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!

Winter 2008

OCD: Life With a Parent Who Struggles

by Nancy Ellen Vance
with Scott, Aaron & Paul Vance

The OCD Foundation of Michigan's Board of Directors is comprised of individuals from many walks of life. Each of us has been diagnosed with OCD or a Spectrum Disorder. In addition to OCD, some of us manage our lives as best we can while also dealing with other disorders. My primary diagnosis is Posttraumatic Stress Disorder (PTSD). My symptoms of OCD are believed to be a result of multiple traumatic experiences.

Our Board member, Jennifer Shanburn, recently wrote articles about the effect of her OCD behaviors on her family. Her husband, Eric, and her parents, Rob and Barb Polsgrove, gave honest, heartfelt answers to questions about their experiences of living with Jennie and the impact her OCD had on their lives.

As the single mother of three sons (ages 32, 29, 20), I decided to follow suit to Jennie's interviews and share a perspective from children of a mother who survives the intrusion of OCD in her life. I presented my sons with the following questions in hopes that their answers will help children of OCD sufferers and also spark an interest in ways to tackle this oftentimes disabling disorder. My sons' responses give another view of how OCD influences the dynamics of a family.

At what age did you realize your mom was experiencing unusual difficulties with OCD symptoms? What type of behavior did she exhibit? How did this affect you?

Scott: I had noticed odd behavior from my mother since I was very young, but I was a young teenager before I realized that these behaviors were severely affecting my mother. She would cut her hair over and over and did a lot of checking. She was always taking care of other people (even if they didn't deserve her help) when she should have been taking better care of herself. I tried not to upset my mother because it normally made things much worse.
Aaron: Probably as a junior or senior in high school. She spent hours in the bathroom cutting her hair or would sort and resort papers. It was difficult for her to throw anything away. When Scott and I were young, she always had projects for us to do with her. She would clean and rearrange things over and over. It was upsetting to see my mother struggle.
Paul: I never really understood as a kid, but I knew there was something. It was not until high school when I found out what OCD really was and the impact it truly had on our family, like changes in our schedules and living arrangements. My mom would talk me into something, and then out of the blue she changed her mind. I noticed she would be wearing a wig or her hair was very short, and I knew something was wrong.

What would you say was the greatest impact of your mother's OCD on you personally?

Scott: The uncertainty associated with her well-being.
Aaron: Loss of time together. Seeing her during a crisis was also difficult.
Paul: Having to move into my aunt's house at the age of ten was a major adjustment for me. My mom tried to be with me all the time, but my brothers were living at our house in another city. It became too hard for her to handle everything. She called often and I saw her almost everyday, but I wasn't able to see her 24/7 like I did when I was a little kid.

In your opinion, how did your mother's OCD affect the family as a whole?

Scott: I am not really sure as a family unit how her OCD affected us because I have nothing with which to compare

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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 9 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 9 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 9 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 Tuesday, 7 to 9 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:
1st Thursday, 7:30-9 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 ooocccdddkids@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

OCD: Life With a Parent
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my upbringing. All in all, I cannot make many complaints about my youth and the experiences I enjoyed.

Aaron: My mother is a very strong person. In some ways it brought us together because my brothers and I realized she was struggling. Other times it created frustrations for everyone, including her.

Paul: It's the reason I moved in with my aunt. Whenever a family member leaves the normal situation, I would say it has a huge impact on everyone in the family.

Did your mother's OCD influence your education and extra circular activities?

Scott: My mom was always there to help me when I needed it and would devote as much time as needed to see me succeed.

Aaron: She was unable to attend all my events during my junior and senior years in high school. However, she was able to come on many occasions when she wasn't feeling too sick. She also made a strong effort to help with my education.

Paul: It made me stronger. Even with OCD and all the other things going on in her life, she always helped me with everything and did not miss my sports. She never really let me know how painful life was for her until I graduated from high school.

Did you find your mother's compulsions made you question any of your own behaviors?

Scott: At times, but I did not seem to be so affected by what I might consider a compulsive behavior as she was. OCD seemed to grip my mother's soul and cause her severe agony.

Aaron: Yes. I learned from her struggles. I listened to her advice and tried to avoid making some of the mistakes she had made.

Paul: No. If I have OCD, I have it and there is nothing I can do about it. I'll still try to have a good life. If I do not have it, then GREAT!

Do you feel you are more aware of others' behaviors because of your mother's OCD symptoms? If so, do you ever question others who may be suffering?

Scott: Yes, I may be aware of someone's behavior, but I think it is rude to question someone about his or her mental condition. I believe that the sufferer, at his or her own discretion, can volunteer information.

Aaron: Of course. You examine people and notice "things" more often. I do not question others, but I catch myself analyzing my own behaviors.

Paul: I try not to worry about what others have going on in their lives, unless they want me to get involved.

Do you feel you have a better understanding of OCD since living with a care provider who struggled?

Scott: I am more understanding when someone is exhibiting compulsive behavior and not as critical of people.

Aaron: Yes. My mom would explain and teach us many of the things she was learning. Talking with her and listening helped us understand the disorder.

Paul: Yes, I experienced first hand what OCD does to a person. It torments the person and makes someone very anxious and sometimes depressed.

Did you ever feel cheated because of your mother's OCD behaviors or that she tried to overcompensate due to feelings of guilt?

Scott: I may have missed out on a few things, but I experienced some great things that most people will never experience. I really don't know if she felt guilty due to her illness.

Aaron: Not really. I knew she always tried her hardest and loved all of us very much.

Paul: NO!! I was not cheated. She took care of me; I was the baby.

Did you ever feel responsible to care for your mother? If so, what do you do now?

Scott: Sometimes, when I could tell she was highly stressed or agitated. I have always tried to be considerate of her feelings.

Aaron: When we are young, we really can't understand all the thoughts and emotions adults have in their minds. I tried to listen and learn. Now that I'm older I empathize with my mother. However, we both realize she is ultimately the person that must be in control. She needs to make good decisions.

Paul: I did what I could when I was young. Whether it is OCD or something else, I love my mom. She took care of me when I was a child and she still takes care of me while I'm in college. I do what I can to return her compassion.

In your own words, how would you describe OCD if asked by another child of an OCD sufferer? What would you recommend one do to make sure (s)he remains healthy?

Scott: I do not think I can describe it in words. I believe that I could only offer insight if I were confronted with the question in person.

Aaron: I would start by explaining what OCD stands for—Obsessive Compulsive Disorder. I would say it's when someone constantly repeats "something" such as an action over and over. Even if the person knows they have already completed the action, they are unable to realize they have finished it. You must seek help from professionals.

Paul: Everybody has problems. You learn that when you are growing up. It is how you deal with your situation that will make you the person you are going to be. Do not sit around and dwell on your situation. Be as active as possible, meet as many people as you can and enjoy life. Life is too long to freak out because you are different.

What recommendations do you have for a child whose parent struggles with OCD?

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FROM THE NEVER SAY NEVER ARCHIVES:

THE WAR AGAINST OCD

By Bob Cato
(from the Fall 2001 issue of ***Never Say Never***)

The Support Group:

The function of the support group in the war against OCD is crucial to each person who is involved in the battle against this disease. It is only at self-help and support group meetings that a sense of not being alone in our struggles gives us renewed courage and encouragement to persevere.

In these meetings we are not only given the opportunity to describe our symptoms, but also the emotional fallout from OCD, in the company of the only people who can truly appreciate the devastation this disease causes each of us. In return, we also listen to the experiences and strategies of others and gain an enormous amount of knowledge. Having hands on experience with all the ramifications of this disorder, we alone are able to be empathetic like no others as we've all been there.

Others can read all they want about OCD but they cannot ever understand what the true emotional impact of this disease entails. For those who have not suffered OCD, they can never fully grasp the damage it causes. Only those who have experienced the disorder can relate to those who suffer from it. That is why the closest family you have in this struggle are your fellow OCD sufferers.

> "I compare the experiencing of Obsessive-Compulsive Disorder with its many and varied symptoms to encountering the Hydra from Greek mythology; a terrifying nine headed creature who was seemingly impossible to defeat, as each time one head was cut off, two more grew back in its place. This is especially true for those of us who experience multiple symptom substitutions."
>
> From ***Facing the Hydra: The Challenge of OCD***, by Robert Cato

For me, attending my first OCD meeting in Dearborn was a revelation and the beginning of a new life. For the first time, I realized I was not alone in this struggle and that seeing others with exactly the same symptoms shed new light on the battlefield. I can't tell you how much this meant to me. Hearing the strategies and success stories of others was a powerful source of inspiration and hope. One of the things that disturbs me the most is to see the huge turnover at OCD meetings. One reason I believe for the majority of drop outs and deserters is the natural tendency, on gaining some improvement in their symptoms, to avoid going to meetings and reliving some of the horrors of this battle. "Oh, I'm better now so I don't need to go unless of course I have a relapse." Shame on you!

If we have benefited at all from these support groups, it is our duty and responsibility to continue attending to give encouragement to those new members who maybe have only just been diagnosed and are beginning their struggles with the Hydra. These people need to hear of our successes and victories to inspire them to continue the fight and gain the hope of a life unhindered by OCD. Together, we are much stronger than alone. We only have to remember how much encouragement we were given when we first walked in off the street. I myself literally lived from meeting to meeting to learn all I could from these veterans, the strategies, tactics of Behavioral Modification and the hope offered by new medications.

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The War Against OCD
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Contamination:

It is essential to learn to differentiate between primary and secondary contamination. Primary contaminations are those specific items which cause us to feel the most anxious. They can include any substance the likes of which makes us recoil in terror. Bodily fluids, feces, chemicals, pesticides, battery acid, gasoline, antifreeze, and paint are among the most common. With bodily fluids and feces, the fear may be of causing illness to us or in many cases to others. The others fall in the category of dangerous toxins that may be life threatening. The immediate response to the great anxiety following real or imagined exposure to these contaminants is washing or avoiding contact with them at all.

Unlike primary contamination is secondary contamination. Once we feel that we have been exposed to the primary agent, anything we touch, like faucet handles, door knobs, car steering wheels or gear shifts, then also become highly dangerous or just anxiety provoking in themselves and will lead to a dramatic OCD response and avoidance similar to the primary, but now much more widespread. Our risk assessment increases to the point where our washing after touching virtually anything spreads like wildfire, becoming even more intricate in our attempts to deal with this spreading plague. It's as if we were walking around with wet paint on our hands and everything we touch is then marked.

The first step to this battle is to absolutely refuse to recognize secondary contamination. Working on small steps, exposing ourselves to these items and then refusing to respond in the typical OCD manner, will in itself free us of the fears associated with secondary objects. This in turn takes much of the steam out of the primary contaminants and helps build our confidence to the eventual showdown with them. By building on our success, we then gain a new freedom and win back much of the territory the Hydra has seized.

It is important to remember that in dealing with the Hydra, you are fighting an extremely difficult, highly intelligent and elusive creature that appears in many guises and takes many different forms. He is determined to find your Achilles heel and attack anything which has any meaning or concern in your life. His appetite is insatiable and grows every time you feed him. He is a terrorist who demands increasingly costly tribute to placate your anxiety. He feeds on all your OCD responses to this anxiety and grows stronger with each ransom paid. He always ups the stakes, increasing both the length of time spent on the rituals and the intricacies involved in carrying them out. You cannot buy him off!

Checking:

Checking is a very common theme with OCD. What we check depends on our Achilles heel; whatever causes the most anxiety. For some, it is re-reading, as these people doubt that they have understood whatever it is they have read. For others, they may have to re-read in order to cancel or negate any intrusive thought they may have had while reading the first time. Checking is a way to seek reassurance that we have truly understood all the written words. What OCD does is to require re-reading many tines to quell the anxiety, which the doubt causes. As we become slower and more methodical in our reading, we discover that we often have to go back all the way to the beginning of a paragraph and start over. This can get to the point where we get stuck in the paralysis of doubt and uncertainty. There is always the need to know with OCD and this becomes unobtainable as our anxiety is increased. The same thing can happen while writing. Here we redo constantly in an effort to be sure that what we have written is perfect.

Checking can include many forms of redoing in response to our inaccurate risk assessment. This is evident in checking doors, locks, lights, kitchen stoves, irons, etc., before leaving the house. With OCD a .5% chance of anything dangerous happening is turned into a 90% probability. We don't just fear for our own safety, but more often the safety of others. This head of the Hydra works on our catastrophic thinking. If we left the stove on, then the apartment will catch fire and spread to other buildings, causing massive destruction

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The War Against OCD
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and injuries and death to others and it will be our responsibility.

In checking, the number of checks required becomes ever more intricate to quell our anxiety, but it's all in vain. The 25th check is no better than the first and in fact is worse because our anxiety increased to the point of our not knowing if we've done the procedure at all.

The best response to checking is to decrease the number of repetitions and endure the anxiety this causes. I always tell people: better the building catches fire than you go back and check for the 25th time. When we relearn to do something once and walk away from it, we are taking a major step in depriving the Hydra of the anxiety it feeds upon.

Perfection:

The need for perfection in the quality of our everyday work is an overbearing form of OCD. Doing something well and doing a good job are essential qualities for any society. When you board an aircraft, you want to feel a degree of certainty that the mechanics have done their job, the pilots are alert to their responsibilities and that the aircraft will function correctly. You might even expect your flight to be on time. If you were having surgery, you would want a very thorough and competent doctor. Same thing with repairs to your home or automobile. These are normal expectations.

With OCD, however, the need for perfection far exceeds the normal expectation of competence. This is where our need for certainty leads to doubting the quality of our performance, thereby causing undue anxiety and the need to repeat the procedure in a vain attempt to quell our uneasy feelings. The question: "When is it ever good enough?" runs rampant. Did I fully grasp what I just read? Maybe if I go back and re-read I will better understand what I've read. Did I miss a spot when I cleaned the window? When I painted the room, did I miss anything? Will one coat cover? I've never seen it despite all the claims on the paint can. When I changed the spark plug on the lawnmower, did I under tighten it or over tighten it? Can I believe the reading on the torque wrench if I used one?

All of these endless quests for perfection increasingly interfere and slow down the completion of a task. On a computer scored exam, a student may be more worried that he filled in the circles neatly than the actual test itself. The more OCD raises the stakes for perfection, the less we produce. If you keep planting the corn over and over to get it right, you don't get a crop. A mistake becomes intolerable and there's always this endless quest for perfection that never is fulfilled. We get stuck.

The answer to this dilemma is to relearn our response to the anxiety. We live in an imperfect world. I'm reminded of the Navajo woman who intentionally weaves a mistake in her work. We then must do likewise. Deliberately make a mistake, walk away from it and endure the anxiety. I tell people to do things half ass. OCD demands that we not only do a perfect job, but also never leave something half finished. We have to learn to put down the paintbrush and let it go until another day.

OCD: Life With a Parent
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Scott: Enjoy the good times, realize that your parent has a medical condition, try to bear with the rough times, use the experiences to make you a stronger, understanding, and caring person.
Aaron: Your parents don't always mean some of the things they say and do. It's difficult for them to control their obsessions. Try to be understanding and patient with them.
Paul: It would depend on the person and his situation. You need to be understanding of your parent's circumstances. You might have to make sacrifices, but in the end it will all work out.

What is your advice to parents who suffer from OCD?

Scott: Do not let your compulsions consume your child.
Aaron: It's important to communicate with your family and tell them of your struggles. Trying to hide your disorder is the worse thing. Be open and honest. Also, seek help and involve your family.
Paul: Just be the best parent you can be and your child will love you.

If you are a child of a parent who suffers from OCD, please consider writing a response to this article.

Hypochondriasis and OCD

By Jennifer Shanburn

I attended a presentation at the 2007 National Obsessive-Compulsive Foundation Conference entitled "Hypochondriasis: When OCD Poses as Intense Health Anxiety" by Dr. Jonathon Abramowitz. Dr. Abramowitz is a well-known OCD expert and this presentation was interesting and informative. Much of this article is taken from what he had to share.

In some ways it is not hard to see the connections between hypochondriasis and OCD but at the same time it seems that many people are misinformed as to what hypochondriasis really is. This comes to light when you hear someone say, "I am *such* a hypochondriac, I go to the doctor all the time!", when really they go maybe once or twice every 6 months. Hypochondriasis can be an extremely debilitating disorder and it is more than just worrying for a day every so often that maybe your headache could be a brain tumor.

Some of the diagnostic criteria for hypochondriasis according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) include "preoccupation with fears of having, or the idea that one has, a serious disease based on the person's misinterpretation of bodily symptoms, the preoccupation persists despite appropriate medical evaluation and reassurance, the preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning, and the duration of the disturbance is at least 6 months" (p. 507, DMS-IV-TR, 2000).

As one can see, "preoccupation" is very similar to "obsession" which of course is a main symptom of OCD. Some examples of obsessive thoughts in hypochondriasis are "I have multiple sclerosis," "what if the doctor missed something?" (obsessive doubt) or having an image of a collapsed lung. Some examples of compulsions in hypochondriasis are seeking reassurance, checking resources about diseases and symptoms and checking one's body for signs/symptoms of illness.

Similarities between OCD and hypochondriasis are that the preoccupation with illness is akin to obsessions, they both involve a high level of and intolerance for uncertainty, reassurance-seeking is common in both, the range of insight in both ranges from belief all the way to recognizing it's senseless, and there are similar treatments for both.

Differences between OCD and hypochondriasis are that in hypochondriasis there is a singular symptom theme and in OCD there are usually multiple symptom themes, there is a focus on body sensations in hypochondriasis which is not typically the case in OCD and there is poorer insight among people with hypochondriasis

So the question arises of whether hypochondriasis is a form of OCD. According to Dr. Abramowitz, it is probably not, but it could be called an OCD spectrum disorder. Typically people with hypochondriasis don't show OCD symptoms.

Dr. Abramowitz spoke on issues relating to hypochondriasis and also that are involved when OCD sufferers have health anxiety/concern, even if it is not quite hypochondriasis. The following is a summary of this.

It is interesting to note that one out of four visits to physicians is for symptoms that can't be explained medically. So why are non-threatening bodily symptoms misinterpreted? Often it is because of certain

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Hypochondriasis and OCD
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maladaptive attitudes such as that good health is associated with no symptoms, hurt equals harm, etc. And where do these attitudes come from? They can come from one's own experiences, such as experiencing a childhood illness or watching someone else die. These attitudes can also come from what others teach and through the media. Why do the symptoms and this health anxiety or preoccupation persist even when the patient knows she doesn't have the illness? Part of this can be because of normal autonomic arousal, or the fight/flight response which causes us to feel symptoms. Also, it seems that unexpected, intense, uncomfortable symptoms show up when the patient is in the act of worrying about her health. So it is a vicious cycle: there are bodily symptoms, which the patient then interprets as dangerous, which leads to health anxiety and arousal which leads back to the bodily symptoms and so on.

One cognitive factor that is involved is what is called a "confirmatory bias": a search for evidence to confirm fears and a discounting of evidence that suggests good health. Another factor is selective attention toward threat, which includes body vigilance (being super sensitive to any concerning bodily symptoms) and only paying attention to *certain* feedback from doctors (not feedback that would confirm good health). And finally, emotional reasoning comes into play: "if I'm feeling anxious, something must be wrong."

People with these issues engage in various ways of maladaptive coping. One way is reassurance seeking, which is a familiar term in the OCD field. This can include going to the doctor very often, getting many medical tests done, asking others about symptoms, etc. Some people start "doctor shopping": going to one doctor after another about their symptoms. Another way of maladaptive coping is avoidance of perceived sources of disease, which then blocks exposure to corrective info. If someone is afraid that going to a hospital will cause him to get cancer, and so avoids hospitals, he will never learn that in fact going to a hospital will not result in him getting cancer. Body checking is another activity people sometimes engage in – checking their bodies for signs and symptoms of feared illnesses. This also just makes things worse, as it increases sensitivity to normal "body noise" (we all experience aches, pains, tingling, etc which are harmless). And finally, people with health anxiety and hypochondriasis often check medical texts and the internet for information on symptoms and disease. In fact, Dr. Abramowitz brought up a new term called "cyberchondria": compulsive checking of medical websites. We all know that one can look up any symptom and find a whole host of links to what diseases that symptom might be related.

What is the treatment for hypochondriasis? Again, it is similar to that for OCD, which is cognitive-behavior therapy (CBT) and particularly exposure and response prevention (ERP). This involves learning to recognize and modify incorrect beliefs and assumptions. CBT can also help provide more accurate experiences of healthy interpretations of symptoms. Psychoeducation is of course another important part of any treatment plan.

So if you have recognized yourself or someone you know in the information presented here, know that there is help. Find a therapist who is experienced in treating health anxiety or hypochondriasis and is knowledgeable about CBT and ERP. You can contact the OCD Foundation of Michigan for resources.

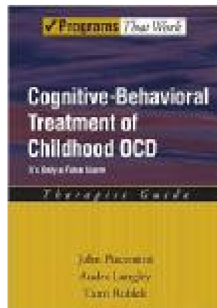
SUGGESTED READING

Edna B. Foa, Elna Yadin
OBSESSIVE-COMPULSIVE DISORDER
A Cognitive-Behavioral Therapy Approach
Oxford University Press, 2008

Therapist Guide
ISBN 978-0-533528-6

Workbook
ISBN 978-0-19-533529-3

John Piacentini, Audra Langley,
Tami Roblek
COGNITIVE-BEHAVIORAL TREATMENT OF CHILDHOOD OCD
It's Only a False Alarm
Oxford University Press, 2007



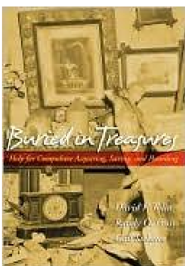
Therapists Guide
ISBN 978-0-19-531051-1

Workbook
ISBN 978-0-19-531052-8

Gail Steketee, Randy O. Frost
COMPULSIVE HOARDING AND ACQUIRING
Oxford University Press, 2007

Therapist Guide
ISBN 978-0-19-530025-3

Workbook
ISBN 978-0-19-531055-9



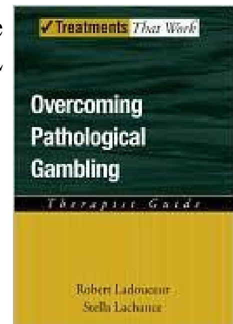
David F. Tolin, Gail Steketee,
Randy O. Frost
BURRIED IN TREASURERS
Help for Compulsive Acquiring, Saving And Hoarding
Oxford University Press, 2007
ISBN 978-0-19-530058-1

Douglas W. Woods, Michael P. Twohig
TRICHOTILLOMANIA
An ACT-Enhanced Behavior Therapy Approach
Oxford University Press, 2008

Therapist Guide
ISBN 978-0-19-533603-0

Workbook
ISBN 978-0-19-533605-4

Robert Ladouceur, Stella Lachance
OVERCOMING PATHOLOGICAL GAMBLING
Oxford University Press, 2006



Therapist Guide
ISBN 978-0-19-531703-9

Workbook
ISBN 978-0-19-531701-5

Douglas W. Woods, John Piacentini, Susanna Chang, Thilo Deckersbach, Golda Ginsburg, Alan Peterson, Lawrence D. Scahill, Lawrence T. Walkup, and Sabine Wilhelm
TOURETTE SYNDROME
Oxford University Press, 2008

Therapist Guide
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Workbook
ISBN 978-0-19-534130-0

BULLETIN BOARD

Worry Workshop

Does your child have excessive worries about:

- bad things happening?
- the weather?
- new situations?
- health and illness?

Do these worries make it hard for your child to:

- go to sleep at night?
- go to school?
- be away from you?
- be happy?

Have you tried and failed using:

- reassuring?
- reasoning?
- accommodating?
- threatening?

THEN YOU SHOULD ATTEND THIS WORKSHOP.

Offered by Dr. Antonia Caretto, this three session small group workshop is for children ages 7-13 with excessive worries and related difficulties in managing anxiety.

- Each session lasts seventy-five minutes.
- Children and parents attend each of the sessions together.
- Participants receive a 30-page workbook.
- Materials include information for kids and adults.
- Each session begins with an outline for note taking and ends with a homework task.
- Activities will be completed in the workshop and at home.
- Approximately twenty tools and concepts will be presented over the course of the three session workshop.

Workshop dates are Saturdays, April 5, 12, and 19, 2008, and will be held at Dr. Caretto's office at 25882 Orchard Lake Road in Farmington Hills. For more information, go to www.betreatedwell.com/worry.html. To register, call 248-553-9053.

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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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 an additional donation of $ _________**

Make check or money order payable in U.S. funds to
Terry Brusoe, Treasurer
THE OCD FOUNDATION OF MICHIGAN
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3/2008

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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