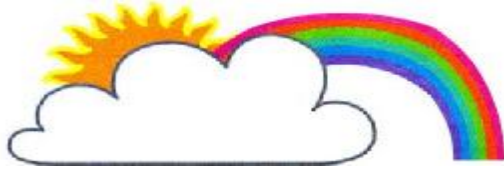


# NEVER say NEVER



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

Spring 2011

## The Hoarders Among Us

### *Understanding the Illness Behind the Reality TV Images*

by: Sandra G. Boodman, from: [AARP Bulletin](#)  
February 4, 2011

There is a loud rustling sound as the door to a two-bedroom apartment in an upscale Virginia high-rise slowly opens, catching on a knee-high mound of discarded plastic bags and junk mail. The sole occupant, a 68-year-old retired government consultant named John M., whose last name is omitted to protect his privacy, greets the first visitor he's allowed to see his home in months.

To the right is a small yellow kitchen, its stove buried under empty medicine containers, toilet paper rolls and used paper coffee cups that cascade onto the floor, forming a waist-high heap of trash. The sink doesn't work, but John won't call management, fearing his landlord's reaction to the mess. His spartan bedroom contains a single bed piled with old bank statements and ringed by more than a dozen paper shopping bags. Thick gray dust blankets most surfaces; it has accumulated in the four years since John moved in, abandoning his three-bedroom house where he still picks up his mail. That house is so stuffed with junk it has become uninhabitable.

John is a hoarder, with a psychological illness that disproportionately affects older men and women.

*(Continued on page 6)*

## SAVE THE DATE Saturday, September 17, 2011 OCDFM Fall Meeting

Dr. David Rosenberg will be speaking on "*The Latest Research and Development in the Field of OCD*", 1:00 pm in Classroom C in the Botsford Hospital Administration and Education Center, 28050 Grand River north of 8 Mile, Farmington Hills. RSVP to 734-466-3105 or [OCDmich@aol.com](mailto:OCDmich@aol.com).

# THE OCD FOUNDATION OF MICHIGAN

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

Telephone (voice mail): (734) 466-3105

E-mail: [OCDmich@aol.com](mailto:OCDmich@aol.com)

Web: [www.ocdmich.org](http://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:**

1<sup>st</sup> Thursday, 1-2:30 PM  
Community Support & Treatment Service  
(CSTS)  
2140 E. Ellsworth Rd., Ann Arbor, MI  
South of I-94 btw Platt & Stone School Rds.  
Contact: Jim at 734-477-0326,  
[jhm420@juno.com](mailto:jhm420@juno.com) OR  
Jeannie at 734-761-4629,  
[michiganlady64@gmail.com](mailto:michiganlady64@gmail.com)

### **DEARBORN:**

2<sup>nd</sup> Thursday, 7-9 PM  
First United Methodist Church  
Garrison and Mason Streets  
Call (734) 466-3105

### **FARMINGTON HILLS:**

1<sup>st</sup> and 3<sup>rd</sup> 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 [rlslade9627@aol.com](mailto:rlslade9627@aol.com)

### **GRAND RAPIDS:**

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

#### **Anxiety (all forms)**

Meets every Wednesday, 7 to 8:30 p.m.  
Open to individuals who have any kind  
of anxiety problems 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.

### **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.  
Open to friends and family members.

### **Social Outings**

3<sup>rd</sup> Tuesday and 4<sup>th</sup> Saturday, call for details  
Challenge your anxiety in the comfort of others while  
attending fun-filled events.  
Past activities have included: game night, visiting a  
bird sanctuary, concert and comedy events, sunset  
strolls on the beach and even canoeing.

### **LANSING:**

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

### **LAPEER**

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

### **ROYAL OAK:**

1<sup>st</sup> and 3<sup>rd</sup> Wednesday, 7:00-9:00 PM  
Beaumont Hospital  
3601 W. Thirteen Mile Rd.  
Use Staff Entrance off 13 Mile Rd.  
Follow John R. Poole Drive to Admin Bldg.  
Park in the South Parking Deck  
Meeting is in the Private Dining Room  
Call Kevin at 248-991-9350  
E-mail [jogger112@earthlink.net](mailto:jogger112@earthlink.net)

***“Courage is resistance to fear, mastery of fear - not absence of fear.”***

***- Mark Twain***

# FROM THE NEVER SAY NEVER ARCHIVES:

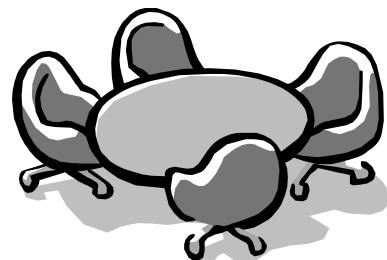
This article appeared in the Fall 2002 issue of *Never Say Never*. Unfortunately, it is still relevant today. We all need to think about the value of self-help groups, and make the time and commitment to help ourselves. (rws)

## *Empty Chairs At Empty Tables*

by Roberta Warren Slade

In every issue of *Never Say Never*, we include a list of the Self-Help groups that are available to OCD sufferers, their families, friends, and anyone else with an interest in the disorder. It is an impressive list, containing close to twenty groups located throughout the State of Michigan, in Northern Ohio and in Windsor, Ontario. That is, there WERE close to twenty groups. Have you taken a look at the list lately? We're down to seven active groups, and some of those are in danger of closing due to lack of attendance.

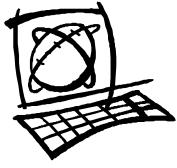
Hmmmm, I thought, there must be a good explanation for this. **I KNOW!** The OCD Foundation of Michigan has fulfilled its mission, everyone is now OCD-free, and the community no longer needs our help. We should congratulate ourselves on a job well-done, close our doors, and move on. . . . . **NOT!**



We know that OCD suffering is ever-present and never-ending. We know that the disruption, destruction, despair and devastation caused by OCD is very real, and many are still reaching out for a lifeline. And we know that the value of self-help group participation is well-documented. The Obsessive-Compulsive Foundation states that "support groups . . . provide a forum for mutual acceptance, understanding, and self-discovery." The Office on Women's Health in the Department of Health and Human Services similarly states "Many people find it helps to join a support group because they can share their problems and successes with others who are going through the same thing"

Still, the OCDFM self-help groups continue to fail. Could it be that we are unwilling or unable to make the commitment necessary to help ourselves? Yes, it takes time and considerable effort to attend meetings on a regular basis. We are busy, we are stressed, we are tired, we are preoccupied. Time has become a precious commodity, and I find I am jealously possessive of every free minute that happens to come my way. And yet I am reluctant to spend those very minutes on MYSELF. Something in my consciousness keeps telling me that making time for myself is taking it from others, and that would be selfish. Never mind that the better I feel about myself, the better I am able to give of myself to others.

That sounds like OCD talking. "Wait, don't go to that support group – it might make you feel better." "No, it's too dangerous - they'll try to make you think you don't NEED me." Maybe OCD is being just a tad self-protective? Just think of it as one more false message. **I KNOW!** Let's all send OCD a message and tell **IT** where to go . . . . .



# FOUND ON THE INTERNET



## Common Painkillers May Blunt Antidepressants

**Drugs like ibuprofen and aspirin may make Prozac, other SSRIs less effective, researchers say**

**By Steven Reinberg**  
*HealthDay Reporter*

MONDAY, April 25 (HealthDay News) -- Common over-the-counter painkillers such as ibuprofen, aspirin and naproxen may reduce the effectiveness of antidepressants called selective serotonin reuptake inhibitors, or SSRIs, according to a mouse and human study from The Rockefeller University in New York City.

SSRIs -- which are the most common antidepressants and are used by millions of people -- include such popular drugs as Lexapro, Prozac, Paxil and Zoloft. The potential interaction between these drugs and the painkillers known as nonsteroidal anti-inflammatory drugs (NSAIDs) may be a reason that some people don't respond to SSRIs, the researchers report.

"In one study, we found that anyone who reported use of an anti-inflammatory or analgesic agent had a much poorer treatment outcome compared to people who didn't report any use of NSAIDs," said study lead author Jennifer Warner-Schmidt.

One of the open questions is what dose is needed over what time period to produce this effect, said Warner-Schmidt, a research associate in the university's laboratory of molecular and cellular neuroscience. "Until a double-blind real clinical trial is done, we can't say what the dose is [or] what the time course is," she said.

"We may only be looking at people who are taking NSAIDs over a long period of time, but it's not clear," she explained.

In addition, why NSAIDs blunt the effect of SSRIs isn't known, Warner-Schmidt said, adding that "we have some speculative hypotheses we will be exploring in further studies."

Even with these caveats, Warner-Schmidt characterizes the effect of the interaction between these drugs as strong.

"If people out there are having trouble with SSRI efficacy and they happen to be taking anti-inflammatory drugs, they may want to speak with their clinician to evaluate whether they need to continue on the anti-inflammatory drugs, and if so, they may consider changing their antidepressant to a different class of antidepressant," Warner-Schmidt said.

The report was published in the April 25 online edition of the *Proceedings of the National Academy of Sciences*.

*(Continued on page 9)*

## **Hoarders on TV, in books and on the Web**

The disorder, poorly understood, is marked by a compulsive accumulation of usually worthless possessions — and a corresponding inability to discard anything — and has catapulted into the public consciousness in the past decade, spawning a burgeoning number of [reality TV shows](#), self-help books, a recent best-selling novel and numerous websites. More than 60 municipal task forces have sprung up around the country to deal with a problem that distresses families, angers neighbors, stymies public officials and frustrates therapists.

"It's a problem that's coming out of the woodwork, especially with the older adult population," says social worker Susan Hoskins, executive director of the Princeton (N.J.) Senior Resource Center and its hoarding task force. "As a therapist I have found very few things that are as difficult to treat ... and so hard for people to give up." Hoskins says she routinely fields beseeching calls from grown children of hoarders asking, "What am I going to do about this?"

A 2008 study by Johns Hopkins University scientists estimated that nearly 4 percent of the population are hoarders. Other researchers have found that many hoarders grew up with a parent who hoarded; scientists believe the disorder results from the interplay of genetic and environmental factors.

## **Chaotic collections**

Unlike collectors, whose items tend to be neatly organized and who thin their collections periodically, hoarders closely resemble pack rats, says Randy O. Frost, a psychology professor at Smith College who pioneered the study of hoarding in the early 1990s. Frost, who has coauthored several books on the subject, the latest of which is [Stuff: Compulsive Hoarding and the Meaning of Things](#), says hoarders' collections are wildly chaotic: yellowing newspapers, old junk mail, bags of cat hair and rotten food may be mixed with valuables such as stock certificates.

Psychologist Charles Mansueto, director of the [Behavior Therapy Center of Greater Washington](#), has treated people who hoarded dust bunnies, bicycles, even garbage. Other hoarders prefer animals, typically cats, including an 82-year-old woman who was barred by a judge from owning cats after authorities found 488 of them, many sick or dead, in two townhouses she owned in Fairfax County, Va.

## **Hoarders think you're the problem**

Although hoarding can coexist with dementia, [obsessive-compulsive disorder \(OCD\)](#) and depression, experts believe it is a distinct psychiatric disorder best treated through intense behavioral therapy and sometimes medications, including antidepressants, says Catherine Ayers, an assistant professor of psychiatry at the University of California, San Diego, who studies older hoarders.

Denying the problem and resisting change are common, says social worker Henriette Kellum, who adds, "To them, you're the problem." Kellum helped found one of the country's first hoarding task forces in Arlington, Va., bringing together officials from the fire department, housing division and human services to contend with a problem that, in extreme cases, can result in eviction and even homelessness.

*(Continued on page 7)*

"It tends to be a lifelong problem that gets worse with age," says Maryland psychologist Elspeth N. Bell, who heads the Behavior Therapy Center's hoarding program and is a consultant to the Montgomery County Hoarding Task Force in Maryland. Both sexes are equally affected, but more women seek treatment, Bell says. Some of her patients are compulsive collectors, scooping up dozens of free newspapers, rummaging through dumpsters or haunting [thrift shops](#). They loathe discarding things like empty milk cartons and tend to be paralyzed by indecision, perfectionism and procrastination. Many hoarders feel sentimental attachments to possessions, which they regard as extensions of themselves.

"One of the biggest fears I have is throwing away something of value," says John M., a graduate of Columbia University who has a friendly, engaging manner. He spends his time overseeing his stock portfolio and half a dozen rental properties, attending ballroom dancing classes — and going to meetings of self-help groups, including Messies Anonymous. His clean clothes, trimmed hair and fashionable wristwatch belie the condition of his apartment. Standing in his living room — a jumble of empty cans, used paper towels and outdated bus schedules (he owns four cars) — John gestures in defeat. "It's totally overwhelming to get rid of it," he says.

### **A relative's death**

Like many hoarders whose problem is exacerbated by the loss of a spouse or a parent, the death of John's 93-year-old mother in 2003 triggered the crisis that propelled him into treatment. His mother was a hoarder, he says, and as the youngest of three children, John, who never married, had moved into her home to care for her. To clean out her house so it could be sold he needed three years — and the help of a therapist.

John says he began having a "problem with clutter" decades earlier, in his 30s.

"Say you're 60 or 70 and a parent dies and you're the recipient and you have until the end of the month to clean it out," says Hoskins of Princeton. "There's a sense of betrayal of the parent for getting rid of the stuff. So you bring it home." The death of a spouse, who may have kept the hoarding in check, can trigger a loss of control in the hoarder.

"For a long time I had trouble getting rid of stuff because everything reminded me of my mother," says Kelly Ferjutz, 72. A writer who lives in Cleveland, Ferjutz describes herself as [a pack rat](#). She says she hates to throw things away "that are usable, even if I can't use them."

Filmmaker Cynthia Lester has grappled with the dilemma confronting some families: what to do when hoarding becomes dangerous. In her documentary *My Mother's Garden*, Lester chronicled the experience of her mother, who was living in her backyard, crowded out of her rat-infested house in Los Angeles by a lifetime of severe hoarding. The property was about to be condemned when Lester took her mother to New York for several weeks while her brothers shoveled out the house, filling 10 industrial dumpsters.

Their mother was so upset by the result, even though she knew about the clean-out in advance, that she was briefly hospitalized. She quickly recovered and, Lester says, has resumed hoarding in a new apartment.

Lester said her family was motivated by the fear that their mother, now age 65, would become homeless. "It's hard to live with the guilt that your mom lives like this and you didn't do anything," she says. "I flew across the country three times. ... All I could get her to do was pack one box."

(Continued on page 8)

## Clean out — or not?

Frost and other experts caution that involuntary clean-outs may be traumatic, and are little more than short-term fixes.

The preferred approach, which has shown modest success, is therapy, which combines regular, short discarding sessions with an attempt to systematically restructure the way a hoarder thinks about clutter. Goals are specific: clearing enough space to sleep in a bed or eat at a table. Therapists do not touch things without permission. Such sessions require extraordinary patience on the therapist's part: Imagine a 30-minute discussion about whether to keep an expired coupon.

People with [dementia](#) are not candidates for therapy, experts say. "There are people who hoard who have differing abilities to benefit from treatment," says Kellum, adding that it is "long and expensive" and has a high dropout and relapse rate. She says that some older people benefit from the approach adopted by a number of retirement communities: periodic inspections coupled with a weekly cleaning service.

John M., who fears his problem is growing worse, plans to resume therapy.

"In a way this stuff is an albatross," he says. "At some point in my life, I'm going to have to deal with it."

*Sandra G. Boodman, a former staff writer for the Washington Post, writes about medicine and health for the Post and Kaiser Health News.*

## **Help for Hoarders**

- The International OCD Foundation maintains a website with information compiled by experts Randy Frost, a professor of psychology at Smith College, and social work school dean Gail Steketee of Boston University. The site also lists therapists around the country who specialize in treating hoarding.
- [Children of Hoarders](#), a group founded in 2005 by the daughter of a hoarder, contains extensive resources for families, including a long section on older people and a roster of hoarding task forces around the country.
- Animal hoarding: Find detailed information at Tufts University and the website Animal Hoarding.
- [My Mother's Garden](#), Cynthia Lester's documentary about her family.

***"Life is either a daring adventure or nothing. Avoiding danger is no safer in the long run than exposure."***

***- Helen Keller***

***"Go confidently in the direction of your dreams! Live the life you've imagined."***

***- Henry David Thoreau***



For their study, the researchers gave mice SSRIs with and without NSAIDs. By looking at how the mice behaved in tasks sensitive to antidepressants, the researchers found those behaviors inhibited in the mice given NSAIDs.

Warner-Schmidt's team confirmed these findings using data from a previous human study. In that trial, people taking NSAIDs were less likely to have their depressive symptoms relieved by SSRIs than those not taking NSAIDs.

In fact, 54 percent those not taking these anti-inflammatory painkillers said SSRIs relieved their depressive symptoms, compared with 40 percent of those taking both NSAIDs and SSRIs, Warner-Schmidt said.

In addition to their implications for treating depression, these findings may also be important to Alzheimer's patients, according to lead researcher Nobel Laureate Paul Greengard, the Vincent Astor Professor of the Laboratory of Molecular and Cellular Neuroscience at The Rockefeller University.

"Many elderly individuals suffering from Alzheimer's disease also have arthritic or related diseases and as a consequence are taking both antidepressant and anti-inflammatory medications. Our results suggest that physicians should carefully balance the advantages and disadvantages of continuing anti-inflammatory therapy in patients being treated with antidepressant medications," he said in university news release.

"This is an important observation that needs to be followed up," said Dr. Charles Nemeroff, the Leonard M. Miller Professor and chairman of the psychiatry and behavioral sciences department at the University of Miami Miller School of Medicine.

"If it is possible that drugs that treat pain in any way antagonize the effects of antidepressants, it's really important to know because of the widespread use of both agents," Nemeroff added, noting that depressed patients with chronic pain are difficult to treat.

"The belief has always been that they are difficult to treat because chronic pain wears people down and drives them into depression, but this is a different wrinkle. This would suggest it may be that medications being used to treat their chronic pain may, in fact, be obviating the effects of antidepressants," he said.

While it is too early to draw definitive clinical conclusions from this study, Nemeroff thinks doctors should ask their patients if they are taking NSAIDs when prescribing SSRIs.

"If you treat [patients] with an SSRI and they don't respond, maybe we ought to ask them if they are taking high doses of NSAIDs," Nemeroff said. "If they are, we might think about finding another way to treat their pain or inflammation," he said.

## **More information**

For more information on depression, visit the [U.S. National Institute of Mental Health](http://www.nimh.nih.gov/).

SOURCES: Jennifer Warner-Schmidt, Ph.D., research associate, The Rockefeller University, New York City; Charles Nemeroff, M.D., Ph.D., Leonard M. Miller Professor and chairman of the department of psychiatry and behavioral sciences, University of Miami Miller School of Medicine; April 25, 2011, *Proceedings of the National Academy of Sciences*, online

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Last updated 4/25/2011.

This article can be accessed directly at:  
<http://www.healthscout.com/news/1/652258/main.html>



# Does your child worry a lot?

The University of Michigan Autism and Communication  
Disorders Center

*Overly anxious?  
Irritable?*



*Easily startled?  
Trouble sleeping?*

- **Recruiting families of children (ages 2-12) diagnosed with or suspected of having an anxiety disorder.**
- **Participation involves questionnaires, parent interviews, and child testing.**
- **Families will receive a **\$100** gift card and a summary of the testing results.**

The lead investigator is Dr. Catherine Lord. Please contact Lisa Lederman by phone (734-615-3952) or email ([limele@umich.edu](mailto:limele@umich.edu)) for more information.

IRBMED Approved, Project # HUM00033436 The University of Michigan, "A Non-discriminatory, Affirmative Action Employer"

## SUGGESTED READING



Pamela Weingartz  
*Pregnancy and Postpartum Anxiety Workbook: Practical Skills to Help You Overcome Anxiety, Worry, Panic Attacks, Obsessions and Compulsions*  
 New Harbinger Publications, Inc., 2009  
 ISBN 978-1-57224-589-1



Timothy A. Sisemore, PhD  
*Free From O C D A Workbook for Teens with Obsessive-Compulsive Disorder*  
 Instant Help Books, a Division of New Harbinger Publications, Inc., 2010  
 ISBN 978-1-57224-848-9

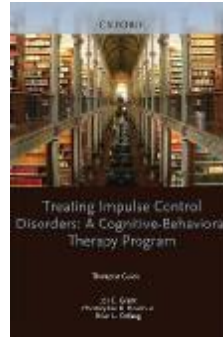
Cheryl Carmin, PhD  
*Obsessive-Compulsive Disorder Demystified: An Essential Guide for Understanding and Living with OCD*  
 DaCapo Press, 2009  
 ISBN 978-1600940644



Allen H. Weg  
*OCD Treatment Through Storytelling: A Strategy for Successful Therapy*  
 Oxford University Press, 2011  
 ISBN 978-0195383560



Katherine M. B. Owens, PhD  
 Martin M. Antony, PhD  
*Overcoming Health Anxiety Letting Go of Your Fear of Illness*  
 New Harbinger Publications, Inc., 2011  
 ISBN 978-1-57224-838-0



Jon E. Grant, MD, JD, MPH  
 Christopher B. Donahue, PhD  
 Brian D. Odlaug, BA  
*Treating Impulse Control Disorders: A Cognitive-Behavioral Therapy Program Therapist Guide*  
 Oxford University Press, U.S.A., 2011  
 ISBN 9780199738793

## Help is Still Wanted

The OCD Foundation of Michigan is still looking for individuals who would like to serve on the Board of Directors. Have you ever felt the desire to help out your Foundation? Are you passionate about helping others with OCD? Have you been helped by the Foundation and want to give back? The commitment is small. The Board meets only once a month. Beyond that, you can put in only as much time as you wish. If you're interested, call (734) 466-3105 or e-mail [OCDmich@aol.com](mailto: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](mailto:OCDmich@aol.com). For more information, call 734-466-3105.

## Antonia Caretto, Ph.D., PLLC

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[www.BeTreatedWell.com](http://www.BeTreatedWell.com)  
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Farmington Hills, MI 48336

P.O. Box 2265  
Dearborn, MI 48123

## Laura G. Nisenson, Ph.D. Licensed Psychologist

425 E. Washington  
Suite 101D  
Ann Arbor, MI 48104

(734) 623-0895

## JESSICA PURTAN HARRELL Ph.D.

*Licensed Clinical Psychologist*

Phone: (248) 767-5985  
[drjessicaharrell@earthlink.net](mailto:drjessicaharrell@earthlink.net)  
[www.mi-cbt-psychologist.com](http://www.mi-cbt-psychologist.com)

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Grand Rapids, MI 49546  
P 616.940.9091

[carriero@ocdgrandrapids.com](mailto:carriero@ocdgrandrapids.com)  
[www.ocdgrandrapids.com](http://www.ocdgrandrapids.com)

## THERAPISTS!!

### LIST WITH US

### YOUR BUSINESS CARD COULD BE HERE!

## 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 734-466-3105 or e-mail [OCDmich@aol.com](mailto:OCDmich@aol.com).

### *The OCD Foundation of Michigan Membership Application*

**Please Print:**

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May we send you newsletters, 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

6/2011

## 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.



## The 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