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!

Fall 2008

In Search of the Elusive Behavior Therapist

by Fred Penzel, Ph.D.

A question I am frequently asked by those who suffer from OCD and Trich is, "How can I find a behavior therapist near where I live?." It must seem to many people that therapists with this specialty tend to be rather rare and exotic creatures. In truth, there really aren't all that many behavior therapists here in the U.S.. Also, they generally tend to congregate around certain regions and usually near major metropolitan cities. This is, after all, where the greatest number of patients are, and let's face it, behavior therapists have to make a living like anyone else. Don't get too discouraged. There are still a fair number of them scattered around, and graduate programs are turning out more all the time. My purpose in writing this article is threefold: first, to help you locate a therapist of the behavioral persuasion; second, to show you how to question them about their qualifications and services; and third, to give you at least some information so that you will be able to evaluate what they have to offer you.

Where and how to look:

There are several sources of referral information that you will find helpful in your quest, and I will give them to you here.

- The Trichotillomania Learning Center (TLC): the obvious place to start. They are the premier organization for those with this disorder. You can call them at **(831) 457-1004** for the names of practitioners they know of in your area. Their web address is **www.trich.org** . and their website is quite helpful and informational.

- The Obsessive Compulsive Foundation (OCF): They maintain a large national referral list organized by states, and you can call them to request their listing for yours at **(617) 973-5801**. There is no guarantee that the OCD specialists they list will also specialize in trich, but they may, or else those whose names they give you may know of other practitioners in your area. Their web address is **www.ocfoundation.org**

- The Association for the Advancement of Behavior Therapy (AABT): A professional organization whose members practice behavioral therapies. While they do not maintain a listing of inch specialists, they do have a list of specialists in OCD which is organized geographically. Again, these specialists are worth calling

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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:

Group is currently not meeting.
Call Mary Jo at (734) 883-4038

DEARBORN:

2nd 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

GRAND RAPIDS:

Old Firehouse #6
312 Grandville SE
Call the Anxiety Resource Center
(616) 356-1614
www.anxietyresourcecenter.org

General Anxiety
Meets every Wednesday, 7 to 8:30 p.m.
Open to individuals who have any kind of anxiety problem as well as their friends and family members.

Adults Obsessive-Compulsive Disorders
2nd and 4th Tuesdays, 7 to 8:30 p.m.
Open to any adults who have or think they may have Obsessive-Compulsive Disorder. Friends and family members welcome.

Teen Group General Anxiety
1st Monday, 5:30 to 6:30 p.m.
A monthly support group for teens who have or think they may have an anxiety disorder. Friends and family members welcome.

Body Focused Repetitive Behaviors
1st Tuesday, 7 to 8:30 p.m.
A monthly support group for adults who have Compulsive Hair Pulling, Skin Picking and Nail Biting problems. Open to friends and family members.

Compulsive Hoarding
3rd and 5th Tuesday, 7 to 8:30 p.m.
A monthly support group for people who have trouble with compulsive hoarding. The group is open to friends and family members.

HOLLAND:

Call Geraldine at (616) 335-3503 or
Tony at (616) 396-5089

LANSING:

3rd Monday, 7:00-8:30 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 Terry at (586) 790-8867

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

AKRON, OH

Parents of Kids with OCD
3rd Monday, 7 PM
Outpatient Pediatric Psychiatry Dept.
Akron Children's Hospital, 300 Locust Street
Suite 280 in Conf. Room
Call Susan at (330) 499-0373
To receive free e-newsletter,
Contact Marie at oooccddkids@yahoo.com

AKRON/CANTON, OH

OCD/Scrupulosity
2nd and 4th Tuesdays, 7 - 8:30 PM
Queen of Heaven Parish, (In the Bride's Room)
1800 Steese Road, Green, OH
Call Susan at (330) 499-0373

Scrupulosity: Blackmailed by OCD in the Name of God

PART 2

By Laurie Krauth, MA

ADAA Professional Member

TREATMENT: Cognitive-Behavioral Therapy

John wanted to fight back to regain his family and himself. In reading about his symptoms, he learned that numerous studies showed Cognitive-Behavioral Therapy (CBT) was highly effective in treating OCD. But choosing to begin treatment was still a terrifying decision. The stakes seemed so high. What if his thought that he had sold his soul to the Devil was true and he stopped trying to win his soul back? He might go to hell. What if he was right that thinking about harming his family made him more likely to do it? Then if he didn't avoid potentially dangerous situations with them, he was risking their lives.

Yet the wise part of him knew that those obsessions came from OCD and were not true. To begin treatment and defy his OCD, he needed the courage to trust his "wise mind," as researchers Wilhelm and Steketee (2006) call it.

People with OCD crave certainty that isn't possible: a guarantee that awful things won't happen. What's particularly challenging about scrupulosity is that it's virtually impossible to logically disprove. If you believe you'll go to Hell for thinking about sex with the Virgin Mary during Mass or not saying your prayers "perfectly," only death will provide you with the evidence. And with what feels like such high stakes—in this life and after—standing up to the OCD seems especially risky. John took a leap of faith in harnessing his wise mind to enter treatment.

Like other CBT therapists, I use two primary tools. One is cognitive therapy, which challenges the thinking errors common to OCD. The other is a behavioral treatment called Exposure and Response Prevention (ERP). With ERP, John actively encouraged those nightmarish, irrational, anxiety-producing thoughts and behaviors while refusing to use rituals to chase the anxiety away until his anxiety diminished.

Clergy can help prepare and support their parishioners in this therapeutic work. I would never ask clients to do something that they truly believed would violate their religious beliefs. But sometimes scrupulosity sufferers can resolve those concerns by meeting with clergy who are educated about OCD.

A religious leader can emphasize that perfection isn't necessary to express faith and help sufferers separate out their OCD from their devotion to God. It's also very helpful for sufferers to hear from their clergy that they are not sinning when they do exposure exercises in which they say or do things that feel unpardonable to them. Sometimes it is helpful for a clinician to meet with a client and clergy member together, especially if the religious leader is unfamiliar with scrupulosity.

COGNITIVE THERAPY

John exhibited a number of classic thinking errors common to people with OCD. As noted earlier, scrupulosity sufferers often have thoughts that are no different than the thoughts the average person has. The difference is how sufferers *think* about their disturbing thoughts: the distorted meaning they give them and how that leads the OCD to blackmail them.

Overimportance of Thoughts

Sufferers often believe that "just having a thought means that the thought is important and requires special attention" (Wilhelm et. al, 2006, p. 9). This plays out in a couple of ways. The first is in "**moral thought-action fusion.**" John believed he was as bad for thinking about harming his family as if he actually had done it.

In other words, many sufferers believe that having a bad thought is as sinful as doing something bad. This thinking error is harder to address for sufferers whose religions actually preach this. For instance, in the *Sermon on the Mount*, Jesus warns, ''You have heard that it was said 'you shall not commit adultery'; but I say to you, that everyone who looks on a woman to lust for her has committed adultery with her already in his heart'' (Matthew 5:27–28; New American Standard Version). Research indicates that many strongly religious Christians, including devout Protestants, incorporate this doctrine into their belief system (Nelson et. al., 2006). But many religious leaders emphasize that they don't expect perfection, and know that OCD forces its sufferers to replay perceived "sinful" thoughts and deeds against their will.

The second way to overestimate the importance of their thoughts is in "**likelihood thought-action fusion**" (Wilhelm et. al. 2006). Sufferers believe a thought will lead to action, like John worrying that if he thought about harming his family, he would be more likely to do it.

This can also show up in magical thinking: if you think about doing something it will cause it—or something else horrible—to happen. My nine-year-old client wouldn't wear red because it could lead her to the Devil, or say "down" because it could send her to Hell. Another former client was afraid to wear the earrings she'd had on when her infant had a convulsion for fear that it would cause him to have another one.

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Other cognitive errors (Wilhelm et. al., 2006) include:

- **Control of Thoughts**: When people try to control their thoughts, they usually find the thoughts become harder to prevent. Scrupulosity sufferers are distraught that inappropriate thoughts enter their mind. Instead of dismissing them with a shrug as people without OCD do, they become horrified that they had the thoughts at all and try to stifle them, which has the opposite effect.
- **Intolerance of uncertainty**: Sufferers need to know absolutely that they are morally or religiously in the right because they believe that the consequences, such as eternal damnation, will be severe if they are wrong.
- **Emotional reasoning:** People with OCD think that if they feel something, it must be true, regardless of the evidence.
- **All-or-nothing thinking:** Scrupulosity sufferers believe that if they don't practice their faith perfectly, they have failed.

John learned to correct his thinking errors by challenging them with me. He also used behavior therapy as a way to challenge those thoughts in a different way: to take away their power to control him by reducing their sting.

Behavioral Therapy: Exposure and Response Prevention

With Exposure and Response Prevention (ERP), John learned how to tolerate his obsessions instead of running from them, which takes away the power of those thoughts. His mind and body habituated to the anxiety triggered by the distressing thoughts; he learned how to label those obsessions as OCD, not truth, and let them go. The thoughts eventually became less disturbing and then less frequent. In conjunction with cognitive therapy, it was a powerful weapon against his OCD.

- Habituation

ERP is the OCD sufferer's equivalent of jumping in a cold pool. In ERP, sufferers choose to accept and tolerate the initial discomfort of their bad thoughts, despite their desire to chase those thoughts away with compulsions.

Likewise, swimmers often need to accept and tolerate the cold water when they enter a pool. If they immediately jump out, they will feel relieved to be out of the cold. This quick reaction reinforces their belief that cold water is unbearable and avoiding it is the only smart move. If they jump back in periodically but always flee before they get used to it, they continue to reward the getting-out (avoidance) behavior. They've reinforced that the cold is obviously too awful to tolerate, which just increases their distress when they imagine trying again.

However, if they stay in the pool until they get used to the chill, they adjust and become more comfortable. If they repeat that exercise a dozen times a day, they reinforce the message that tolerating the cold leads to getting more comfortable. With time they get less scared of the initial disturbing chill and the irrational belief that it will last forever, and find waiting it out pays off with reduced (or even no) discomfort.

It's the same with scary thoughts. When John was afraid of thoughts of harming his children and going to Hell, he neutralized them by keeping away from the kids, and by repeating phrases about God that reassured him that he was a good Christian man. But the thoughts just kept returning and he'd have to continually avoid his kids and repeat useless phrases for minutes and later for hours.

I'd clearly determined that he was not a danger to others or to himself. So I didn't worry about having him in situations that his OCD made him feel might be dangerous for others.

- Thought Exposure (the E in ERP)

We made a hierarchy of his obsessive thoughts, from the least to most disturbing. We created a thought exposure exercise for him. He listened repeatedly to a tape he recorded with a script about Satan making him harm his children. He listened to the tape, read the script he'd written for it, and re-wrote the script for a total of 60 minutes each day.

Then we added frequent quick thought exposure exercises that would trigger the anxiety. He typed "sold to D" for Devil on his Blackberry, which beeped hourly and put post-it notes with "sold to D" where he'd see them. He took his laptop to his car during work breaks and watched "The Exorcist," which triggered his anxiety.

- Behavioral Exposure

Later we added assignments, as he could handle them, of rough-housing in a pool with them, bathing them, and using knives around them in the kitchen.

- Response Prevention (the RP in ERP)

He refused to do any compulsions or safety behaviors to quell the anxiety, such as avoiding his children or repeating his reassuring phrases. He taunted his OCD with the behavioral

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and thought exposure exercises. As a result, he habituated to those anguishing thoughts—they stopped disturbing him as much and soon he stopped having them as much. The OCD thoughts lost their power.

After several months, he had significantly reduced his anxiety and was exhilarated at being able to regain his affectionate way with his children. However, while he'd accepted that his harm obsessions were irrational and to dismiss most of them, some remaining scrupulosity fears about his likelihood of going to hell still had a toehold.

He wrote a final script for himself for his last thought exposure exercise.

"It's Wednesday afternoon and my weekly appointment with Laurie. Only this week is a little different. [Pastor] Jane is joining us from church. She sits down and asks, 'So what is the issue?' Laurie goes through the medical explanation of OCD. Jane looks at me and asks, 'What does this have to do with you?'

"I respond, 'I am afraid I may have sold my soul to the devil.' Jane responds, 'It is the church's belief that if you're afraid you did then you must have done it. There is no such thing as a chemical imbalance in the brain. You are doomed to hell. You have done the unthinkable. There is no hope for you to find salvation once you have done the unthinkable.' Hearing Jane say it out loud makes me realize it must be true. I must have done it. Laurie was lying to me to make me feel better. I truly am an evil person. In my weakened state, I turn to my wife for help and explain the scenario. She backs away in total fear, yelling, "HOW COULD YOU DO SUCH A THING! YOU DISGUST ME!' She takes the kids and files for divorce. I go on to live my life in solitude, sorrow and regret, never to see my wife or the kids again."

This was his last step in overcoming his OCD and it worked. The more he listened to the tape, the more he was able to see how irrational his fears were, and to let them go. He became freed from his scrupulosity.

The bottom line is that people with scrupulosity can maintain their faith and stop being blackmailed by their OCD.

Laurie Krauth, MA, is an Ann Arbor, Michigan, psychotherapist specializing in the treatment of anxiety disorders, including OCD, as well as in the treatment of depression, relationship and LGBT concerns. She is a scientific advisory board member of the OCD Foundation of Michigan and a professional member of ADAA. Links to OCD resources and contact information is available at www.LaurieKrauth.com. This article ran in the OCF early spring '07 edition.

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REMINDER

If you have not already completed our online survey, please go to our website at www.ocdmich.org and click on the link

NOTE: If you would prefer to fill in the survey on paper, please call us at 313-438-3293 and we will send you a copy.

FROM THE NEVER SAY NEVER ARCHIVES:

HOLIDAY STRESS & OCD

From the Fall 2003 issue of Never Say Never

When most people think of the holidays they think of twinkling lights, a festive array of party foods, beautifully wrapped gifts, and often the church Christmas play. To many people the events of the holiday season are filled with excitement and long awaited anticipation. Not true for the OCD sufferer. For people with the disease of OCD, holidays are filled with stress, anticipatory anxiety, and often blasphemous obsessions, as there are many triggers to remind one of his or her condition. Festivities should not become a dreaded event, nor should the traditional "midnight Mass." Therefore, as a Professional Psychologist and Behavioral Therapist, my gift to those of you reading this article is to provide you with a bit of holiday cheer and a new hope for the Christmas season!

While scurrying around the mall with all of the other Christmas shoppers I am reminded of the days that I had difficulty even driving by a shopping center. For me, I was terrified that I would get into a store and have a full-blown panic attack or become "stuck" while picking out a gift. Sound familiar? One of the classic symptoms of OCD is the overwhelming sense of dread and doubt, which exacerbates with stress. Therefore, how do you plan to handle holiday shopping this year? Let me suggest a few ideas:

1. Make a SHORT list of those that you have to buy for, along with gift ideas.
2. Pick the least stressful time to shop. Usually this means on a weekday, somewhere around lunchtime, or when you are not in a hurry.
3. Do some deep breathing or relaxation before entering the store
4. Slow down!!! Most anxious people try to "fly" through the mall so that they can hurry home. Stop! Make a conscious effort to walk slower than usual.
5. When you have selected a gift, when the "what if" thoughts begin, buy it. Don't look any further. If you are trying to decide between two items, tell yourself that the recipient will

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like either one, give yourself 10 seconds to decide, put the one in your left hand down and buy the one in your right hand. (Not that the left hand is better than the right, it is just a way of making a decision rather than spending 10 minutes to obsess about it.)

6. If you are still obsessing while walking out of the store, tell yourself "this is just an anxious thought that I will put off until later." When you arrive home, set a timer for 5 minutes (only) and write down the worst thing that can happen if you have selected the wrong gift (i.e., they hate it, they get sick by touching it, etc). If these thoughts persist, take 5 minutes daily to journal your thoughts. Soon they will seem silly, and dissipate.

The second area that I would like to address is the blasphemous thoughts that often become worse this time of year. I can still remember sitting in a church service obsessing about NOT standing up and yelling obscenities at the pastor, or worse. Are these common thoughts that keep you from a Christmas church service? Here are a few things to ponder:

1. You are uniquely created and God has knowledge of all your thoughts, yet He loves you unconditionally.
2. Most people without OCD have the same thoughts, yet they just don't obsess over them.
3. Your disease does not define who you are.
4. Obsessive thoughts are involuntary, much like blinking. People with OCD cannot control the thought content, only the reaction to them (i.e., anxiety, avoidance, etc.)
5. Understand that thoughts are not actions. People with OCD do not act on their thoughts, no matter how scary they make you feel.
6. OCD hits you where it is going to affect you the most. If you are a Christian or a religious person, blasphemous thoughts may bother you the most. It goes against your "grain." That's what makes these thoughts so hard to deal with.
7. Remember that in the Bible God states "nothing can take them (His people) out of my hand, ….. neither heights, nor depths ….." This means, even OCD cannot separate the believer from God.

Well, there they are, a few suggestions for enjoying the Christmas season this year. I hope that I have helped you get back into the spirit of this holiday season. As a former OCD sufferer and professional, I am personally available to further help you conquer and control your symptoms, especially during this stressful time of year.

Seasons Greetings & Blessings,

Debra Dahl, Ph.D.
Professional Psychologist and Behavioral Therapist

for the reasons mentioned above. Once again, even if some of these practitioners don not treat trich themselves, they may know other specialists who do. Their website can be found at **www.aabt.org**

- Your local trich or OCD support group (assuming you have one): Attendees are often a valuable source of information, because members may have already seen many of the local practitioners.

- University hospital centers that have OCD clinics: There are very few trich treatment centers, and you are better off asking to speak to someone in their OCD program. They may have a trich specialist.

- Your county psychological society: This may be a bit of a long shot, depending upon how many members they have, but you never know. They usually list their members by specialties, and may know of a local inch specialist. Sometimes the secretaries at these offices are extremely knowledgeable.

People who staff the organizations listed above are quite helpful and will certainly do their best to help you. Don't be shy about calling them, as they get such calls all the time. As you begin your search, there is one very important point to keep in mind. There is no such thing as the "perfect" therapist. A particular therapist may or may not be the best match for a particular patient depending upon the therapist's style, and the personalities of both individuals. If you are fortunate to live in a location where behavior therapists who specialize in trich are plentiful (Is there such a place?), you will have the luxury of being able to choose from several. My hunch, however, is that you will probably be lucky to have even one such specialist in your area, so you may have to work with them and make the best of it. Hopefully, this person will have the training and be someone you can work with in a therapeutic relationship. If not, you may have to be flexible and try to work with whoever is there. Even if they don't fit your ideal, it still doesn't mean you cannot be helped by this person.

What to ask:

When you finally locate a practitioner, you would do well to ask them the following questions before making an appointment:

1. What degrees do you have, and are you licensed in this state? (Stay away from the unlicensed. No one regulates them, and you will have no protection if you are improperly treated. In most places, anyone can call themselves a "psychotherapist", whether they've had any training or not).
2. Do you specialize in treating OCD or trichotillomania (depending upon your diagnosis)? What are your qualifications for this? (Have they had some type of supervised training).
3. How long have you been in practice? (If they are the only practitioner in your area, this may be less important.)
4. What is your orientation? (The answer should be cognitive/behavioral treatment)
5. What techniques do you use? (For behavioral therapy for OCD the answer would have to be Exposure and Response Prevention. For trich, the answer would have to be Habit Reversal Training and Stimulus Control- see below)
6. What is your fee? Are your services covered by insurance (assuming that the answer to this is an important factor in being able to afford treatment)? Make sure you check with your insurance plan before calling anyone to find out if you have coverage for outpatient mental health treatment. Also be sure to ask if you are only allowed to see practitioners who are members of your plan's network. Insurance companies try to keep this secret, but if they have no one within their network who specializes in your disorder, they have to let you go out of network, and they will even negotiate the specialist's fee, often paying what that specialist usually charges. Don't be afraid to press them on this.
7. How often would you have to see me? Once per week ought to be enough unless you are in crisis.

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8. On the average, how long will it take for me to see some results with this treatment? You should expect to see at least some results within the first six months, assuming that you are cooperating with treatment instructions.

If you don't like some of the answers you are getting to the above questions, or the practitioner gets defensive about answering them, look elsewhere. A reputable therapist should have no problems answering such questions directly.

What you should know:

Once you have made your first appointment, but before you show up. try to educate yourself about behavioral therapy (BT). Just as you would before buying a large household item, it pays to know something about the product. It is important that you be clear about what is proper behavioral therapy for trich. Over the years, I have had many new patients tell me that they have already tried BT and that it didn't work for them. When questioned further, it would become clear that they hadn't had proper BT at all, but something their therapist told them was BT. Most often, they were taught a simple relaxation exercise which by itself, wasn't enough to do the job. Others have tried hypnosis, and although it usually isn't represented as BT, they mistakenly took it for that.

BT for OCD consists of an approach known as **Exposure And Response Prevention**. To begin, a careful analysis of all symptoms is made, and a rank ordering of all feared situations known as a hierarchy is established. Based upon this information, an individualized treatment program is created, and behavioral homework assignments are given on a regular basis. Patients are then gradually exposed to larger and larger doses of the thoughts and situations they fear, while resisting their compulsions and staying with the resulting anxiety until it subsides. The therapy may either be self-directed, or done under a therapist's direct supervision in the office or out in the community. I tend to favor self-directed treatment, as it encourages people to be more independent and to eventually become their own therapists. It is a lot closer to real life than having someone standing over you and telling you what to do.

At the present time, proper BT for trich consists of what is known as **Habit Reversal Training (HRT)**, as well as **Stimulus Control (SC)**. HRT is composed of four major parts, together with some extra bells and whistles thrown in to keep you motivated and on track. These extras may vary from therapist to therapist. The four parts of HRT are:

1. Keeping records of your pulling behaviors to increase your awareness of your own behavior.
2. Relaxation training to reduce tensions that lead to pulling, and to help you center yourself when you get the urge to pull.
3. Breathing exercises to be done along with the relaxation, to increase the relaxation and to further center yourself
4. A muscle tensing exercise performed with the hands and forearms that is incompatible with pulling.

HRT may be done on an individual basis, or as group treatment. While space does not permit me to give you a really complete rundown on HRT here, you can call or write to TLC to get reprints of previously published articles on behavioral therapy. My article in a previous issue of In Touch (#3 for 1992) gives you a rundown on HRT, and will help you to spot the genuine article when it is being offered.

Actually, good therapy for trich should really offer you more than just HRT and SC. It should take a close look at all aspects of your life: your past history, your working life, your relationships, your general

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health, your philosophy of life (yes, you have one, everyone does), your spiritual life, the ways in which trich has had an impact on your life, and especially your attitudes toward trich itself and how you view yourself in regard to the disorder. Some people have been so stigmatized by the disorder that this, in itself, needs to be treated before you can even begin doing the HRT. If some of these issues aren't looked into and dealt with, your treatment may never get off the ground due to a lack of motivation or belief in your ability to recover.

There are a number of things which you should look for in a therapist, and some you should beware of. Look for a therapist who:

- listens to you, answers your questions, and doesn't just talk at you.
- answers your calls and is reasonably available to you.
- uses the latest accepted treatments that are recognized by leaders in the field.
- not only teaches you techniques to get recovered, but also those necessary to stay recovered. They will show you how to realistically accept the inevitable slip-up and still keep going.
- helps you to grow into the role of being your own therapist - that is, someone who is responsible for their own recovery and who ultimately learns to depend upon themselves.
- doesn't just plug you into a "one size fits all" treatment program, but instead treats you as an individual and tailors (as much as possible) the various techniques they have to fit your particular needs.
- if they are the only one in your area and do not have the training, are at least willing to learn about it on your behalf, and to give it try.

Beware of the therapist who:

- has you come for an excessive number of visits, or seems to keep you coming to them without any kind of endpoint to the treatment.
- keeps you dependent upon them rather than teaching you to depend upon yourself.
- is flatly opposed to the use of medication rather than having an open mind about it.
- guarantees you results or promises a 'cure' (if something sounds too good to be true, it probably is).
- uses methods that neither you nor anyone else has ever heard of
- tells you that your hairpulling is really the result of some other deep unconscious psychological conflict, and that this other problem must be worked out first.
- assigns homework that you find really distasteful.
- makes comments or observations that you find humiliating.
- keeps telling you that they will get around to the behavioral therapy, but never seems to do so.

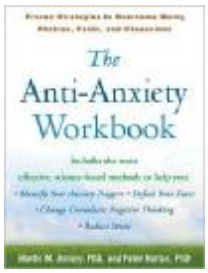
Whatever it takes to find a recovery, never give up. In pursuing a recovery, persistence is everything. As long as you keep trying, there is always a good chance that you will succeed. I have rarely seen someone fail to succeed who has stubbornly kept at it. There really are resources out there if you look for them.

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.

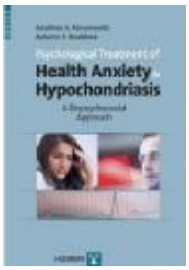
If you would like to read more about what Dr. Penzel has to say about OCD and related problems, take a look at his self-help books, ***"Obsessive-Compulsive Disorders: A Complete Guide to Getting Well and Staying Well,"*** *(Oxford University Press, 2000), and* ***"The Hair-Pulling Problem: A Complete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

SUGGESTED READING

Martin M. Antony, Peter J. Norton
The Anti-Anxiety Workbook:Proven Strategies to Overcome Worry, Phobias, Panic, and Obsessions
The Guilford Press
Release Date: February 1, 2009
ISBN: 978-1593859930



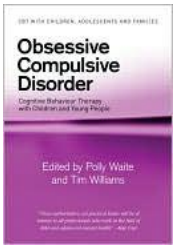
Jonathan S. Abramowitz,
Autumn E. Braddock
Psychological Treatment Of Health Anxiety and Hypochondriasis: A Biopsychosocial Approach
Hogrefe & Huber Publishers, 2008
ISBN: 978-0889373471



Mark Freeston, Kevin Meares
Overcoming Worry: A Self-Help Guide Using Cognitive Behavioral Techniques
Basic Books, 2008
ISBN: 978-0465005383

Margaret Wehrenberg
The 10 Best-Ever Anxiety Management Techniques: Understanding How Your Brain Makes You Anxious and What You Can Do to Change It
W. W. Norton, 2008
ISBN: 978-0-393-70556-0

Polly Waite, Tim Williams, Editors
Obsessive-Compulsive Disorder: Cognitive Behaviour Therapy with Children and Young People
Routledge Mental Health
Release Date: March, 2009
ISBN: 978-0-415-40389-0



Prakash Kamath, DPM, MD
Y. C. Janardhan Reddy, DPM, MD
Thennarasu Kandavel, PhD
"Suicidal behavior in obsessive-compulsive disorder"
Journal of Clinical Psychiatry
Vol. 68, 2007, No. 11, Pages 1741-1750

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.

OCD and Parenting (http://health.groups.yahoo.com/group/ocdandparenting).
An online support group for parents of children with OCD.

Organized Chaos (http://www.ocfoundation.org/organizedchaos)
For teenagers/young adults only, this is a site for learning about OCD from each other, and from treatment providers.

JJ's Place (www.jjsplace.org)
The website for kids with OCD. Also has resources for family and friends, teachers, and therapists.

For a long list of websites relating to OCD, see our website at www.ocdmich.org.

PROFESSIONAL DIRECTORY

List 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.

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West Bloomfield, MI 48322

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Ann Arbor, MI 48104

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PLEASE HELP

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

The OCD Foundation of Michigan
Membership Application

Please Print:

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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 an additional 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

12/2008

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 Obsessive-Compulsive Disorder (OCD) is an anxiety-driven, neurobiobehavioral disorder that can be successfully treated.
- To offer a network of information, support, and education for people living with OCD, their families and friends, and the community.

IF YOU WOULD LIKE TO BE ADDED TO OR DELETED FROM THE MAILING LIST PLEASE CONTACT US

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