A Newsletter Dealing with Obsessive Compulsive Disorder

NEVER say NEVER

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

Spring 2005

OCD YOUTH CAMP RETURNS

Swimming, canoeing, nature trails, Indian lore, singing around a campfire. Add a touch of OCD therapy and you have a weekend at Camp Redwing. Moving this year from Redwing Bed & Breakfast in Columbiaville to the beautiful Howell Conference and Nature Center, the camp promises to be a fun getaway weekend for kids ages 7-15.

CAMP REDWING

August 12-14, 2005

Inside you will find the flyer and application form for Camp Redwing 2005. Thanks to a generous grant from the Montrose Schools, we will be able to offer this weekend at a very low cost, just $45 per child. Please note that space is very limited, and you can't assume that submitting the application and your deposit will guarantee a place. We can accommodate at most 15 campers, and acceptance will be on a first come, first served basis. Reserve your child's place while you can.

Inside . . .

COMING THIS FALL . . .

A SPECIAL RAINBOW LUNCHEON

to celebrate

RED MOON RISING,

the recently-released novel by
our own Wally Green.

We invite you to spend an afternoon with Wally and the OCD Foundation of Michigan. Wally will talk about his book, his life, and his OCD, and you will receive your own personalized, autographed copy of the book. **PLAN ON BEING THERE.**

THE OCD FOUNDATION OF MICHIGAN

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

Telephone (voice mail): (313) 438-3293
Fax: (734) 522-1404

E-mail: OCDmich@aol.com

Web: www.ocdmich.org *

* Thanks to Mark Fromm, president of Downriver Marketing LLC, for hosting our website.

NEVER say NEVER

is the quarterly newsletter of the OCD FOUNDATION OF MICHIGAN,
a non-profit organization.

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 Wednesday, 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

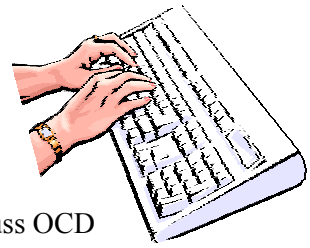
LANSING:
1st and 3rd Thursdays, 7:00-9:00 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 485-6653

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.

Obstacles to Treating OCD: Part 2

Obsessive-Compulsive Disorder and Exposure with Response Prevention

Antonia Caretto, Ph.D. and Jessica Harrell, Ph.D.

EDITOR'S NOTE: THIS ARTICLE WAS INCOMPLETE IN SOME COPIES OF THE LAST ISSUE OF NSN. WE ARE REPRINTING IT HERE IN ITS ENTIRETY

After presenting the fundamentals of Exposure and Response Prevention (ERP) in the last newsletter, the focus of this article (#2 of 3) will be on challenges to implementing that treatment. It is important for clinicians, patients, and their families to recognize potential roadblocks that may interfere with progress in treatment. While some of these roadblocks may be more common and easy to identify, some obstacles are rather obscure. They all require treatment modifications, which are not identified in Exposure with Response Prevention protocols and must be uniquely tailored to fit the individual.

Chronic tardiness and/or trouble keeping appointments is one of the more common problems seen in treating OCD. Performing rituals can consume large portions of the day which, not surprisingly, interferes with other obligations such as work, school, and even therapy. Therapists have different ideas about the importance of consistent attendance or tardiness. It is our belief that consistency and accountability are essential components of treatment. Patients need to know that it is not acceptable to ritualize during their scheduled appointment times.

One strategy that may be used to increase on-time and consistent attendance is to "hypothetically" schedule appointments 1/2 hour before their actual start times. This gives patients some cushion if OCD symptoms increase unexpectedly. Another approach is to "give permission" for patients to ritualize for a specified period of time just before coming to therapy.

Sometimes, however, attendance and/or tardiness problems persist and must be dealt with via clear and concise limit setting. One approach is to let a patient know that if he arrives more than twenty minutes late, he will not be seen. Because adequate time is needed to conduct an effective ERP session, it is important to avoid abbreviated therapy hours. Not only does conducting a shortened session reinforce the late behavior but also allows patients to avoid prolonged anxiety exposure that is so crucial to ERP.

In more severe cases of OCD, there may be a tendency to abandon normal daily routines. For example, a person with OCD may choose to sleep all day and stay up all night, allowing him to obsess and ritualize at length. Even when patients live with others (e.g. spouses, parents, etc.), this "vampire" schedule significantly reduces and/or eliminates accountability. That is, there is no one to observe, comment on, offer distraction, or provide support during the night, and the result is almost always an increase in the severity of symptoms.

In addition, sleeping all day decreases exposure to light and limits opportunities for socializing and engaging in productive activities. All of these increase the risk of depression for a group already at high risk for depressive symptoms. Families often need therapeutic guidance and support to change these routines, just as they do when targeting compulsive behavior.

The family of the OCD sufferer is typically over involved with the disorder. Families that include an OCD sufferer frequently experience a microcosm of the disorder, reporting intrusive anxiety and ritualistic responding.

Some families cope by enabling. This may be done via denial and avoidance of the problem, accommodating or engaging in the rituals, or giving reassurances. Other families cope by expressing hostility. It may be seen via debating, arguing or threatening, or just maintaining a rigid family culture that colludes in the resistance to change.

Albeit not helpful, these responses are natural. The family as a whole must come to tolerate uncertainty, just as the patient is asked to do. The first step in working with a family is to promote dialogue about the disorder. Only after the family members are all 'speaking the same language' can they truly provide mutual support for the ERP process.

One group of patients that can present some unique challenges are children between the ages of 9 and 12. The reason for this is not entirely clear, but it is likely, in part, due to the level of cognitive development. ERP is facilitated by an understanding of 1)the irrationality of obsessions and/or compulsions and 2)the concept of short-term discomfort needed for long-term anxiety relief. Many pre-adolescents do not recognize the irrational nature of their OCD worries and have an even more difficult time grasping the notion of intentional exposure to that which creates such fear in them. Therefore, resistance to treatment is quite high. A strong therapeutic alliance, anchored in trust and support, can help lessen this resistance.

Occasionally, the obsessions themselves become an obstacle to treatment. For instance, a patient (usually a child) might explain that his OCD won't let him talk about his obsessions or compulsions. Dealing with this can be especially difficult. To begin, it is important to re-frame the complaint to empower the patient; therefore, rather than saying "my OCD won't let me tell you", he could say "I am choosing not to tell you about my obsessions and compulsions". The message here is that the OCD does not make the rules, and patients

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FROM THE NEVER SAY NEVER ARCHIVES:

Defining the Experience of OCD

By Bob Cato

(from the Third Issue, March 1996)

In the last issue, I discussed anxiety and doubt as being some of the prime motivators of OCD. In addition to these two, there are also the themes of perfection and magical thinking, which for some of us can be powerful influences behind our OCD responses. Both are connected with anxiety and doubt but can be extremely troublesome in their own right.

In perfection, I see two important themes which emerge, the need to be precise and the need for symmetry. Both are an attempt to bring order and structure to an uncertain and often chaotic world. Both are also encouraged and rewarded in our society, the only difference for our OCD brothers and sisters being the amount of suffering endured in the attempt. The tiniest detail can be a source a major frustration and the question of "when is it good enough?", never answered. High standards of quality and some sense of order are admirable qualities, but to the OCD sufferer they are often unachievable, as the standards required are increasingly raised by the disorder.

The attempt to be precise can range anywhere from having to be certain we told someone exactly the right thing and the hope that others did not misunderstand us, to painting a room without missing the most insignificant spot. This leads to repeating and checking behaviors as our anxiety increases. What if the person misunderstood me? What if I missed a spot?

The same type of thinking goes into symmetry, but sometimes the anxiety isn't there; rather, just the need for order and evenness. Again, these qualities are admired in our society, but the OCD sufferer can never quite achieve the balance he or she seeks. Rearranging can go on and on in an effort to feel better. Again the same OCD blackmail occurs; I won't be able to stop thinking about it if there is a mistake. I've always said that OCD is like a terrorist blackmailing us into giving in. Where this becomes truly apparent is when the person is afflicted with magical thinking.

For us who have magical thinking, the stakes are raised in the game of OCD as we develop what therapists call a system of overvalued ideation. The person begins to believe that somehow his thoughts or rituals may have an influence upon the health and safety of others as well as possibly having an effect upon events in the world. This is really an extension of inaccurate risk assessment, fear of uncertainty, and a desire to control the unpredictable.

For those of us who have intrusive thoughts, which are unwanted and involuntary, we begin to fear that these thoughts will cause harm to those we love. Perhaps thse thoughts will cause an accident, disease, or some other catastrophe. We respond to this threat by developing elaborate systems of voluntary thoughts and rituals designed to protect these people as we feel overly-responsible for their safety and welfare. These often include an intricate system of repetitive thoughts or prayers to negate or undo the original troubling thought. There may be a "safe" number of repetitions to counterbalance the unac-

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Predator and Prey
by Allen H. Weg, Ed.D.

Reprinted from the Summer 2005
OCF New Jersey Newsletter

This past summer I had the wonderful good fortune of taking a trip with my family to the Southwest. Near Albuquerque, New Mexico, there was this wonderful set of mountains you can drive up or climb (we did a little of both) called the Sandia Mountains. At the top of the main mountain there was this little restaurant/gift shop that we stopped at. There, among the tee-shirts and knick-knacks, was a sign describing in detail what one should when one encounters a mountain lion in the area. Living my entire life in the New York City metropolitan area, this was not a particular area of expertise for me, so I read it carefully.

To my surprise, running away or freezing still and calling the "mountain lion police" on my cell phone (what would have been my first two inclinations) was not the recommended course of action. The sign instructed the reader to stand his/her ground, look the beast right in the face, and make lots of noise, including growling, yelling, and hitting a tree with a stick. The instructions added that it might be helpful to wave your hands in the air, or even to take your jacket, if you had one, and hold it up high over your head, swinging it back and forth, in order to "look" bigger to the animal.

This brought to mind the behavioral treatment of OCD. (I swear, sometimes I wonder what there is in the world that doesn't bring to mind the behavioral treatment of OCD!) Anyway, what was clear to me was that the sign in the gift shop was teaching the reader the basic lesson that if you act like a prey (such as freezing or running), the cat will treat you like a prey and attack, feeling emboldened by your reaction to its threat. If, on the other hand, you responded like another predator, taking an attack/threatening stance, you stand a pretty good chance that the mountain lion will lose interest and turn away.

Likewise, if we think of OCD as the attacking mountain lion, we can respond as prey or as predator. If we behave like prey and "run" by avoiding OCD triggers, making attempts to reassure ourselves, or by acquiescing to the OCD behavioral demands, this serves only to invite the OCD to come after us with greater zeal and confidence, seeing us as the weak prey that we depict through our behavior. On the other hand, if we stand up to the OCD, and through behavioral exposure seek out the very triggers that stimulate our anxiety, and/or worsen our obsessions on purpose to undermine OCD's power over us, we are in "attack" mode, and we will be viewed more as an adversarial predator rather than a prey. Then, like the big cat in New Mexico, the OCD is more likely to turn and run.

Dr. Weg, Vice President of the OCF New Jersey Affiliate, runs an independent practice called Stress and Anxiety Services of New Jersey in the East Brunswick area. He can be reached at 732-390-6694, or see his website at www.StressAndAnxiety.com.

Pooh suffers 'psychological problems'

From BBC News at bbcnews.com

Winnie the Pooh, Christopher Robin and their forest friends are "seriously troubled individuals" according to Canadian researchers.

Far from being the innocent world it appears to be on the surface, Hundred Acre Wood is, say the reseachers, a place where psycho-social problems are not recognised or treated.

In a report published in the Canadian Medical Association Journal, the specialists suggest AA Milne's characters would be better off with psycho-active drugs and more parental guidance.

Lead researcher Sarah Shea said the purpose of the tongue-in-cheek study was to remind people that anyone can have disorders.

Shaken bear syndrome

Pooh, a bear of very little brain, is said to suffer from the condition known as attention deficit hyperactivity disorder (ADHD).

His fixation with honey and his repetitive counting behaviours suggest he may also present obsessive compulsive disorder, according to the report.

Pooh's learning problems could also arise from him being dragged downstairs by Christopher Robin, bumping his head on each step - a possible case of "shaken bear syndrome", asks the study.

"We cannot but wonder how much richer Pooh's life might be were he to have a trial of low-dose stimulant medication," say the researchers.

Piglet obviously suffers from generalised anxiety disorder according to the study. Anti-panic agent, it says, would have saved him from the emotional trauma experienced while attempting to trap heffalumps.

Role models

While the chronically depressed Eeyore and risk-taking Tigger are also prescribed different kinds of medication, some of their friends need support and better role-models.

Had his condition been identified early, Owl's dyslexia could been overcome through intensive support.

The researchers predict that Roo is likely to become a delinquent for lack of a good role model, while Kanga will probably miss the opportunity to get an MBA due to a social context that does not "appear to value education and provides no strong leadership".

Which brings us to Christopher Robin.

Not finding any diagnosable condition, the specialists express concern over several issues. Namely, the boy's lack of parental supervision and the fact that he spends his time talking to animals.

"Sadly the forest is not, in fact, a place of enchantment, but rather one of disenchantment, where neuro-developmental and psycho-social problems go unrecognised and untreated," conclude the authors.

Whether the readers of Pooh would benefit from the bear's visit to a child development clinic, as suggested in the study, is another matter.

This article, dated 13 December, 2000, can be found at http://news.bbc.co.uk/1/hi/world/americas/1068391.stm

WORDS OF WISDOM

"Regret for the things we did can be tempered by time; it is regret for the things we did not do that is inconsolable." - *Sydney J. Harris*

yesterday is history,
tomorrow is a mystery,
today is a gift,
that's why it's called the present.
- Joan Rivers

"A ship is safe in port,
But that's not what ships are for."
- Grace Murray Hopper

"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 you think you cannot do."
- Eleanor Roosevelt

AND LAST BUT CERTAINLY NOT LEAST ....

"The journey of a thousand miles must begin with wondering if you turned off the iron." *-William Rotsler*

Obstacles to Treating OCD: Part 2
(Continued from page 4)

need to, deliberately and consistently, challenge such a notion. Once this framework is adopted, treatment often progresses steadily.

Sometimes a child may report that all hierarchy items (i.e. feared situations) are "ten" on a zero to ten scale of Subjective Units of Distress or "fear thermometer". This seemingly rigid roadblock to ERP can be addressed by surreptitiously doing graded exposure with these hierarchy items in treatment sessions; for example, by addressing the anxiety- provoking stimuli for longer and longer portions of appointments via conversation and drawing.

In both the "my OCD won't let me tell" and the "everything is a ten" examples of obstacles that children may present, the underlying fear might truly be about "being wrong". If so, treatment must ultimately address this anxiety, not just the items identified on the hierarchy. These types of second layer obsessions are also likely in situations where children (and adults) seemingly comply with the ERP but fail to progress.

As you can tell, a skilled clinician must not only know how to administer the mechanics of ERP but must also be able to identify and treat both the roadblocks, which read like a roadmap, as well as obstacles that may be more obscure.

Our next article will focus on both common and not-so-common obsessions. We will also discuss how to treat individuals who experience obsessions only, with little or no accompanying compulsive behavior.

Antonia Caretto, Ph.D.
Licensed Psychologist
28423 Orchard Lk. Rd. Ste. 216
Farmington Hills, MI 48334
(248) 553-9053

Jessica P. Harrell, Ph.D.
Licensed Psychologist
5665 W. Maple Rd. Ste. A
West Bloomfield, MI 48322
(248) 767-5985

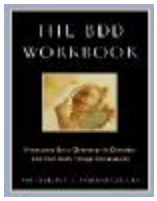
SUGGESTED READING

Paul R. Munford, Ph.D.
Overcoming Compulsive Checking
Free Your Mind From OCD
New Harbinger Publications, Inc., 2004
ISBN 1-57224-378-3

Paul R. Munford, Ph.D.
Overcoming Compulsive Washing
New Harbinger Publications, Inc., 2005
ISBN 1-57224-405-4

Fugen Neziroglu, Ph.D.
Jerome Bubrick, Ph.D.
Jose Yaryura-Tobias, M.D.
Overcoming Compulsive Hoarding
New Harbinger Publications, Inc., 2004
ISBN 1-57224-349-X

Bruce M. Hyman, Ph.D.
Cherry Pedrick, R.N.
The OCD Workbook
New Harbinger Publications, Inc., 1999
ISBN 1-57224-169-1



James Claiborn, Ph.D.
Cherry Pedrick, R.N.
Overcoming Body Dysmorphic Disorder
And End Body Image Obsessions
New Harbinger Publications, Inc., 2002
ISBN 1-57224-293-0

Karen J. Landsman, Ph.D.
Kathleen M. Rupertus, M.A., M.S.
Cherry Pedrick, R.N.
Loving Someone with OCD
New Harbinger Publications, Inc., 2005
ISBN 1-57224-329-5

James Claiborn, Ph.D.
Cherry Pedrick, R.N.
THE HABIT CHANGE WORKBOOK
How to Break Bad Habits and Form Good Ones
New Harbinger Publications, Inc., 2001
ISBN 1-57224-263-9

Eydie L. Moses-Kolko, M.D.
Debra Bogen, M.D.
James Perel, Ph.D., et al.
"Neonatal signs after late in utero exposure to serotonin reuptake inhibitors"
Journal of The American Medical Association (JAMA)
Vol. 293, May 18, 2005, Pages 2372-2383

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.

Defining the Experience of OCD

(Continued from page 5)

ceptable thought. Numbers and colors take on safe or unsafe characteristics as we associate them with the anxiety producing situations.

Sometimes, having "bad" thoughts while doing something like reading, writing, cleaning, or checking may cause us to re-do these things a certain number of times to counteract the bad thought. Rationally, we realize we don't have this kind of omnipotence over the world, but there's always the "what if?" lurking in the background. And when we give in, it makes it all the more difficult to resist the next time because of the precedent set. Now there's an even greater impetus to make endless repetitions and checks as the ante has been raised.

So what do we do now to get out of this maze? By using the principles of Behavioral Modification, we deliberately expose ourse3lves to the anxiety producing situation and then take the risk by not responding in the OCD manner. It sounds simple enough but it requires a great deal of work to unravel the intricacies of OCD responses and set a new precedent of taking the risk and enduring the anxiety.

PROFESSIONAL DIRECTORY

Advertise with us

Treatment professionals, what better way to find the OCD sufferers who need your help, and to give them a way to find you. Just place your business card in ***Never Say Never***, the quarterly newsletter of the OCD Foundation of Michigan. For just $25.00 per issue, your card can be in the hands of the very people who need you most. It's a great way to reach out to the OCD community, and at the same time support the OCD Foundation of Michigan. Send your card to OCDFM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to OCDmich@aol.com. For more information, call 313-438-3293.

PLEASE HELP

The OCD Foundation of Michigan is funded solely by your annual membership fees and additional donations. We have no paid staff. All work is lovingly performed by a dedicated group of volunteers. WHY NOT VOLUNTEER YOUR TIME? Call 313-438-3293 or e-mail OCDmich@aol.com.

The OCD Foundation of Michigan Membership Application

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Phone Number: _____ E-mail Address: _____

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

- ❑ **Enclosed please find my check for $20 annual membership fee.**
- ❑ **Enclosed please find my tax-deductible donation of $ _____**

Make check or money order payable in U.S. funds to
Terry Brusoe, Treasurer
THE OCD FOUNDATION OF MICHIGAN
25140 Dockside Lane
Harrison Twp., MI 48045-6707

6/2005

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 PLEASE CONTACT US

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

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