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!

Summer/Fall 2005

An Afternoon with Wally Green

First came "Monk," the hit OCD television show, then "The Aviator," the OCD movie nominated for 11 Academy Awards, and now ***Red Moon Rising***, the sensational OCD novel.

Wally Green, who overcame a severe case of OCD to write the best selling novel, ***Red Moon Rising.***

It is a murder mystery about the crime-solving adventures of Barb and Bobby Foster, an ace husband and wife detective team like "Hart to Hart" on television, or Nick and Nora of "The Thin Man" movies. This book is the beginning of a series of books featuring their adventures as married sleuths. The next publication will appear shortly entitled ***Casino Thunderbird***.

On Saturday, October 22, 2005, the OCD Foundation of Michigan held a book signing luncheon featuring the author, our own Wally Green. Those who joined us enjoyed a fine lunch at the Old Country Buffet in Clinton Twp., and had the rare opportunity to hear from Wally how he was able to overcome his OCD and venture down a path that led him to a successful new career. We learned about the tools Wally has used over the years to stay well, such as daily Goal Setting, Music, daily Intentional Incorrects, Star Charts, Timed Speed Therapy, Art, Medication, Cognitive Behavior Therapy, and even Humor. Along with being a musician, artist, and writer, Wally does stand-up comedy in Detroit-area clubs

See page 8 for a review of Wally's book. **NOTE**: Due to the mature themes in ***Red Moon Rising***, the book is not appropriate for those 17 and under.

Inside . . .

OOPS, We're Late . . . .

Our commitment to you, the members of the OCDFM, is to publish this newsletter, ***Never Say Never,*** four times per year. Well, the current issue is dated **Summer/Fall 2005** because we failed to complete the Summer issue in a timely fashion. As we've noted before, most of the members of our Board of Directors work full- or part-time outside the Foundation, and all suffer from OCD. So we occasionally find that, despite our best intentions, we can be derailed by interference from other obligations, or by our own OCD. Please accept our sincerest apologies, and be assured that you will receive all the newsletters to which you are entitled.

THE OCD FOUNDATION OF MICHIGAN

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

Board of Directors:

Science Advisory Board:

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:
Weekly on Wednesdays, 7-9 PM
Mixed Group: All Anxiety Disorders
Old Firehouse #6
312 Grandville SE
Call the Anxiety Resource Center
(616) 356-1614

GRAND RAPIDS:
2nd and 4th Tuesdays, 7-9 PM
OCD and OCD Spectrum Disorders
Old Firehouse #6
312 Grandville SE
Call the Anxiety Resource Center
(616) 356-1614

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 THREE

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

This third and final installment of obstacles to treating OCD focuses on both common and not-so-common obsessions as well as obsessions with seemingly little or no accompanying compulsive behavior.

Common obsessions are intrusive thoughts that many of us have experienced at one time or another. For example, someone might worry about whether he turned off the stove before leaving the house. Most would agree that making sure a stove is a turned off is prudent; however, being unable to rid oneself of this anxiety and/or spending excessive amounts of time checking sets OCD apart from "normal" worrying. Sometimes patients will argue that their fears are entirely appropriate since "my house could burn down". No matter how reasonable the content of the obsession, it is essential that the therapist avoid trying to talk the patient out of his worries. After all, if someone could be talked out of their OCD, family members would have cured their loved ones many times over.

Most not so common obsessions are intrusive thoughts that most people do not experience. Understand that when these obsessions do occur, they tend to have common themes, including but not limited to violence, sex, and religion. One of the challenges in doing ERP with these obsessions is that the thoughts are so abhorrent that confronting them with exposure seems terrifying if not impossible-- even acknowledging having one of these horrible thoughts produces very high anxiety. Again, it is sometimes hard to identify the compulsion, leading some to refer to these obsessions as "pure" obsessions.

Examples of violent obsessions might include a driver wondering, "did I hit that pedestrian?" Or a new mother worrying that she might hurt her baby. Obsessions about sex might include an adult doubting, "what if I molested that child?", or thinking about sex with siblings or animals. Religious obsessions might include having a thought like, "Mary was a whore" or thinking a bad thought during a religious service.

In both the "reasonable" and the "pure" obsessions, in vivo or "actual" exposure to the most feared thought is impossible. Instead, exposure must be undertaken using imagined exposure, whereby the feared thoughts are intentionally focused on for prolonged periods of time.

The goal of ERP for both the reasonable as well as the violent, sexual, and blasphemous thought is not to stop having the thought. The goal is to desensitize oneself to the thoughts and feelings that accompany the thought. In a sense, it is about learning to tolerate an unpleasant thought by "letting the thought be." In time, obsessive thinking will decrease as will the frequency and intensity of anxiety associated with the original thought. This approach is based on the notion that the more we try not to think about something, the more we end up focusing on it. To illustrate, try this: think about anything you want, but do not think about a turkey - do not picture a turkey in your mind or imagine the sounds a turkey makes. Notice how difficult it is to not think about a turkey? This is exactly what an obsession feels like but to a much stronger degree.

In order to be truly successful, all neutralizing thoughts must be addressed through response prevention exercises. Continuing even logical compulsive mental reassurances, (e.g. A fire will never start even if the stove is on) only reinforces the idea that to even have the thought is awful.

Exposure should be frequent and prolonged. In addition to planned exposure to previously avoided triggers, assigning ERP so that it is impossible to escape the exposure is recommended. One way to do this is to use careful placement of reminders or props throughout ones environment. These can be disguised so that friends and co-workers are unaware of the exposure taking place right before their very eyes. Examples might include things like:

- using the Nike swoosh and/or the accompanying "just do it" slogan for someone who fears they may act on a sexual thought.
- constantly carrying matches or lighters as a reminder to someone with blasphemous thoughts that they may burn in hell.
- having someone with violent thoughts wear red nail polish to invoke thoughts of blood on one's

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FEAR AND COURAGE DURING PSYCHOLOGICAL TREATMENT OF OCD

By Laurie Krauth, MA

People with OCD display extraordinary courage in fighting a disorder that, by its very nature, torments them with equally extraordinary fear, according to a leading expert on OCD.

"People whose problem is intense fear behave courageously on a day-to-day basis," Jack Rachman, professor emeritus at the University of British Columbia, said in a keynote address to the 12th Annual OCF Conference in San Diego July 30.

"Having intense fears doesn't preclude courage," said Dr. Rachman, the author and editor of numerous book and articles on OCD and other anxiety disorders. In fact, courage can be learned and cultivated. "Ordinary, average citizens are capable of courageous behavior," he said.

OCD clients can develop their capacity for courage, encouraged by the clinicians who help them. Courage is central to the principal OCD treatment of Exposure and Response Prevention (ERP), which is a part of cognitive-behavioral therapy. With ERP, clients choose to actively expose themselves to their obsessive thoughts and resist performing the physical and mental rituals they normally use to allay their anxiety. It takes great courage for someone to choose to feel and even heighten anxiety and then not give in to the intense desire to reduce it through ritualizing.

Ironically, it took the courage of British psychologist Victor Meyer almost 40 years ago to bring this courage-based therapy to OCD treatment.

"What he did was very brave," said Dr. Rachman. Dr. Meyer applied to humans what studies had shown applied to frightened animals: if they were exposed to what scared them for a prolonged time and prevented from leaving the situation, they became less scared.

"Therapists were scared to do it with patients," he said. But Dr. Meyer, a former World War II fighter pilot shot down in France and taken as a prisoner of war, was willing to take a risk. In 1966, he began ERP with two hospitalized patients. One, incapacitated by fears of disease and dirt, spent most of the day cleaning. She had not been helped by shock treatment, drugs, or supportive therapy, and was being considered for surgery, Dr. Rachman said. Dr. Meyer, and later a nurse, exposed her to objects that triggered her anxiety and prevented her from carrying out her cleaning rituals. They turned off the water in her room and severely limited her access to cleaning agents.

"She was very frightened at times but she managed to cooperate with treatment," said Dr. Rachman. After four weeks of intensive therapy, she was less anxious, and after eight, even less so. Her compulsive cleaning dropped to tolerable levels.

Meyer's second patient was incapacitated by recurrent, disruptive blasphemous thoughts about sex. It took her up to six hours to get dressed each day. Shock therapy, drugs, eleven years of psychoanalysis and then psychosurgery all had failed her, and she was being considered for a second surgery.

Instead, she underwent this new behavior therapy. Her anxiety was heightened through exposure to triggering items and imaginal scenes while she was prevented from performing any anxiety-reducing behaviors. After nine weeks of difficult and distressing intensive therapy, her OCD symptoms dropped to manageable levels. Neither was cured, but both regained normal lives.

"The consequence of Victor Meyer's success was spectacular. He had broken the ice," said Dr. Rachman.

Over the decades, clinicians and researchers have continued to study and experiment with ways to improve ERP techniques and better understand how to help people with OCD.

Recognizing the importance of cultivating courage in OCD patients, Dr. Rachman and his colleagues realized they needed to understand where such courage comes from and how to encourage and enhance it. They decided to interview people who needed courage to do their jobs, such as fire fighters, police, and security people. Ultimately they chose bomb disposal operators in the United Kingdom during a time of great conflict with the Irish Republican Army.

In a 10-year period, the operators took 31,000 calls, two-thirds of which were hoaxes, he said. But they entered each situation knowing their lives could be in danger, and that a mistake could be fatal.The researchers wondered how the bomb disposal squad was chosen, assuming courage was a prerequisite. Instead, they learned, all military personnel were expected to do the job once they received extra training.

The operators' fear decreased as their confidence in their abilities increased, he said. From 60 percent confidence before training, their confidence increased to 90 percent after training, and up to around 97 per cent once they had succeeded in one or more disarmaments.

"This had obvious application to psychological treatment, including Exposure and Response Prevention," said Dr. Rachman. "In the course of this treatment [for OCD], I was struck by how patients' lives were being damaged, how they were extremely frightened people. And our treatment required coming in contact with the sources of their greatest distress: We expected them to willingly be exposed to them day after day."

The researchers were impressed by patients' resilience, and by how quickly they regained their composure after each

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FROM THE NEVER SAY NEVER ARCHIVES:

Defining the Experience of OCD
By Bob Cato

(from the Fourth Issue, June 1996)

In the past three issues, I discussed some of the primary themes which I have found prevalent in Obsessive Compulsive Disorder (OCD). These included anxiety, doubt, perfection, and magical thinking. In my own personal experience, and that of others with OCD, these four themes seem to the driving force behind our ineffective and fruitless attempts to quell the enormous discomfort of this disorder. These are the forces of the disorder that blackmail us into responding in our OCD ways in a vain attempt to appease what I allude to as the Hydra, a creature from Greek mythology mentioned in the labors of Hercules.

For me the Hydra has always personified multi-symptomatic OCD. When Hercules was dispatched to kill this creature, he found that every time he cut one head off two more grew in its place, and one of these was immortal. For those of us who have a variety of symptoms, there always seems to be another one to deal with when the anxiety and doubt over the present one has been responded to in our usual OCD ways. This is what some therapists refer to as symptom substitution.

This brings us to the secondary themes which seem to be the emotional fall-out from our battles with OCD. These include alienation, shame, embarrassment, and feelings of torture. In this issue I would like to discuss the first two of these.

There is a great deal of alienation present in many of us who suffer from OCD. When a person is unable to stop pulling out their hair, is unable to gain reassurance, is unable to stop washing and checking, or is devastated by intrusive thoughts; intellectually he or she knows that they are different from other people, in contrast to those disorders where people have made a psychotic break. This realization makes it all the more painful. In contrast to other people, many of us are not able to enjoy life with the same degree of freedom and spontaneity as the rest of society. The word "relax" does not exist in our vocabulary. We are unable to let go of that control which we feel we must have over our every waking moment. When we look at other people leading normal lives, we wonder how they do it; and sometimes probably envy their seemingly carefree lives. We then tend to feel isolated and alone with our disorder. That is why support and self-help groups are so important to those of us with chronic OCD. In these groups, we find our that we are not alone and that many others share similar if not identical experiences.

Shame often results from our experiences with intrusive and un-

(Continued on page 10)

FROM THE NEVER SAY NEVER ARCHIVES:

BODY DYSMORPHIC DISORDER

By Nancy Ellen Vance
(From the Winter 2000 issue)

Body Dysmophic Disorder is a mental illness characterized by an excessive preoccupation with an imagined or slight physical defect. The fourth edition of the DSM-IV classifies BDD as a somatoform (denotes relationship to the body) disorder. The Italian physician, Morselli first coined the term, dysmorphophobia, in 1886 to identify such behavior.

In most cases, hair and facial features are the main focal points of despair. Any part of the body can cause distress, and one's focus of concern may change over time. Sufferers compulsively avoid confronting the perceived or minor defect or find themselves "stuck" in the mirror. A sufferer may spend a great deal of time seeking reassurance. It is not uncommon for a BDD sufferer to become physically ill just prior to an event. The anxiety and hopelessness one feels prevents the sufferer from following through with plans.

Another haircut, a new wig or hairpiece, expensive attire, or excessive use of cosmetics may provide temporary relief but usually exacerbates the problem. Some BDD sufferers seek plastic surgery, only to be dissatisfied with the results. Since these methods rarely produce lasting, positive results, a BDD sufferer often experiences an episodic theme of disappointment.

On a "good" day, some BDD sufferers make a conscience effort to interact with others. It is important to capture the moment when one feels "right." Other individuals are so severe, they do not find relief at any time and remain in seclusion.

Comorbidity is often present with BDD. Sufferers may also experience distress from other anxiety disorders, such as agoraphobia, depression, eating disorders, OCD, panic disorder, social phobia, and trichotillomania (hair pulling).

BDD usually appears in adolescence and progresses gradually or may appear abruptly. It often goes undiagnosed for years because a patient is reluctant to reveal symptoms due to secrecy and shame. Often therapists are not knowledgeable of BDD.

BDD is believed to affect at least one percent of the population and appears to be as common in men as it is in women. Due to the shame and secrecy of BDD, it is difficult to estimate how many people actually suffer from this insidious disorder.

Suggested reading:
THE BROKEN MIRROR, Katharine A. Phillips, M.D.

OBSESSIVE-COMPULSIVE DISORDERS,
Fred Penzel, Ph.D.
FEELING GOOD, David D. Burns, M.D.

ARC Opens in Grand Rapids

The building is a beautifully converted 1870's firehouse, now filled with comfortable sitting areas, meetings rooms, artwork and reading nooks. This is the new *Anxiety Resource Center* of Grand Rapids, a very special place for growth and healing. The ARC offers a warm, welcoming environment of support, hope and inspiration to those recovering from anxiety and Obsessive Compulsive Disorders. Dr. Christian R. Komor, director of the *OCD Recovery Centers of America* , serves as the Scientific Advisor. We congratulate the ARC staff and Board - Suzette, Michelle, Alan, Mike, Sue, and Lauren - on the extraordinary job they have done in creating this precious jewel for the OCD Community in Grand Rapids. For location and hours, call 616-356-1614 or visit their website at *anxietyresourcecenter.org*

CAMP REDWING LIVES

. . . . IN HOWELL

We're baaaack. Camp Redwing, the OCDFM camping weekend for OCD kids, returned August 12-14 after a two year hiatus. Relocated this year to the Howell Conference and Nature Center, the campers, counselors, and adult volunteers enjoyed the beautiful surroundings, the food, the campfire, the activities, and each other. There is only one thing that could have made Camp Redwing even better. More campers. Only four young people, ages 11 to 15, were on hand for this year's event.

The weekend began on Friday night with a potluck dinner. Parents brought in their favorite dishes and stayed for the meal. After the parents left, we sat out on the deck around a campfire, snacked on s'mores, and enjoyed the beautiful evening.

Saturday was a busy day. After a pancake breakfast prepared by Charlie Latimer and the other volunteers, the campers went canoeing on the lake. The kids and adults then welcomed Dr. Jessica Harrell, OCD therapist and member of the OCDFM Board of Advisors, who presented information on OCD and on ERP (Exposure and Response Prevention) in a way that was interesting and fun for all.

After a lunch of hot dogs grilled on the open fire, we hiked to the Zip Line activity site, where (almost) everyone took a turn zipping down 500 feet among the trees and across a pond. Breathtaking! Then, a spaghetti dinner, followed by a Scavenger Hunt, followed by more s'mores around the fire. Whew! Everyone slept well that night.

Sunday morning after breakfast, we were treated to a presentation by our own Wally Green, an expert on the prehistoric people who resided on McKeen Lake, north of Lapeer, 10,000 years ago. In addition to arrowheads, tools, and other artifacts, Wally demonstrated the use of the atlatl, a long handled dart thrower used for hunting, and everyone got a chance to try it.

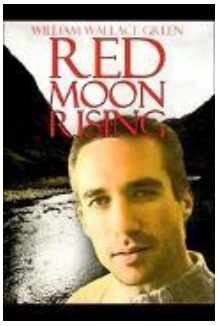
Thanks and kudos to all our camp counselors and volunteers: Amy, Bobbie, Charlie, Heather, Kathy and John, Nancy Ellen, Paul and Brett.

We are already making plans for Camp Redwing 2006. And with the success of this year's camp, we expect next year's to be even bigger and better. Watch these pages for news as it becomes available.

Red Moon Rising

by William Wallace Green

Reviewed by Roberta Warren Slade



We all know Wally Green as the Founder of the OCD Foundation of Michigan, and its Executive Director for many years. He retired from the Foundation a few years back to concentrate on writing and other endeavors. The result of these efforts, ***Red Moon Rising*** (PublishAmerica, Baltimore, 2005), was released earlier this year. A novel about a Michigan Supreme Court Justice and his battle with Obsessive-Compulsive Disorder, it is of interest to us on several levels.

First and foremost, it is a fascinating overview of the nature and treatment of OCD, presented as only one who has "been there" can do. The obsessions are painfully real and the therapy, appropriately distressing and difficult, but effective.

Further, as Michigan readers of a Michigan-based story, it is fun to hear reference to the names, places, and events that surround us every day. When we read of Jennifer Granholm, John Engler, or Cardinal Adam Maida, we feel that we are really "in the know." When Justice Foster travels to Lapeer or Ann Arbor, drives down I-75 or Woodward, or visits Zehnder's Restaurant in Frankenmuth, we can identify with his surroundings and, thus, with his story.

Finally, as a work of fiction that must necessarily tell a story of interest and broad appeal, it weaves the required elements of love, mystery, and political intrigue into a well-balanced package that leaves us satisfied with the experience.

We congratulate Wally on his achievement and look forward with anticipation to his next book in the series, ***Casino Thunderbird***.

NOTE: Due to the mature themes in the book, ***Red Moon Rising*** is not appropriate for those ages 17 or under.

WORDS OF WISDOM

The best and most beautiful things in this world cannot be seen or even heard, but must be felt with the heart.

- Helen Keller

To avoid criticism do nothing, say nothing, be nothing. - Elbert Hubbard

"When you get to the end of your rope, tie a knot and hang on."

- Franklin D. Roosevelt

"Better to light one small candle than to curse the darkness. "

- Chinese Proverb

"Go confidently in the direction of your dreams. Live the life you have imagined."

- Henry David Thoreau

"If you think you can or you think you can't - you are right."

- Henry Ford

The meeting of two personalities is like the contact of two chemical substances: if there is any reaction, both are transformed.

- Carl Jung

Obstacles to Treating OCD: Part 3

(Continued from page 4)

hands and thoughts of covering up nails dirtied by burying the body.

Another challenge to OCD treatment involves when a person's therapy is compromised by the demands of his or her occupation. Treatment can be tricky in these cases and ERP must be adapted to address this complication. For instance, when a physician has contamination fears, he cannot be asked to abstain from washing his hands because to do so would be a violation of physician conduct. Instead, he may be asked to refrain from washing at home and during breaks. Obviously, prognosis in these cases is less favorable.

OCD, even in its purest form, requires patience, vigilance, and dedication from both sufferers and treatment professionals. Challenges can and do arise in treatment, but through the use of creative interventions, these challenges can be met and overcome, leading to symptom relief and improved quality of life for people dealing with this difficult disorder.

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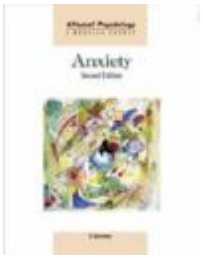
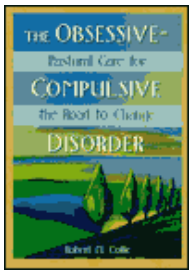
SUGGESTED READING

P. de Silva
S. Rachman
Obsessive-Compulsive Disorder
The Facts
3rd Edition
Oxford University Press, 2004
ISBN 0-19-852082-4

S. Rachman
Anxiety
Second Edition
Psychology Press, 2004
Taylor and Francis Group
ISBN 1-84169-516-5

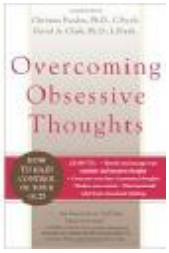


Bruce Hyman, Ph.D.
Cherry Pedrick, R.N.
The OCD Workbook
2nd Edition
New Harbinger Publications, Inc., 2005
ISBN 1-57224-422-4

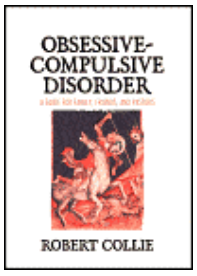


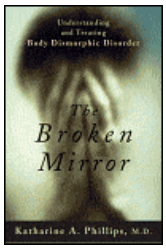
Robert M. Collie, Th.D
The Obsessive-Compulsive Disorder
Pastoral Care for the Road to Change
The Haworth Press, Inc., 2005
ISBN-0-7890-0707-0 (Hard Cover)
0-7890-0862-6 (Soft Cover)

Christine Purdon
David A. Clark
Overcoming Obsessive Thoughts
New Harbinger Publications, Inc., 2005
ISBN 1-57224-381-3



Robert M. Collie, Th.D.
Obsessive-Compulsive Disorder
A Guide for Family, Friends, and Pastors
The Haworth Press, Inc., 2005
ISBN 0-7890-2536-0 (Hard Cover)
0-7890-2537-1 (Soft Cover)





Katharine A. Phillips, M.D.
The Broken Mirror
Revised and Expanded Edition
Oxford University Press, 2005
ISBN 0-19-516719-8

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 6)

wanted thoughts. These thoughts usually fall into the 3 categories of violent, sexual, or blasphemous content and are extremely devastating to the person spiritually. We feel we must be bad people to have such thoughts and wonder why we are plagued with them. We often forget that this is just another disguise of OCD, designed for the sole purpose of attacking what we cherish the most. This is the usual tactic of the Hydra, to go after the Achilles' heel of its victim; and we must constantly strive to identify what is OCD and what is not, so that we can draw a line in the sand. When we are able to separate our OCD symptoms from our real selves, then we have made a giant step towards challenging the terrorist tactics employed by this creature. Then by taking up the sword of behavior modification and the shield of anti-obsessional medication, we will be able to go on the offensive against the Hydra and reclaim the territory we have lost.

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.

FEAR AND COURAGE

(Continued from page 5)

exposure session. Researchers and clinicians continue to investigate new techniques, drawing on patients' courage and advancing cognitive-behavioral therapy, to provide even more effective treatment, Dr. Rachman said.

People with OCD, despite their terror, can draw on their innate courage and fight back. As they succeed, their success will boost their confidence to continue the fight. Clinicians, for their part, must promote courageous behavior in their patients by helping them draw on those resources and sustain the effort.

"All people are capable of courage," concluded Dr. Rachman, "including the most fearful of us."

Laurie Krauth, MA, is a psychotherapist in Ann Arbor, Michigan, treating OCD and other anxiety disorders, and is a valued member of the OCDFM Advisory Board. Laurie can be reached at LKrauth@comcast.net.

A version of this article ran in the newsletter of the national OC Foundation and is reprinted with their permission.

BULLETIN BOARD

Welcome

Amy Winebarger,

the newest member of the OCDFM Board of Directors. Amy brings a lot of refreshing energy, enthusiasm, and new ideas to the Board.

You, too, can volunteer your time to the OCD Foundation of Michigan. Call us at 313-438-3293 or email OCDmich@aol.com

DO YOU HAVE A COPY OF

Never Say Never

Second Issue, September 1995

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Our OCDFM newsletter Archives are incomplete. We are missing the Second Issue, dated September 1995. If anyone still has a copy of this issue, we would appreciate hearing from you. Call 313-438-3293 or email OCDmich@aol.com.

Compulsive Hoarding Research

We are looking for participants for a research project on compulsive hoarding, a common variant of Obsessive-Compulsive Disorder.

- Do you have trouble discarding possessions that may seem of no value or use to other people?
- Are your living spaces so cluttered that it's hard to have a normal life?
- Do you feel compelled to acquire more and more possessions?

If the answer to these questions is yes, and you are interested in taking part or with to find out more, please write to Dr David Mataix-Cols. Address: PO69 Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF. Email: d.mataix@iop.kcl.ac.uk. Please provide your full name, address and contact telephone numbers.

Please note that you can take part in this Research Project even if you live outside the United Kingdom. In this case, we would carry out a phone interview to confirm your diagnosis and send you a pack of questionnaires to fill and return to us (freepost).
This research has been approved by the Ethics Committee of the Institute of Psychiatry, King's College London.

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

Please Print:

Name: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

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

12/2005

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

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