

NEVER say NEVER



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

Winter 2010

OCD - The Other Side of the Rainbow

By Christian R. Komor, Psy.D.

*You do not need to leave your room.
Remain sitting at your table and listen.*

Do not even listen, simply wait.

Do not even wait, be quite still and solitary.

The world will freely offer itself to you to be unmasked.

It has no choice, it will roll in ecstasy at your feet.

- Franz Kafka

Perhaps this article would be more appropriately titled "The Other Side of The Storm" since for many of us with Obsessive Compulsive Disorder and other OC-Spectrum disorders our life can feel like a storm. Pelted by random and useless messages from our brains, we struggle to keep our heads above the waterline of our rituals and compulsions. Anyone who has struggled with Obsessive-Compulsive Disorder or other compulsive dysfunctions

knows how compulsions can come to replace natural spontaneity, aliveness and the ability to approach life from a centered sense of self. They become, in a sense, "other gods" that we worship through our rituals.

As part of our recovery from OCD many of us challenge ourselves to set exposure and response prevention G.O.A.L.S., confronting our "other gods" through proactive behavior change. As difficult as these behavior change goals can be to achieve, we should not mistake them for more than intermediate steps between the agony of obsessions and compulsions and the life that we are seeking. Beyond the pain of OCD, and the hard work of behavior therapy, there must lie some reward – something we can look forward to. A pot of gold, as it were, at the end of the rainbow. Why is it that those of us with OC-Spectrum disorders so seldom talk about what life can be like without obsessions and compulsions?

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NEW OCD SUPPORT GROUP IN LIVONIA

The newest OCD support group in the OCD Foundation of Michigan started with a bang in Livonia on Wednesday, January 20th, 2010. Ten people joined the first meeting, led by Jennie and Kevin. The group will meet the 1st and 3rd Wednesday of every month, 7-9 pm at the Holy Transfiguration Orthodox Church, 36075 W. Seven Mile Rd., between Wayne and Levan, in Livonia. Call (313) 438-3293, or e-mail jogger112@earthlink.net.

Saturday, March 27, 2010

Community Network Services
Anti-Stigma Program



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THE OCD FOUNDATION OF MICHIGAN

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

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E-mail: OCDmich@aol.com

Web: www.ocdmich.org *

* Thanks to Mark Fromm, President of Business Growth Today, Inc., for hosting our website.

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NEVER say NEVER

is the quarterly newsletter of the OCD FOUNDATION OF MICHIGAN,
a 501(c)(3) 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.
Looking for new group leader.
Call (313) 438-3293

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
E-mail rslade9627@aol.com

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.

LANSING:

3rd Monday, 7:00-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 485-6653

LAPEER

2nd Wednesday, 7 - 9 PM
Meditation Self-Healing Center
244 Law St.
Call Mary at (810) 793-6544

LIVONIA:

1st and 3rd Wednesday, 7:00-9:00 PM
Holy Transfiguration Orthodox Church
36075 W. Seven Mile Rd.
Between Wayne and Levan
Call (313) 438-3293
E-mail jogger112@earthlink.net

ROYAL OAK:

Group is currently not meeting.
Looking for new group leader.
Call (313) 438-3293

SPRING LAKE / MUSKEGON / GRAND HAVEN:

Group does not meet regularly,
but will meet a few evenings a year.
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 oooccedddkids@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

FROM THE NEVER SAY NEVER ARCHIVES:

From the Fall 2003 issue of *Never Say Never*

My Struggle with Doing the Right Thing

By Jennie Shanburn

The title of this article could be deceiving. It would seem to imply that the struggle is with *trying* to do the right thing and trying *not* to do the wrong thing. Now, of course we all struggle with that in some areas of life, but what I am referring to is the symptom of OCD that makes a person suffer by making them obsess on *having* to do what OCD has deemed is the right thing and making them perform compulsions in response to those obsessions. A broad term for this symptom is scrupulosity.

Scrupulosity has been defined as “The quality or state of being scrupulous; doubt; doubtfulness respecting decisions or actions; caution or tenderness from fear of doing wrong or offending; nice regard to exactness and propriety; precision” (taken from Dictionary.com). Some of that definition could be used to define OCD in general, but the part about “caution or tenderness from the fear of doing wrong or offending” is especially applicable to the topic of this article. This part of the definition describes what has been referred to as moral scrupulosity.

However, the term scrupulosity has mostly been used to refer to religious scrupulosity, in which someone’s religious beliefs and behaviors become obsessions and compulsions that get out of control. But it is interesting to find that even people who have no belief in God at all still struggle with that moral scrupulosity.

For me, my scrupulosity is both moral and religious, but if looked at closely, it all comes back to my religious beliefs. As a Christian, I take the Bible very seriously and seek to follow it with my life. I also put much importance on what I have been taught about my faith. Unfortunately, my OCD has at times made my response to these good things get out of control and they have become a source of anxiety for me. The Bible talks about reconciliation with others, working with all your heart as for the Lord, and not give false testimony (Matthew 5:23-24, Colossians 3:23, Exodus 20:16). Those teachings and others, along with my own exaggerated sense of morality (caused by the OCD), have made my life very difficult to live at times. There was a time when it was so hard to even talk to people because I was analyzing what I was saying to make sure I hadn’t said anything offensive or hadn’t lied in any way. I still struggle with this on a smaller scale. I also go back and apologize to people for things that they don’t even remember or in no way think are offensive. It is hard for me to speak in exact terms in many situations, because if I say something is exact, and it is really not, then the OCD makes me feel that I have lied. An example is saying “I was there for 15 minutes,” when really it was 17 minutes. In my mind, that is a lie, and something I cannot do because it is not right. So instead, much of the time when I talk, I use

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terms such as “it was *about* 15 minutes,” I am not *sure* if that’s what he said,” or “I don’t know exactly,” to make sure I haven’t lied. It even gets to the point that if I ask someone about my feelings, and I don’t articulate exactly what my feelings really are or what they *could* be, the OCD makes me think that it is lying, and I have to correct myself to the person I am talking to.

Another situation where this symptom comes into play is with money. If I was even given a penny more than I was supposed to be receiving in change, I would have to give it back, because if I didn’t, I would be stealing, which is morally wrong. If I had to borrow a dollar from someone, I would make sure I paid her back, even if she didn’t care about being paid back.

In school, I remember thinking I had cheated and having to confess it to the teacher. If I think I have plagiarized on a paper, I have to be sure that I change the wording so I am not using even close to the writer’s exact words (unless I use quotations!).

With scrupulosity, as well as OCD in general, there is an enormous sense of guilt. And at times we also take the responsibility for other people’s feelings on ourselves.

In spite of all of this, I know these thoughts and behaviors are unreasonable, and that I haven’t really done anything wrong. But OCD plants the doubt in my head and says “but what if you really did offend that person?” or “that really was a lie; what you said wasn’t really what happened.” And if nothing else, it just says “well, the anxiety will be there until you go and correct the wrong.” so then I go and do the compulsion to (temporarily) get rid of the anxiety. But as we all know, it never really does go away when we just give in to it.

As you can see, my mind does not get much rest, because these are things that are brought up in life all the time.

However, there is therapy to help with this symptom, but it is very hard to follow. Just like for other forms of OCD, it is cognitive-behavioral therapy. It consists of facing your feared situations and refusing to do the compulsions. For example, if I thought I had lied to someone, the therapy would be just to leave it at that, and not go back to correct it. A step further in this therapy, and sometimes that could really help control the OCD, would be for me to *purposely* do something that I considered “morally wrong.” That is very, very difficult for someone who struggles with this type of OCD. But I like to think that God knows OCD better than any of us, and He will understand if we have to do this in order to get better, because He wants us to get better as well.

For those of you who may be suffering from scrupulosity, I encourage you to seek help from a therapist or even from the clergy. But make sure you find someone who is familiar with this disorder. Please do not turn away from your faith, because scrupulosity is not of God, and He did not intend for you to suffer in this way. In fact, despite my own struggles, I still find my only real peace comes from Him.

“YOU CAN TAKE THE PILL BUT MAKE SURE TO CALL ME IN THE MORNING” – THE ART AND SCIENCE OF TELECONFERENCING FOR OBSESSIVE COMPULSIVE DISORDERS

BY

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

Obsessive Compulsive Spectrum Disorders (OCSD) including OCD, Aspergers Disorder, Tourette’s Disorder, Hypochondriasis, Compulsive Hoarding, Trichotillomania, and Body Dysmorphic Disorder are chronic and often debilitating bio-psycho-social problems. We now believe these disorders are likely to be genetically hard-wired in the brain (in the case of OCD the cortical-thalamic-striatal pathway of the basal ganglia) and can be affected by personality factors, immune system changes and hormonal fluctuations. For most patients a variety of practices and procedures are needed in order to reduce intrusive obsessive thinking and compulsive behavior, heal depression and restore self-care, relationship and other life skills.

While a broad-based recovery program is essential, the core of OCSD recovery remains Exposure and Response Prevention (ERP), a form of cognitive-behavioral therapy in which the individual comes into *contact* with the thought, situation, person, or object they fear and remains in contact with the *feared stimulus* long enough for the brain to *habituate* to the stimulus. This is much like jumping in a cold lake of water and staying in the water long enough to become accustomed to it. Without taking the risk of exposure to feared situations it is impossible to really progress in the healing process. By doing so, on the other hand, brain imagery studies have shown us there is actual functional and structural healing the cortical-thalamic-striatal region of the brain – something that is impossible to produce through any other method - including medication.

Unfortunately, for many individuals with OCSD, obtaining qualified treatment assistance may be difficult or impossible. There are too many patients needing treatment and too few practitioners available to meet this need. In addition, simply starting treatment is often a daunting task for sufferers under siege by their obsessions. In 2001 the **OCD Recovery Center** started a **Teleconferencing Cognitive Behavioral Therapy (TCBT)** program to link OCSD sufferers in distant parts of the world with our clinic as well as to provide ongoing support for **Teleconferencing Program** and **Housecall Program** graduates. Since that time we have conducted hundreds of hours of **TCBT** with similar results to those obtained in the office. Now new research at the *University of Florida at Gainesville* confirms our experience that **TCBT** remission rates are similar to those obtained in face-to-face behavior therapy (*Behavioral and Cognitive Psychotherapy*, 37(4): 469-474, 2009). Researchers Turner, Heyman and Furth found that 70% of their teleconferencing patients achieved “remission” and maintained this over a 12 month period.

TCBT can be combined with the use of video if the patient and practitioner both have this available via the Internet. The practitioner can instruct the individual in the specifics of video conferencing if they are not familiar with “web-cam” technology. This can be easily accomplished in 10 to 15 minutes by all patients with access to a computer, the Internet and a digital video camera (less than \$50 investment). We have found that videoconferencing is “the next best thing to being there”. Services such as MSN Messenger, Yahoo Messenger and Skype often include this service for customers. The addition of video allows the practitioner to see the physical objects and situations the patient is dealing with and even instruct the patient in specifics of the behavior therapy.

Patients often report that **TCBT** is more convenient and accessible than working in the counselor’s office. We have found that behavior therapy is most effective when conducted as close to the “epicenter” of the rituals as possible. Thus it makes intuitive sense that if the counselor is unable to actually come to the home of the patient, a telephonic visit may be the next best thing (and often times better than meeting

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in the counselors office). There are exceptions, however. Compulsive hoarders, for example, often seem to need the counselor to actually work with them in the hoarding environment.

Additional concerns or limitations to **TCBT** include obtaining insurance reimbursement for telephonic sessions and the legalities of practicing across State lines. The *American Psychological Association* has been working on these issues and such barriers to **TCBT** are being worked through.

A well planned **Teleconferencing Program** can be a wonderful opportunity to begin a recovery program or to jump-start an OC recovery process already underway. At the *OCD Recovery Center* we have found that any limitations of **TCBT** are far outweighed by the benefits obtained. **OCS**D sufferers no longer need to struggle alone in isolation.

Christian R. Komor, Psy.D. is a Board Certified clinical psychologist practicing since 1982 who combines 15 years of clinical experience treating Obsessive Compulsive Spectrum Disorders (OCS)D with discoveries from his personal recovery from OCD. Dr. Komor is the author of *The Obsessive Compulsive's Meditation Book* (2000), *OCD and Other Gods* (2000), and *The Power of being* (1992). Dr. Komor is the founder of the OCD Recovery Centers of America based in Sedona, Arizona. Sponsored by PESI Healthcare, he has trained thousands of professionals around the US in optimal treatment methods of OCS)D. The OCD Recovery Centers of America can be reached at (888) 432-9130, by e-mail at drcrk@aol.com or at the OCD Recovery Center web site www.ocdrecoverycenter.com.

**Community Network Services
Anti-Stigma Program**



Stomp Out Stigma is an interactive presentation designed to stimulate discussion about mental health/substance abuse issues and the discrimination and stigma that is faced when someone has a mental health disorder. Sharing their own stories, the presenters create an atmosphere that is helpful for people to be able to learn the facts and myths about mental illness, what to do when faced with a crisis and how to get involved personally to address the stigma surrounding mental health and substance abuse disorders. See their website at cnsantistigma.org

Community Network Services will be with us to present this timely and important topic.

WHEN: 1:00 on Saturday, March 27, 2010

WHERE: Livonia Civic Center Library
32777 Five Mile Rd.
East of Farmington Rd.
Livonia, MI 48154

COST: Free

RSVP: 313-438-3293 or e-mail to ocdmich@aol.com

(Donations will be accepted)

We are living at this very moment in the Garden of Eden. Surrounding us is a world of unbelievable beauty, peace, and utter fulfillment created, many of us believe, by a loving God. We can see and experience the hand of grace in the sunlight glistening off the water, the wind drifting through the trees, the rains nurturing the earth. Even better, we have an amazing variety of fellow creatures with whom to share this. Truly our world is a garden of delights waiting to be experienced. Each moment we are alive on this earth holds the potential for joy, fulfillment and serenity. Life is inherently designed to be a wonderful experience. Just the basics of being alive (eating, breathing, working, sleeping) can be incredible *experiences*. The pot of gold at the end of our recovery rainbow, it turns out, has been right here under our noses all the time. The problem is, wrapped up in our obsessions and compulsions, we have been unable to open it. Our compulsions block us from entering into a spontaneous, alive and rewarding experience of living. Cognitive and behavior therapies are simply the tools we use to achieve our ultimate goal of aliveness and health being!

It is important to understand that the power of spontaneous being is within us from birth and does not disappear. Rather it is covered over by compulsive behavior generated by misfiring neurons from our brains. Healthy being is the polar opposite of obsessive-compulsive behavior. Paradoxically, those of us with OCD are in an excellent position to experience and appreciate healthy being. Without the struggle of obsessive-compulsive behavior we are less likely to appreciate the sweetness and joy of healthy being. A Zen poem captures this idea well...

“My barn having burned to the ground,
I can now see the moon”

We have all had times when we connected with this state of healthy being - On a vacation when we let our guard down and truly relaxed or after challenging ourselves successfully with a piece of exposure and response prevention work. When approaching life from the perspective of healthy being, the inherent perfection and spiritual harmony in the natural world can be experienced. In the state of *being* a powerful feeling of aliveness and connection to our bodies is experienced. The environment seems to come alive and we may be thrilled with the wonderful elements of the natural world. A sense of release and letting go in our relationships is developed so that others are accepted rather than controlled, or treated as objects of dependency. A sense of destiny and an acceptance of the flow of life is also likely to be present along with a deep awareness of one's Higher Power.

Healthy being leads us to:

- Make decisions and choices out of self-ownership rather than an externalized ideal of how things “should”

look.

- Accept all experiences in life as holding potential for personal growth and enhancement.
 - Carry with us an inner resolve to relax fully in all situations – even when it seems we should be tense and upset.
 - Focus our attention on the present moment rather than on our fears and projections regarding the past or future.
 - Listen to our spontaneous inner voice as opposed to the voice of our obsessions.
 - Be committed to transparency and congruency in relationships so that we interact with others as our true self rather than a façade.
 - Enjoy the process as much or more than attaining goals.
 - Balance our time between self-care and self-wear.
- Be patient and persevering in our approach to life and our own growth process.

Words and ideas cannot really capture the *feeling* of being. There is no way to *know* what it is really like to be in touch with your spontaneous self except by *direct experience*. You will know what it is like to *be* when you have been there and not a minute before that! Most people recognize the spontaneous sense of aliveness that is characteristic of being and slowly begin to learn the individual psychological path they must follow to return to it again and again. Just as we develop the ability to walk, not from being told how or “figuring it out,” but by actual trial and error, so do we gradually develop an inner *experience* of what it is like to *be*. Gradually the awareness of the being side of living grows stronger and life without beingness begins to look flat and unfulfilling.

The increased ability to “just be” also means that the healing compulsive person is less likely to be acting out through rituals and fear-driven behaviors to avoid feelings and especially anxiety. When healing from obsessive-compulsive behavior, we begin to pay increasing amounts of attention to what we feel inside. Instead of compulsive rituals or accomplishing things, we spend more time feeling feelings and sharing them. At first these feelings may seem like weird aliens within, but gradually we learn to listen to them even when we don't know for sure where they will lead. We develop a sense of trust in our destiny and an ability to take up the thread of our feelings knowing that the total fabric will show itself eventually.

What can help provide the courage to make the journey from doing to being is the awareness that even a lifetime of material success and good work *pales when compared to even a few hours of true beingness*. When we are brave enough to face down shoulds, we make a contribution to the world that is as real as it is difficult to measure. When you think of the people who have most influenced your life or

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those you have felt most loved by, it is likely you will find that they had a strong quality of being about them. When we are into beingness, wonderful things begin to happen to us and around us and other people benefit either directly or indirectly.

As part of an ability to live in the moment, we learn the importance of the five senses. In healing we discover that it is those experiences that involve the *senses* that are most enjoyable and that are most real. We become able to be still long enough to appreciate the smell of a spring afternoon, to feel the warm sun in the morning on the way to work, to enjoy the cool water we drink, to make love and take pleasure in the sensuality of the experience, to feel our bodies and sense the messages they have. We begin to see the intrinsic God-given value in what we sense. Our experience becomes a teacher as well as a guide.

Coming home to our self is a wonderful feeling. In the midst of obsessive-compulsive behavior we may even have stopped believing that *we* still exist. It sounds funny, but many recovering obsessive-compulsives will say that they had even forgotten what it *felt* like to be their true self! Recovering from obsessive-compulsive behavior means finding our identity as people again. We recover the person we were meant to be.

As someone who has been traveling this road I can assure you that you *are* still the wonderful human being that

you started out to be. When you begin to recover your sense of really *being*, you will know this is true. In those moments, hours, or days in your life when you have been able to move beyond obsessive-compulsive behavior and feel really at peace you may have experienced a sense of serenity and wholeness, a sense of somehow being different. Instead of feeling separate from the world and other people through attempts to control, such moments bring a sense of flowing — of being part of life in a deeply spiritual and fulfilling way. When we are deep into obsessive-compulsive behavior, it helps to remember that sense of serenity is always there *inside* waiting for us to shift perspectives and behaviors enough so that it can *come out*. The end of the recovery rainbow is right here, right now. It's time we talk about it.

Christian R. Komor, Psy.D. is a Board Certified clinical psychologist practicing since 1982 who combines 15 years of clinical experience treating Obsessive Compulsive Spectrum Disorders (OCSD) with discoveries from his personal recovery from OCD. Dr. Komor is the author of *The Obsessive Compulsive's Meditation Book* (2000), *OCD and Other Gods* (2000), and *The Power of being* (1992). Dr. Komor is the founder of the OCD Recovery Centers of America based in Sedona, Arizona. Sponsored by PESI Healthcare, he has trained thousands of professionals around the US in optimal treatment methods of OCSD. The OCD Recovery Centers of America can be reached at (888) 432-9130, by e-mail at drckr@aol.com or at the OCD Recovery Center web site www.ocdrecoverycenter.com.

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.

Parents Trichotillomania Support (<http://health.groups.yahoo.com/group/ParentsTrichSupport>).

An online support group for parents of children with Trichotillomania.

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.



Seeking participants for a study of Pediatric Obsessive Compulsive Disorder (OCD)

David R. Rosenberg, M.D., Chief, Psychiatry and Psychology at Children's Hospital of Michigan, and Professor, Psychiatry and Behavioral Neurosciences at Wayne State University, is seeking participants for a research study to look at the brain chemistry and genetics of children with OCD, *and* children without OCD.

The study uses Magnetic Resonance Imaging (MRI) and genetic samples (blood and/or saliva) to learn more about how different treatments affect the brain.

All participants: Both biological parents must participate.

Requirements for study participants:

- European Caucasian decedents
- 6-19 years of age
- Diagnosed with OCD or suspect having OCD
- Cannot wear braces
- Cannot be pregnant

Requirements for control participants:

- 6-19 years of age
- No personal or immediate family history of psychiatric or mental illness
- Cannot wear braces
- Cannot be pregnant

For more information – Call 313-745-4645

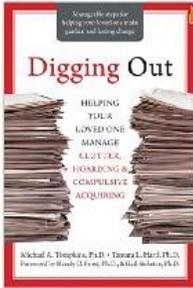
Financial compensation will be provided to those children that qualify for the study.

**Children's Hospital
of Michigan**

DMC DETROIT MEDICAL CENTER



SUGGESTED READING

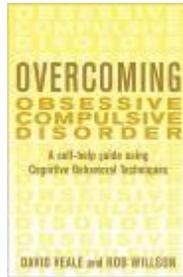


Michael A. Tompkins, PhD
 Tamara L. Hartyl, PhD
Digging Out
Helping Your Loved One Manage Clutter, Hoarding, and Compulsive Acquiring
 New Harbinger Publications, Inc., 2009
 ISBN 978-1-57224-594-5

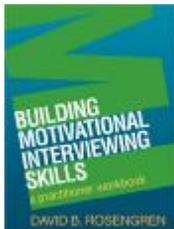
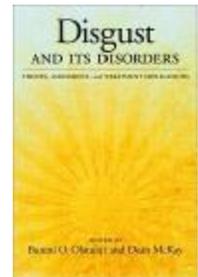


Terry Weible Murphy,
 Michael A. Jenike, Edward E. Zine
Life in Rewind: The Story of a Young Courageous Man Who Persevered Over OCD and the Harvard Doctor Who Broke All the Rules to Help Him
 William Morrow, Publisher, 2009
 ISBN 978-0061561535

David Veale, Robert Wilson
Overcoming Obsessive-Compulsive Disorder: A Self-Help Guide Using Cognitive Behavioral Techniques
 Basic Books, 2009
 ISBN 978-0465011087



Bunmi O. Olatunji
 Dean McKay
Disgust and Its Disorders
Theory, Assessment, and Treatment Implications
 American Psychological Assn., 2009
 ISBN 978-1-4338-0397-0



David R. Rosengren
Building Motivational Interviewing Skills: A Practitioners Workbook
 The Guilford Press, 2009
 ISBN 978-1-60623-299-6



Stanley Rachman
 Padmal de Silva
Obsessive-Compulsive Disorder
The Facts
 Fourth Edition
 Oxford University Press, USA, 2009
 ISBN 978-0199561773

TELL US YOUR STORY

You've told us what you want to see in your newsletter - more personal stories. What is OCD like for you? How has it affected your life? How have you dealt with it? What advice do you have for others? We would like to hear your stories and include them in these pages. Send your contributions to OCDFM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to OCDmich@aol.com.

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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THERAPISTS!!

LIST WITH US

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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
THE OCD FOUNDATION OF MICHIGAN
c/o Terry Brusoe, Treasurer
25140 Dockside Lane
Harrison Twp., MI 48045-6707

1/2010

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**

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