigan who are
knowledgeable and experienced in OCD treatment.
We know a lot of them in Metro Detroit, a few in
outlying areas. But when the question comes to me,
I often don’t have an answer.

So what do I tell people who are desperately seek-
ing help? Go to the Yellow Pages? Well, yes.
You’ve got to start somewhere. On the internet,
too, there are several sites that can provide a list of
therapists in your area. Check out the Association
for the Advancement of Behavior Therapy
(www.aabt.org), the Anxiety Disorders Association
of America (www.adaa.org), the National Alliance
for the Mentally Ill (www.nami.org), or the Na-
tional Association of Cognitive-Behavioral Thera-
pists (www.nacbt.org). There is also a psychologist
search at the *Psychology Today* website
(www.psychologytoday.com).

Once you find the names of therapists in your area,
how do you choose the right one? For the answer to
this I turned to Dr. Fred Penzel, one of the foremost
experts in the field. Turn to page 5 for his article on
“Getting the Right Treatment for an Obsessive-
Compulsive Disorder.” In it, he tells you what to look
for and, more importantly, what questions to ask a
prospective therapist. For more of Dr. Penzel’s won-
derful insight into the world of OCD, you can read his
many articles on the subject at
www.homestead.com/westsuffolkpsych/Articles.html.



SEE OUR NEW PROFESSIONAL DIRECTORY ON PAGE 14.
OCD SUFFERERS: FIND A THERAPIST
THERAPISTS: ADVERTISE WITH US

GETTING THE RIGHT TREATMENT FOR AN OBSESSIVE-COMPULSIVE DISORDER

By Fred Penzel, Ph.D.

Whenever you get the name of a behavioral therapist or psychiatrist, whatever the source, be sure to check out the practitioner's credentials and level of knowledge and experience. Don't be afraid to conduct a mini-interview with them when you call. You have the right to assertively question their ability to help you. Be sure to ask the following types of questions when you call the practitioner:

1. "What degrees do you hold and are you state licensed?" (Avoid the unlicensed as they are unregulated, uninsured, and you will have no protection if you feel you have not been treated properly.)
2. "Do you specialize in OCD (or Body Dysmorphic Disorder, Trichotillomania, Compulsive Skin Picking, or Compulsive Nail Biting as the case may be)? What are your qualifications, and have you had any special supervised training in the treatment of my disorder?"
3. "How long have you been in practice? How many cases of my disorder have you treated? How many cases of this are you currently treating?"
4. "What is your orientation?" (Ask this question only if you are calling about getting therapy, not medication. The correct answer should be behavioral or cognitive/behavioral.)
5. "Do you endorse the use of behavioral therapy together with medication?" (Ask this if you are calling a psychiatrist. The correct answer should be "Yes.")
6. "Do you endorse the use of medication (if necessary) together with behavioral therapy?" (Ask this if you are calling a behavioral therapist. The correct answer should be "Yes.")
7. "What techniques do you use to treat disorders such as mine?" (Ask this if you are calling about cognitive/behavioral therapy, and make sure the answer is - Exposure and Response Prevention for OCD and BDD, and Habit Reversal Training plus Stimulus Control for TTM, skin picking and nail biting. A therapist who uses these techniques is probably trained in cognitive therapy as well, but ask if they have training in this approach anyway.)
8. What is your fee? Are your services covered by insurance (if this is an important factor in affording therapy)? Note: Check your own insurance coverage before you call to make sure you are covered for outpatient mental health services. Also find out about how much coverage you have.
9. How often would you have to see me? (Once per week is about average, unless you are looking into intensive short-term therapy).
10. On the average, how long does the treatment take? (This may be a difficult question to answer if there are other problems to be solved in addition to an OC disorder)

If you are not happy about the answers you are getting, or if the person you are talking to is being evasive, don't hesitate to go elsewhere. Keep trying until you find someone you feel comfortable with. In any case, be persistent and don't give up.

Fred Penzel is the Director of Western Suffolk Psychological Services in Huntington, NY, and a member of the Scientific Advisory Boards of both the OC Foundation and the Trichotillomania Learning Center.

If you would like to read more about what Dr. Penzel has to say about OCD and related problems, take a look at his self-help books, "**Obsessive-Compulsive Disorders: A Complete Guide to Getting Well and Staying Well**," (Oxford University Press, 2000), and "**The Hair-Pulling Problem: A Complete Guide to Trichotillomania**," (Oxford University Press, 2003). You can learn more about them at www.ocdbook.com and www.trichbook.com.

OBSESSIVE COMPULSIVE DISORDERS – MUCH MORE THAN JUST OBSESSIONS AND COMPULSIONS

BY

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

To truly understand what it means to have an Obsessive Compulsive Disorder (OCD) - in any of its many manifestations, including Hypochondriasis, Body Dysmorphic Disorder, and Compulsive Hoarding - one must look beyond the obsessions, rituals and compulsions that attempt to seduce and imprison the sufferer. While obsessions and compulsions are the hallmark of OCD, “Special Characteristics” affecting self-image, relationships, career, life satisfaction, spirituality, emotional expression, parenting, use of leisure time and many other life areas are often present for the individual with OCD and need to be addressed as part of the recovery process. When one understands obsessive compulsive disorders as neurologically determined errors in the functioning of the basal ganglia region of the brain it is easy to see that having altered brain function can manifest in many ways other than obsessions and compulsions. The OCD Recovery Centers of America have begun cataloging some of the more common thoughts, feelings, behaviors and physical problems that comprise these *Special Characteristics* of people with Obsessive Compulsive Disorder. While not everyone with OCD will experience all of these associated difficulties, knowing to look for them is the first step in understanding. Treating professionals who do not take the time to get to know these Special Characteristics are short-changing their patients.

The following outline is based on in-depth interviews with hundreds of people with OCD, reports from many treatment professionals across the U.S., controlled research studies, brain imaging and neuropsychological data. The Special Characteristics have been divided into three different categories: Lifestyle and Behavior (35 characteristics), Neuropsychological (25 characteristics), and Medical (8 characteristics). Due to space limitations only a few of the 69 Special Characteristics identified thus far will be discussed. Keep in mind this article is about developing awareness of these problems. There *are* solutions to these problems which this article is too brief to present fully. For each item discussed one self-help “Tip” will be presented.

LIFESTYLE AND BEHAVIOR (35 Characteristics)

Reassurance Seeking

It is unusual for a person with OCD to not have some amount of reassurance-seeking behavior. The tremendous levels of anxiety generated by OCD result in a desire to seek relief through the sharing of anxiety with others. People with OCD ask friends and loved ones to tell them they don’t have to do a ritual, to help them perform a ritual, to give them information to resolve an obsessive question, or simply to accompany them (“If my friend can do this without washing their hands so can I”). Reassurance seeking is much like any compulsion in that it eventually needs to be reduced and the resulting anxiety faced step by step.

TIP: Either the client or their family can identify and then *gradually* (rather than rapidly) begin to reduce reassurance. Reducing reassurance gradually helps to minimize strain on relationships and allow time for replacement interpersonal skills to begin.

Loss of Spontaneity and Anhedonia

Anhedonia is a psychological term referring the absence of healthy hedonistic and spontaneous drives and impulses. As rituals and compulsions take over an individual’s life it is easy to become a “human doing” rather than a human being. We forget how to just “be”, how to allow life to just happen, how to exercise our free will. We control our environment, order, check and even obsess about our feelings – controlling them rather than

experiencing them. (“Are these my real feelings or the result of an obsession?” “Should I be sad or angry now.” “I need to have the same feeling all the time.”) The result is depression and even depersonalization “Who am I? Do I even exist anymore or am I just a collection of obsessive thoughts and compulsive actions?”

TIP: People with OCD can practice spontaneity by asking themselves what they want to do or say – for example by starting at a physical location and then “wandering” where they feel like for 30 minutes.

Present-Future-Past Myopia

When caught in the currents of compulsion it is difficult to see anything else. An unsuspecting person intruding on an OCD sufferer performing a ritual may be met with an attitude of “Let me alone. I need to finish this!” Interestingly, the same OCD sufferer later in the day may be found dwelling in the past or future – going over and over the compulsion in their mind to make sure they “got it right” or fearing the next time the agony of that compulsion will again be triggered.

TIP: Learning to “go with the flow” and deliberately focusing on the present moment is a skill that can be developed with practice.

“Common Obsessions” and Getting Stuck

Common obsessions are differentiated from Global obsessions which are broad encompassing concepts (“I may hurt people when driving my car.”) and Intrusive obsessions which are fragments of awareness (such as a word, sound or smell). Common obsessions are normally directly connected to real life events and can occur frequently throughout any given day. Common obsessions can last several hours or even days, but tend to be self-limiting. They can be very bothersome such as an individual who is having lunch with their fiancé suddenly beginning to question if they are in love enough to marry, in spite of all evidence to the contrary, and then obsessing painfully about that for the rest of the day.

TIP: Learning to immediately detect situations and thoughts that are likely to be obsessive can lead to the ability to say “no” to the thought and step over it mentally *before* it becomes an obsession.

Inflexibility and Difficulties with Change or Transition

For people with OCD thoughts, concepts and awareness’s can become “stuck” in the cortical-thalamic-striatal pathway of the brain. For the compulsive individual even eating, bathing, getting out of bed or making love can become a ritualized activity performed in a certain sequence to relieve the anxiety related to obsessions. Similarly, OCD sufferers frequently have difficulties with transitions such as shifting topics in a conversation or changing activities from reading to washing dishes. Often there is an uncomfortable feeling of not having done something right or complete enough – a sense of looking back and “holding on” to the last activity even if it distracts from the present. This may cause the OCD sufferer to appear inflexible when in fact they are simply focusing on an obsessional concern so intensely they become unable to transition forward to the next activity.

TIP: Practicing transitions in the sensory medium most problematic can be helpful. For example, an OCD sufferer with difficulties with auditory transitions can practice deliberately leaving a conversation or statement incomplete, moving on to another, and then leaving that conversation incomplete.

Focusing and Distraction Problems.

Another type of transition problem experienced by those with OCD appears to be similar to what is observed in Attention Deficit Disorder. It is not unusual for people with OCD to experience difficulties with relatively high levels of distractibility. It appears that this may be attributable to brain dysfunction associated with the OCD. In any event this distractibility can lead to impairment in learning, career and

relationship.

TIP: Setting pre-defined breaks and reducing extraneous stimulation in the environment and increase concentration in the activity.

Reactivity to Stress and Change

All living creatures must utilize adaptive energy to cope with negative and positive life change. Persons with severe anxiety disorders such as OCD tend to have less adaptive energy available and are rapidly stressed by change. This can include travel, moving residence, beginning and ending relationships, graduation from school, etc. Increased stress due to change can result in elevated anxiety and escalating levels of obsessions and compulsions.

TIP: Everything in moderation applies strongly in OCD. This includes change. Focusing on changes that are most essential or will bring the greatest reward and spacing out changes can be helpful.

Difficulties with Decision Making

Not only do people with OCD tend, as one might suspect, to obsess about choices, they also will often feel lost in “shoulds” and compulsions so that they lose awareness of their own spontaneous preferences and choices. This, in turn, may lead to questioning everything and a perplexing difficulty making choices.

TIP: Taking the first choice that comes into mind is often best. Later thoughts and choices will often be more influenced by obsessions.

Symmetry Needs

Lining up media collections, methodically matching colors, touching objects in even numbers, keeping money in order by denomination – there are hundreds of obvious and subtle ways that folks with OCD practice symmetry. Often symmetry compulsions are less painful and anxiety provoking than other types of rituals, but are more difficult to divine and define.

TIP: Symmetry rituals can provide a good starting place for exposure-based therapy. As with much of OCD therapy simply doing the opposite of what the obsession is (e.g. messing up media that is lined up by release date) is what’s called for.

Career Difficulties

While people with OCD tend to be very bright and creative, due to the interference from obsessions and compulsions they frequently are unable to learn and work at their potential. It is not unusual to find an OCD sufferer with a college degree working as a data entry clerk or even on disability.

TIP: Conduct career planning to provide gradual, *moderate* (versus severe or no) challenge to the individual’s OCD. Focus on strengths and provide accommodations where necessary.

Trust Issues

Doubt is an essential component of the OCD cycle. Almost all people with OCD when performing compulsive rituals doubt to one degree or another that they have performed the ritual satisfactorily or completely enough. This and other features of OCD lead to broader difficulties with trusting others and the world around them. These trust issues may emerge in very subtle yet very pervasive forms. For example, the individual with OCD may find themselves having difficulty trusting physical touch with others due to fears of contamination (“If I touch them I will become part of them.”)

TIP: Trust issues tend to reduce as the individual works through their obsessions and compulsions in Exposure and Response Prevention behavioral therapy. Social Anxiety counseling may also be of assistance.

Difficulty Living in the Present Moment

While looking back at recent compulsions that may not have been performed “correctly” and forward to compulsions that are dreaded in the future it is challenging for the OCD sufferer to stay in the present.

TIP: Setting a watch alarm to beep and remind one to come back to the present can be a helpful exercise.

Self-Esteem Issues and Shame

Imagine growing up with obsessions and compulsions. While other children are enjoying relating and learning new skills on the playground you feel so much anxiety about being “contaminated” by playground equipment that you sit by yourself on the steps during each recess. Feeling defective and sure that something is wrong with you your self-esteem begins to slip away until you develop a deep social phobia and self-loathing. As an adult you are unable to follow your calling as a medical professional because you have a strong aversion to school and working with others situations.

TIP: Cognitive therapy is helpful in restructuring automatic negative thoughts and altering self-perception. Eye Movement Desensitization and other techniques can help to “remediate” development trauma.

Social Anxiety and Relationship Difficulties

Even without negative childhood experiences, such as in the example above, a significant percentage of people with OCD develop Social Anxiety. As with depression and attention problems there seems to be some cause to believe that changes in brain functioning are responsible. With the exception of Major Depression, Social Anxiety Disorder is the most frequently seen comorbid feature in OCD. Social anxiety can interact with some types of obsessions to increase their intensity and make them more difficult to recover from.

TIP: While Social Anxiety tends to be chronic in nature, identifying subtle and obvious avoidances of social situations and then gradually reintroducing those situations provides progressive relief for most individuals.

Control Issues and Artificial “Flattening” of Mood

Obsessive Compulsive Disorders can be understood, in part, as disorders of control in response to heightened anxiety. This control can extend into the individual’s emotions as well resulting in obsessions and mental compulsions *about* emotional expression with a corresponding depression of mood.

TIP: First listening to and then releasing inner feelings can provide a first step. Next, naming those feelings and sorting out which feelings are authentic and which are secondary to an obsessional thought.

Avoidance of Projected Future Anxiety

People with OCD naturally become wary of and avoid when possible situations they have learned will trigger their obsessions and compulsions. This is especially true of children with OCD. In addition, OCD folks often report that their fears of not performing a compulsion and then being “punished” *later* by anxiety OCD (“Oh no, now I’ve done it.”) are even more intense than the initial anxiety from refusing the ritual.

TIP: Learning that future anxiety is really just a *part of* the exposure and response prevention therapy process can be eye opening.

Fear of the Absence of Obsessions and Compulsions

“What if I no longer have to worry about this obsession?” “What if I get to work early if I don’t have to

check for people I might have hit with my car on the way?” “Is it normal to wash my hands only once before eating?” Human beings are naturally drawn toward homeostasis, doing things a certain way over and over. The freedom of choice left in the wake of receding rituals can be uncomfortable and people with OCD may not know what is normal in situations where their compulsions have been in control for many years.

TIP: Actively learning what is normal and, or how to make good free-will choices is something that can be practiced in counseling or support groups.

Other General Special Characteristics:

- § Thought-action fusion
- § Parenting issues
- § Over-valued ideation (OVI)
- § Emotional discontrol (esp. anger) in more severe OC
- § Vacation and travel difficulties
- § Possible contagion effects
- § Avoidance behavior
- § All or none thinking (e.g. all cited or none)

NEUROPSYCHOLOGICAL PROBLEMS (25 characteristics)

Folks with OC disorders tend to show up with some predictable differences from “normal” when given psychological tests of brain performance and ability.

Sensory Integration

The most common neuropsychological deficit seen in people with OCD are difficulties with integrating sensory input through the five sense from the body and the outside world. The field of *Sensory Integration* therapy is traditionally practiced by Occupational Therapists. There are dozens of different techniques and several different approaches available.

TIP: Sometimes a repetitive activity such as kneading clay in the hand, chewing gum, tapping, rocking or humming can help the brain to better integrate input from the senses.

Memory

Memory, including non-verbal memory, visual-spatial memory, procedural memory, temporal ordering, incidental memory, memory for linguistic gist and dissociation between temporal memories and recognition all can affect people with OCD. Also, it is typical for people with OCD, especially those with compulsive checking behaviors, to have obsessive doubts relating to past actions – that is to doubt their own memory even when it is not faulty. (Researchers believe that this may be due to a deficit in non-intentional encoding of information and or visual recall.) These memory problems can be very perplexing and hamper behavior therapy.

TIP: There are a variety of techniques that can improve memory performance. A guide to some of the more common techniques can be found on the OCD Recovery Centers web site at www.mindbodyconsult.com.

Visual-Spatial Problems

The third common neuropsychological deficit is visual-spatial performance and visual attention. Person’s with OCD will report increased levels of anxiety when in environments where there are a large number of visual “targets” such as malls, crowded restaurants and sporting events.

TIP: Often avoidance of over stimulation environments is called for. When this is not possible, using sensory integration practices such as those mentioned above may help.

Other Neuropsychological Special Characteristics:

- § Impairment of olfactory identification (microsmia)
- § Inadequate organizational strategies
- § Organizational processes needed for coding new information
- § Set shifting
- § Judging self-performance
- § Response inhibition

MEDICAL PROBLEMS (8 characteristics)

Again, owing to the relative brevity of this article we will not focus in depth on the medical issues listed below. Further information is available through medical practitioners familiar with Obsessive Compulsive Disorder or the OCD Recovery Centers of America.

- § Thermal regulation problems
- § Hyperlipidemia (high cholesterol)
- § Increased cardiac risk due to sympathetic nervous system effects on vagal modulations of QTd dispersion.
- § Significantly higher mean changes in diastolic BP.
- § Altered circadian body rhythms.
- § Disregulation in plasma melatonin and cortisol.
- § Problems regulating body temperature.
- § Immune dysfunction (sometimes exacerbated by use of serotonergic drugs).

Examining the many different ways that OCD can affect an individual's life can seem a little overwhelming, but is essential to the process of healing. Often these problems can lead to significant life impairment that must be addressed in order for optimal healing to take place. Identifying the Special Characteristics that an individual has is the first and most important step. Sometimes by just developing awareness of the problems and realizing they are part of the OCD profile strategies for healing will present themselves.

Christian R. Komor, Psy.D. is a clinical psychologist who combines 12 years of clinical experience treating OCD-Spectrum disorders with discoveries from his personal recovery from OCD. Dr. Komor is the author of *The Obsessive Compulsive's Meditation Book* (2000), *OCD and Other Gods* (2000), and *The Power of being* (1992). Dr. Komor is the founder of the OCD Recovery Centers of America based in Grand Rapids, Michigan and leads seminars for professionals around the US in optimal treatment methods of OC Spectrum disorders. A CD of his presentation is available through the OCD Recovery Centers and an audio tape through Cross Country University at (800) 397-0180. The OCD Recovery Centers of America can be reached at (888) 432-9130, by e-mail at drcrk@aol.com or at the OCD Recovery Center web site www.mindbodyconsult.com.

SUGGESTED READING

Fugen Neziroglu, Ph.D.
Jerome Bubrick, Ph.D.
Jose Yaryura-Tobias, M.D.
Overcoming Compulsive Hoarding
New Harbinger Publications, Inc., 2004
ISBN 1-57224-249-X

Timothy E. Wilens, M.D.
*Straight Talk About Psychiatric Medications
For Kids*
Revised Edition
Guilford Publications Inc., 2004
ISBN 1-57230-945-8 (Paperback)
ISBN 1-59385-031-X (Hardcover)

A. S. Radomsky
S. Rachman
"Symmetry, ordering, and arranging
compulsive behavior"
Behaviour Research and Therapy
Volume 42, 2004 No. 8
Pages 893-913

Tanya K. Murphy
Muhammad Sajid
Ohel Soto, et al.
"Detecting pediatric autoimmune neuropsychiatric
disorders associated with streptococcus in
children with obsessive-compulsive disorder
and tics"
Biological Psychiatry
Volume 55, 2004 No. 1
Pages 61-68

Jon E. Grant, J.D., M.D., M.P.H.
Marc N. Potenza, M.D., Ph.D.
Pathological Gambling
A Clinical Guide to Treatment
American Psychiatric Publishing
2004
ISBN 1-58562-129-3

Thomas O. Ollendick
John S. March
*Phobic and Anxiety Disorders
in Children and Adolescents*
Oxford University Press, 2004

Ursula Werneke, M.R.C.Psych.
Oded Horn, B.Soc.Sci. (Hons)
David M. Taylor, Ph.D.
"How effective is St. John's Wort?
The evidence revisited"
Journal of Clinical Psychiatry
Volume 65, 2004 No. 5
Pages 611-617

Amparo Belloch
Carmen Morillo
Amparo Gimenez
"Effects of suppressing neutral and
obsession-like thoughts in normal
subjects: beyond frequency"
Behaviour Research and Therapy
Volume 42, 2004 No. 7
Pages 841-857



For additional information on obtaining the above books and papers, call The OCD Foundation of Michigan voice mail, (313) 438-3293, and leave a message.

BULLETIN BOARD

A New Way to Contribute Donate your car to Charity Motors

The OCDFM is now one of the non-profit organizations participating in the Charity Motors Car Donation Program. You can donate a car you no longer need or want, receive a tax deduction, and designate "The OCD Foundation of Michigan" to receive the proceeds from the sale of your car. If you are interested in participating in this program, please call Charity Motors at (313) 255-1000 or visit them on the web at charitymotors.org, and designate "The OCD Foundation of Michigan" as your charity.

WANTED - Your Creativity

*Calling all artists and non-artists, kids and adults. Help us create a new logo for the OCD Foundation of Michigan. We're looking for something in keeping with our Rainbow theme and slogan as they appear on the cover of **Never Say Never**. Send your entry to OCDFM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to OCDmich@aol.com. For more information, call 313-438-3293. The winner will get -- something. We haven't decided yet.*



It's a Girl !

Congratulations and best wishes to Dr. Laura Nisenson on the birth of her daughter. Dr. Nisenson is a longtime friend of the OCD Foundation of Michigan, and a member of our Board of Advisors.

Looking for Books

We are trying to find copies of these books:

Never Say Never, Wally Green's original OCD self-help book (hardbound with a red cover)

Habit Control in a Day, Azrin & Nunn, 1978

If you have one of these books and are willing to part with it, please call the OCDFM at 313-438-3293 or email OCDmich@aol.com. In the case of the Azrin book, which is long out of print and unavailable through normal channels, if you should ever find one in a used book store, please consider buying it for us. We will reimburse you the cost.

Personal Ad

Female in her 30s, working on recovery from OCD, is looking for a female to share an apartment with. Call Karen (586) 286-3738.

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The OCD Foundation of Michigan *Membership Application*

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9/2004

Please Don't Throw Me Away

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



OCD Foundation of Michigan Mission Statement

- ◆ To recognize that OCD is an incurable neurobiological disorder that can be treated with great results by the reduction of anxiety that OCD creates.
- ◆ To offer a network of information, support and education of parents, teachers, friends, family, and the medical community.
- ◆ To enlighten state legislators on how this disorder affects the sufferer, on entitlements under the full umbrella of the State Board of Education and the laws of the State of Michigan.

**IF YOU WOULD LIKE TO BE ADDED TO OR DELETED FROM THE MAILING LIST
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