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!

Spring/Summer 2012

OCD IN THE WORKPLACE

When I worked in retail, I often had a hard time staying in my own department. If I walked through another section and noticed that things were out of order, I would have to stop and "fix" them. I knew this wasn't my job; my responsibilities were elsewhere. Spending time in someone else's department took me away from my own, a fact that was not lost on my supervisors. They did not see me as a valuable employee who fixed problems wherever she found them. They saw someone who was not doing her job.

What can we do when our OCD interferes with our job performance? Should we tell our employers that we have OCD, and how far do they have to go to accommodate us? In this issue of *Never Say Never*, we have collected some articles that address these questions. Included is an explanation of the Americans With Disabilities Act of 1990, as well as the ADA Amendments Act of 2008. We hope you find this helpful.

Royal Oak Support Group - Wednesday, August 1, 2012

.

Visit by Dr. Linda Sircus, a Franklin psychologist who will talk to the group about "OCD and Negative Thoughts." Says Dr. Sircus: "negative thinking makes one's experience of their OCD worse. If we are overly focused on something bad happening, our anxiety levels go up and our symptoms increase. It's helpful to learn some strategies to control those negative thoughts and learn to think more positively. These kinds of techniques can really help OCD sufferers act and feel much better." Q&A and support will follow.

7:00-9:00 pm at Beaumont Hospital, 3601 W. Thirteen Mile Rd. Use Staff Entrance off 13 Mile Rd. Follow John R. Poole Drive to the Administration Building and park in the South Parking Deck. Meeting is in the Private Dining Room.

THE OCD FOUNDATION OF MICHIGAN

P.O. Box 510412 Telephone (voice mail): (734) 466-3105

Livonia, MI 48151-6412

E-mail: OCDmich@aol.com Web: www.ocdmich.org *

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

Board of Directors:

Roberta Warren Slade Joan E. Berger Terry M. Brusoe

President Vice-President Treasurer

Nancy Ellen Vance Dr. James Gall Correspondence

Leave of Absence Director Kevin Putman
Director

VACANT Secretary

Science Advisory Council:

Antonia Caretto, Ph.D.

Farmington Hills, MI

Ann Arbor, MI

George C. Curtis, M.D. Jed Magen, D.O.

University of Michigan Michigan State University

Jessica Purtan Harrell, Ph.D. Laura G. Nisenson, Ph.D.

West Bloomfield, MI Ann Arbor, MI

Joseph Himle, Ph.D.
University of Michigan
David R. Rosenberg, M.D.
Wayne State University

Christian R. Komor, Psy.D.

Grand Rapids, MI

Carol M. Stewart, R.N.C.
Wayne State University

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:

1st Thursday, 7-9 PM St. Joseph Mercy Hospital Ann Arbor Ellen Thompson Women's Health Center Classroom #3 5320 Elliott Drive, Ypsilanti, MI Call Jeannie at (734) 846-9656 E-mail bellajean333@att.net

DEARBORN:

2nd Thursday, 7-9 PM First United Methodist Church 22124 Garrison Street (at Mason) Call (734) 466-3105

FARMINGTON HILLS:

1st and 3rd Sundays, 1-3 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 or (734) 652-8907 E-mail rslade9627@aol.com

GRAND RAPIDS:

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

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

3rd Tuesday and 4th 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:

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

LAPEER:

2nd Wednesday, 7:30 - 9 PM Meditation Self-Healing Center 244 Law St. (Corner of Law & Cedar Streets) Call Mary at (810) 793-6544

LIVONIA:

Hoarders Support Group
4th Wednesday, 7:00-9:00 PM
New Directions for Better Living
32231 Schoolcraft, Suite 202
(south side I-96 service drive west of Merriman)
Call Janet at 248-210-6012
E-mail janetkester@gmail.com

PETOSKY:

2nd Tuesday, 7-9 PM Northern Michigan Regional Hospital Community Health Education Center (CHEC) 360 Connable Avenue Call Kevin P at (231) 838-9501 E-mail Runocd@gmail.com

ROYAL OAK:

OCD Support Group

1st Wednesday, 7-9 PM

Beaumont Hospital, Administration Building
3601 W. Thirteen Mile Rd.

Use Staff Entrance off 13 Mile Rd.

Follow John R. Poole Drive to Administration Building
Park in the South Parking Deck
Meets in Private Dining Room
(If the building is locked, press the Security button next
to the door, tell them you are there for a meeting, and
they will buzz you in.)

Call Kevin S at (248) 991-9350

E-mail jogger112@earthlink.net

OCD Presents Unique Challenges in the Workplace

By Susan J. Campbell

Obsessive compulsive disorder (OCD) disrupts millions of people's relationships, self-esteem and home lives each year, but the disorder can also be extremely difficult to manage in the workplace. The patterns and rituals that hallmark the disorder, such as repeatedly checking the door to be sure it's locked, can negatively affect a person's job performance and ability to reach their goals.

OCD is a type of anxiety disorder that causes sufferers to have continuous undesirable thoughts, known as obsessions, usually in conjunction with repeated actions and behaviors to ward off the undesirable thoughts. Common OCD behaviors are counting or numbering objects, checking things or washing the hands repeatedly with the false belief that the unwanted obsessions will leave. The behaviors, also called rituals, only lessen the anxiety for a short time, and people with OCD can have great difficulty managing daily tasks.

In the workplace, the disorder may mean a person has to have everything on their desk precisely arranged before they can begin a task or attend a meeting. It may mean the person may become overwhelmed by troubling thoughts and need a few moments away to regroup periodically throughout the day.

OCD in the workplace often creates misunderstandings between coworkers, employees and supervisors. A person with OCD may need to check and recheck their files before entering a meeting, thus being viewed as disorganized or late. The symptoms of OCD may also slow a person's progress on tasks, giving the impression that they are putting jobs off or are unmotivated.

Strong communication with a person's employer about the condition can help, and may help create the modifications that make workplace success possible for people with OCD. Some of these modifications include allowing the person to telecommute from home or giving them project deadlines as much in advance as possible.

However, people with OCD have no legal obligation to provide information to their employer about the condition, nor can the employer legally discriminate against them for having the disorder. Still, many people with OCD struggle at work in silence because they fear negative opinions from coworkers, disapproval from their supervisor or being overlooked for certain projects.

Certain career options may create a better environment for people with OCD than others. For example, working law enforcement or some form of regulatory job means strict guidelines and rules are enforced. These rules may help a person with OCD cope with their need for control and organization. Because people with OCD are typically drawn to step-by-step processes, activities like business planning may be good career paths. Accounting and finance careers can also be healthy for people with OCD, as can technical jobs that can be done on one's own, like Internet-based design or programming.

Though finding the right fit for a career can be a challenge for someone with OCD, millions of people with this disorder maintain productive, satisfying careers. The condition is treatable, typically with a combination of therapy and medications – and remaining in communication about the disorder can also help employees make any needed modifications to thrive at work.

Posted on <u>January 21, 2011</u> by <u>Mental Health Directory</u> www.mentalhealthdirectory.org/ocd-presents-unique-challenges-in-the-workplace

OCD and Work: Dealing With Employers

Know Your Rights, But Know the Risks

By <u>Owen Kelly, Ph.D.</u>, About.com Guide *Updated August 22, 2010*About.com Health's Disease and Condition content is reviewed by the <u>Medical Review Board</u>

If you have <u>OCD</u>, work -- seeking out, obtaining and maintaining gainful employment -- can be extremely challenging. While <u>symptoms of OCD</u> can get in the way of completing the required duties of a particular job, there is also the <u>significant challenge</u> of stigma, prejudice and discrimination that is associated with mental illness.

OCD and Work: Know Your Rights

It is illegal to discriminate against someone because of a medical condition, including OCD. For example, if you are otherwise qualified for the position, you cannot be denied employment simply because you have OCD. Although the law is quite clear on this, the actual experience of prospective and current employees with OCD can unfortunately be quite different.

However unfair, there is actually quite a bit of incentive for employers to terminate or pass on hiring someone who they know has a chronic illness -- mental or physical. On average, their health costs will be higher; they will be absent more days; and they may even have to go on long-term disability leave -- all of which impacts the bottom line.

Although it is illegal to terminate someone on the basis of a medical condition, there are many ways that employers can accomplish this indirectly. For example, the employer can give the employee progressively more undesirable tasks until to the employee decides to leave.

Even if someone believes that they have been denied or relieved of a given job on the basis of medical condition, it is often very difficult to prove.

That said, these types of situations reflect the worst-case scenario. It is important to remember that there are plenty of employers who are supportive and who happily make accommodations for employees with mental illness. Still, deciding whether to disclose your illness in the workplace may be difficult.

To Disclose or Not to Disclose

Choosing to disclose that you have OCD to a potential or current employer can be terrifying. People in this position often:

- wonder if their potential or current employer will be supportive, reject them or even know or understand what OCD is
- fear being passed over, fired or forced out through attrition
- worry what people around the office will think
- worry that they'll regret their decision
- fear being blacklisted within the industry they work
- fear not being trusted with important tasks or responsibilities

It is important to know that if you are in this position, there is no right answer and that you need to weigh this decision for yourself. Here are some things to think about.

(Continued on page 6)

OCD and Work: Dealing with Employers (Continued from page 5)

There is no obligation to disclose.

There is no legal obligation for you to disclose your diagnosis either before or after being hired for a job. However, telling a potential or current employer about your diagnosis is the only way you are able to preserve your right to any accommodations you may need to get or maintain employment. As well, accessing certain benefits may only be possible through disclosure of your health status.

How severe are your symptoms?

If your symptoms are particularly severe, it may be exceedingly difficult to hide them at work. For example, if you are spending hours washing your hands, questions will eventually be raised. In cases such as these, disclosing your illness to your employer may be a part of a constructive and proactive way of dealing with symptoms that you experience at work. On the other hand, if your symptoms are mild, manageable and/or invisible (as is the case with obsessions), then there may be no need to disclose. It can be helpful to do a cost-benefit analysis of how stressful it will be to hide your symptoms versus telling your employer what is going on.

Does your potential or current employer have a track record of being supportive?

Different employers are going to vary in how supportive they are of employees with a chronic illness such as OCD. While some will do only what they are legally required to do, others will go the extra mile in arranging accommodations such as reduced work-load or scheduling adjustments. It may be helpful to try and get a sense of what your employer's track record is in this respect.

Does your potential or current employer have clear equity policies in place?

A proactive employer will often have clear policies in place regarding equity in the workplace and how accommodations are to be handled. In the best case scenario, adherence to these policies is treated as a priority within the organization; these polices are freely and publicly available; and there is an expectation that all employees will follow the policy. Be sure to check the documentation available within your organization to see the kind of protection you have (human resources is a good place to start).

How comfortable are you with having OCD?

You may simply not be comfortable disclosing that you have OCD, regardless of how supportive your employer might appear. Nagging fears of discrimination and stigma may make disclosure seem far too risky a proposition. On the other hand, you may be the type of person who is completely at ease with your illness. If you have generally shied away from telling others, especially people who you are close to, this is probably a good clue that you are not comfortable enough (at least right now) to disclose that you have OCD to your employer.

I've Decided That I Want to Disclose That I Have OCD - Now What?

If you decide that benefits outweigh the risks and you decide to disclose that you have OCD to a prospective or current employer, it will be up to you to make sure that your employer understands the nature and severity of your symptoms. This doesn't mean that you need to tell your boss everything -- just what she needs to know and what accommodations you might need. If your employer does not fully understand the challenges associated with OCD, or doesn't even know what it is, it may also be helpful to educate your employer about your illness. It may even be possible to enlist your health care provider to advocate for you.

Finally, check and see if your employer has retained the services of an employee assistance program or EAP. This service may be able to assist in or facilitate disclosure of your OCD to your employer.

This article can be found at:

ocd.about.com/od/livingwithoc1/a/OCD work.htm

Facts About the Americans with Disabilities Act

Title I of the Americans with Disabilities Act of 1990 prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. The ADA covers employers with 15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations. The ADA's nondiscrimination standards also apply to federal sector employees under section 501 of the Rehabilitation Act, as amended, and its implementing rules.

An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Reasonable accommodation may include, but is not limited to:

- Making existing facilities used by employees readily accessible to and usable by persons with disabilities.
- Job restructuring, modifying work schedules, reassignment to a vacant position;
- Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters.

An employer is required to make a reasonable accommodation to the known disability of a qualified applicant or employee if it would not impose an "undue hardship" on the operation of the employer's business. Reasonable accommodations are adjustments or modifications provided by an employer to enable people with disabilities to enjoy equal employment opportunities. Accommodations vary depending upon the needs of the individual applicant or employee. Not all people with disabilities (or even all people with the same disability) will require the same accommodation. For example:

- A deaf applicant may need a sign language interpreter during the job interview.
- An employee with diabetes may need regularly scheduled breaks during the workday to eat properly and monitor blood sugar and insulin levels.

(Continued on page 8)

Facts about the Americans with Disabilities Act (Continued from page 7)

- A blind employee may need someone to read information posted on a bulletin board.
- An employee with cancer may need leave to have radiation or chemotherapy treatments.

An employer does not have to provide a reasonable accommodation if it imposes an "undue hardship." Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources, and the nature and structure of its operation.

An employer is not required to lower quality or production standards to make an accommodation; nor is an employer obligated to provide personal use items such as glasses or hearing aids.

An employer generally does not have to provide a reasonable accommodation unless an individual with a disability has asked for one. if an employer believes that a medical condition is causing a performance or conduct problem, it may ask the employee how to solve the problem and if the employee needs a reasonable accommodation. Once a reasonable accommodation is requested, the employer and the individual should discuss the individual's needs and identify the appropriate reasonable accommodation. Where more than one accommodation would work, the employer may choose the one that is less costly or that is easier to provide.

Title I of the ADA also covers:

- Medical Examinations and Inquiries.
 Employers may not ask job applicants about the existence, nature, or severity of a disability. Applicants may be asked about their ability to perform specific job functions. A job offer may be conditioned on the results of a medical examination, but only if the examination is required for all entering employees in similar jobs. Medical examinations of employees must be job related and consistent with the employer's business needs.
- Medical records are confidential.
 The basic rule is that with limited exceptions, employers must keep confidential any medical information they learn about an applicant or employee. Information can be confidential even if it contains no medical diagnosis or treatment course and even if it is not generated by a health care professional. For example, an employee's request for a reasonable accommodation would be considered medical information subject to the ADA's confidentiality requirements.
- Drug and Alcohol Abuse.
 Employees and applicants currently engaging in the illegal use of drugs are not covered by the ADA when an employer acts on the basis of such use. Tests for illegal drugs are not subject to the ADA's restrictions on medical examinations.

(Continued on page 9)

Facts about the Americans with Disabilities Act Continued from page 8

Employers may hold illegal drug users and alcoholics to the same performance standards as other employees.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on disability or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under the ADA.

Federal Tax Incentives to Encourage the Employment of People with Disabilities and to Promote the Accessibility of Public Accommodations

The Internal Revenue Code includes several provisions aimed at making businesses more accessible to people with disabilities. The following provides general – non-legal – information about three of the most significant tax incentives. (Employers should check with their accountants or tax advisors to determine eligibility for these incentives or visit the Internal Revenue Service's website, www.irs.gov, for more information. Similar state and local tax incentives may be available.)

- Small Business Tax Credit (Internal Revenue Code Section 44: Disabled Access Credit)
 - Small businesses with either \$1,000,000 or less in revenue or 30 or fewer full-time employees may take a tax credit of up to \$5,000 annually for the cost of providing reasonable accommodations such as sign language interpreters, readers, materials in alternative format (such as Braille or large print), the purchase of adaptive equipment, the modification of existing equipment, or the removal of architectural barriers.
- Work Opportunity Tax Credit (Internal Revenue Code Section 51)
 Employers who hire certain targeted low-income groups, including individuals referred from vocational rehabilitation agencies and individuals receiving Supplemental Security Income (SSI) may be eligible for an annual tax credit of up to \$2,400 for each qualifying employee who works at least 400 hours during the tax year. Additionally, a maximum credit of \$1,200 may be available for each qualifying summer youth employee.
- Architectural/Transportation Tax Deduction (Internal Revenue Code Section 190 Barrier Removal):
 - This annual deduction of up to \$15,000 is available to businesses of any size for the costs of removing barriers for people with disabilities, including the following: providing accessible parking spaces, ramps, and curb cuts; providing wheelchair-accessible telephones, water fountains, and restrooms; making walkways at least 48 inches wide; and making entrances accessible.

This page was last modified on September 9, 2008.

www.eeoc.gov/facts/fs-ada.htm

ADA Amendments Act of 2008

Summary of the Law

On September 25, 2008, the ADA Amendments Act (ADAAA) was signed into law. It became effective on January 1, 2009. The U.S. Senate and the U.S. House of Representatives both unanimously passed the ADAAA.

The ADAAA focuses on the discrimination at issue instead of the individual's disability. It makes important changes to the definition of the term "disability" by rejecting the holdings in several Supreme Court decisions and portions of Equal Employment Opportunity Commission's (EEOC) ADA regulations. The Act retains the ADA's basic definition of "disability" as an impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment. However, it changes the way that the statutory terms should be interpreted. Most significantly, the ADAAA:

- Directs EEOC to revise the portion of its regulations that defines the term "substantially limits":
- Expands the definition of "major life activities" by including two non-exhaustive lists:
 - 1. The first list includes many activities that the EEOC has recognized (e.g., walking) as well as activities that EEOC has not specifically recognized (e.g., reading, bending, and communicating);
 - 2. The second list includes major bodily functions (e.g., "functions of the immune system, normal cell growth, digestive, bowel, bladder, respiratory, neurological, brain, circulatory, endocrine, and reproductive functions");
- States that mitigating measures other than "ordinary eyeglasses or contact lenses" shall not be considered in assessing whether an individual has a disability;
- Clarifies that an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active;
- Provides that an individual subjected to an action prohibited by the ADA (e.g., failure to hire) because of an actual or perceived impairment will meet the "regarded as" definition of disability, unless the impairment is transitory and minor;
- Provides that individuals covered only under the "regarded as" prong are not entitled to reasonable accommodation; and
- Emphasizes that the definition of "disability" should be interpreted broadly.

Source: EEOC Notice Concerning Americans with Disabilities Act

Amendments Act of 2008

www.eeoc.gov/ada/amendments_notice.html



Practical Solutions • Workplace Success

Effective Accommodation Practices (EAP) Series

Job Accommodations for People with Obsessive Compulsive Disorder (OCD)

Job Accommodation Network PO Box 6080 Morgantown, WV 26506-6080 (800)526-7234 (V) (877)781-9403 (TTY) jan@askjan.org askjan.org



A service of the U.S. Department of Labor's Office of Disability Employment Policy

This brochure can be downloaded from:

http://askjan.org/media/eaps/employmentocdEAP.doc

MARK YOUR CALENDARS FOR 2012

The International OCD Foundation Annual Conference, July 27-29 The 2012 IOCDF Conference is being held in CHICAGO. See their website at www.ocfoundation.org.

Royal Oak Support Group SPECIAL MEETING, Wednesday, August 1st. We will be visited by Dr. Linda Sircus, psychologist and adjust faculty in the Department of Psychology at Wayne State University. Dr. Sircus will speak on "OCD and Negative Thoughts."

OCD Awareness Week, October 8-14.

See the announcement at the IOCDF website: ocfoundation.org/awarenessweek

"A Night to Believe," Saturday, October 13.

Live event of creative expression in the categories of Painting/Photography, Video, Personal Stories, and Music. Last year's winner in the Music category was our own Kevin Putman. Submit your entries to the IOCDF: ocfoundation.org/awarenessweek

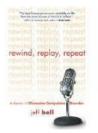
Follow The OCD Foundation of Michigan on FACEBOOK



Always get the latest news and events. Go to our Facebook page, www.facebook.com/pages/The-OCD-Foundation-of-Michigan/192365410824044 and click "Like".

ANATONIA INTERNATA I

SUGGESTED READING



Jeff Bell Rewind Replay Repeat: A Memoir of Obsessive Compulsive Disorder Hazelden, 1st edition, 2-1-2007 ISBN 978-1592853717

Shannon Shy "It'll be Okay.": How I kept Obsessive-Compulsive Disorder from Ruining My Life AuthorHouse, 3-13-2009 ISBN 978-1438957319



Andrew Colley

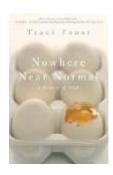
Andrew Colley
Silent Rituals of the Mind:
Living with OCD
Chipmunkapublishing, 12-20-10
ISBN 978-1849913768

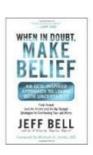
Traci Foust

Nowhere Near Normal:

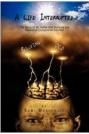
A Memoir of OCD

Gallery Books, 4-5-2011
ISBN 978-1439192504





Jeff Bell When in Doubt, Make Belief: An OCD-Inspired Approach to Living with Uncertainty New World Library, 10-1-2009 ISBN 978-1577316701



Sumi Mukherjee A Life Interrupted – The Story of My Battle with Bullying and Obsessive-Compulsive Disorder Xlibris Corporation, 2-28-2011

Hardcover ISBN 978-1456880811

Paperback ISBN 978-1456880804

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 story 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 734-466-3105.

Laura G. Nisenson, Ph.D. Licensed Psychologist

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

(734) 623-0895

JAMES A. GALL, PH.D., PLLC

LICENSED PSYCHOLOGIST

SPECIALIST IN THE TREATMENT OF
ANXIETY DISORDERS

TELEPHONE (810) 543-1050 FAX (248) 656-5004 950 W. Avon, Ste. 3 ROCHESTER HILLS, MI 48307

Alan D. Carriero MSW, LMSW

Cognitive-Behavioral Therapy for Obsessive-Compulsive Disorder and other Anxiety Problems

4467 Cascade Road SE • Suite 4481 Grand Rapids, MI 49546 P 616.940.9091

> carriero@ocdgrandrapids.com www.ocdgrandrapids.com

Antonia Caretto, Ph.D., PLLC

Licensed Clinical Psychologist www.BeTreatedWell.com (248) 553-9053

Office hours by appointment 25882 Orchard Lake Road #201 Farmington Hills, MI 48336

P.O. Box 2265 Dearborn, MI 48123

JESSICA PURTAN HARRELL Ph.D.

Licensed Clinical Psychologist

Phone: (248) 767-5985 drjessicaharrell@earthlink.net www.mi-cbt-psychologist.com

33493 14 Mile Rd. Suite 130 Farmington Hills, MI 48331

Janet Kester, LMSW

Clinical Social Worker / Psychotherapist

248-210-6012 - janetkester@gmail.com

32231 Schoolcraft Rd., #202, Livonia, MI 48150

Specializing in:

Anxiety, OCD, Depression, ADD/ADHD, Chronic Disorganization and Hoarding Issues Family/Couples/Marital Counseling

> www.ndbl.org www.hoardingpros.com www.theproductivitycoach.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.

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 newsletters	s, notices and announcements via e-mail?	·
	my check for \$20 annual membership	
Enclosed please find		fee.
Enclosed please find	my check for \$20 annual membership an additional donation of \$ Make check or money order payable in THE OCD FOUNDATION OF M	o fee. — 1 U.S. funds to ICHIGAN
Enclosed please find	my check for \$20 annual membership an additional donation of \$ Make check or money order payable in	o fee. — 1 U.S. funds to ICHIGAN

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