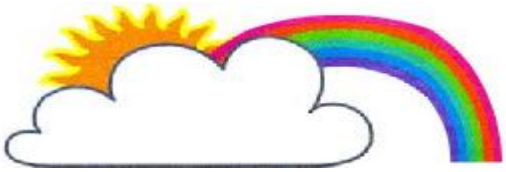
A Newsletter Dealing with Obsessive Compulsive Disorder

NEVER say NEVER



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

Spring 2015

OCD ALPHABET SOUP

We, those who deal with Obsessive Compulsive Disorder, are all familiar with the terminology - Cognitive Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP) - as the go-to treatments for OCD and related spectrum disorders. Nowadays, it goes even further: There's Acceptance and Commitment Therapy (ACT, actually pronounced "ACT", not spelled out "A-C-T") and Dialectical Behavior Therapy (DBT). We have discussed standard ERP in these pages, and have touched on Mindfulness, which is an important component of both ACT and DBT. These different techniques might sound like either/or alternatives. However, as pointed out by Dr. Laura Nisenson, a member of the OCDFM Board of Advisors, ACT and DBT must be viewed as adjuncts to ERP and not substitutes. ERP must be used as the first line of treatment. ACT and DBT would be used to deal with anxiety and emotional issues that might interfere with ERP or make it more difficult. In this issue of ***Never Say Never***, we will look at these two alternatives and how they might be used to enhance the experience of ERP.

U OF M STUDY

The University of Michigan Department of Psychiatry is conducting a research study using Cognitive Behavioral Therapy (CBT) as a treatment for adults and teenagers with Obsessive Compulsive Disorder (OCD). The flyers can be found in this issue of ***Never Say Never***, on our website, www.ocdmich.org, and our Facebook page. For more information, call the U of M at 734-936-1323 or e-mail Psych-OCD-Study@med.umich.edu.

FALL PROGRAM TBA

Coming this Fall: a panel discussion including local experts on the use of the various CBT therapies (ERP, ACT, and DBT) in the treatment of OCD, as described above and within the pages of this issue of ***Never Say Never***. Details still need to be worked out, and information will be forthcoming. Keep watching your e-mail, our newsletters, our website, www.ocdmich.org, and our Facebook page for details as they become available.

THE OCD FOUNDATION OF MICHIGAN

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

Board of Directors:

Board of Advisors:

NEVER say NEVER

is the quarterly newsletter of The OCD FOUNDATION OF MICHIGAN,
a 501(c)(3) non-profit organization.

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
(in the Specialty Centers area)
5320 Elliott Drive, Ypsilanti, MI
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

DEARBORN:
2nd Thursday, 7-9 PM
First United Methodist Church
22124 Garrison Street (at Mason)
Call Joan at (734) 479-2416

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 Disorders
Meets every Wednesday, 4:30 to 5:30 pm and
7 to 8:30 pm (two groups offered at this time to keep group size smaller)
A weekly support group open to anyone who has an anxiety problem (including trichotillomania and Obsessive-Compulsive Disorder).

Teen Anxiety Group
Coming soon to school campuses.

Yoga
Every Wednesday, 5:30 to 6:30 pm
A gentle yoga class. No experience is necessary.
Schedules do change, so please call ahead to reserve a spot.

Open Creative Time
1st Wednesday, 6:00 to 7:00 pm
Take your mind off your worries by being creative.
Bring a project to work on or enjoy supplies that are available at the ARC.

Social Outing Groups
Offered once a month.
Dates and times change.
Check the ARC website for current listings.

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) 441-9822

PETOSKEY:
2nd Tuesday, 7-9 PM
The John & Marnie Demmer Wellness Pavilion
820 Arlington Ave.
Petoskey, MI 49770
Call Kevin at (231) 838-9501
E-mail Runocd@gmail.com

ROYAL OAK:
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 Terry at (586) 790-8867
E-mail tmbrusoe@att.net

OCD: DBT Skills

By LuAnn Pierce, LCSW

While ERP (Exposure-Response Prevention) is the gold standard for OCD treatment, there are many other skills and techniques that people may find helpful for OCD. Dialectical Behavior Therapy (DBT) is another type of cognitive behavioral therapy (CBT). Most therapists who work with clients that have anxiety in its many forms teach a variety of skills to manage it. Unfortunately, ERP does not work for everyone. In those cases, DBT might be another choice.

What Is DBT?

DBT is a type of therapy that was developed by Marsha Linehan in the late 1970s at the University of Washington. Linehan worked with patients who had chronic suicidal thoughts, suicide attempts and self-harming behaviors that are often the result of deep wounds from childhood abuse and/or neglect. Many who have this cluster of traits are diagnosed with Borderline Personality Disorder (BPD); others may be suffering from PTSD.

At that time, CBT has been identified as the treatment of choice for most anything that ails you. However, Linehan realized that the patients she worked with were unable to benefit from CBT due to the direct nature of the work and the constant focus on change. These patients experienced CBT as judgmental, confrontational and invalidating. Linehan wisely adapted traditional CBT to make the approach more validating, among other things. Since that time. DBT has been proven effective for a wide array of other mental health problems, particularly mood disorders and anxiety.

DBT has four primary skill sets that people can learn to apply to their lives: Distress Tolerance, Emotional Regulation, Interpersonal Effectiveness and Mindfulness. DBT is generally taught in groups that accompany individual therapy sessions. People who are learning to use 'DBT skills' document how well and how often they apply the skills between group sessions, and discuss this in depth with the individual therapist.

DBT Skills for OCD and Anxiety

DBT skills are used to cope with the pain (and fear) associated with everyday life. DBT draws heavily on the Buddhist concepts of acceptance, non-judgment and mindfulness. These are very useful skills for managing OCD. Unlike CBT where the focus is heavily on making and measuring changes in behavior, DBT is focused on acceptance and non-judgment. The therapeutic relationship is critical, as people learn to be honest about their behavior and emotions without shame or feeling like they have failed. It is the validation of their effort to show up and talk about their progress (or lack thereof) that is important for many people. Once trust with the therapist is established, people tend to take more risks in therapy, as they feel safer to do so. This step is often necessary before they are ready to make changes. Here are some examples of how the DBT skills may be applied to OCD and anxiety:

Emotional Regulation – by learning skills to manage the anxiety related to obsessions and/or fear, people begin to realize that their anxiety will subside in time without utilizing the usual compulsion or reassurance.

Distress Tolerance – these skills are used to either distract or self-soothe when faced with disturbing thoughts or emotions.

Interpersonal Effectiveness – this set of skills help people manage their feelings related to interactions with others, which might include reassurance seeking.

Mindfulness – a set of skills that help us to be more present in the moment. Being mindful includes not attaching to distressing thoughts, practicing non-judgment (thoughts are neither right nor wrong) and redirecting your thoughts to the present moment when intrusive, repetitive thoughts occur.

DBT does not directly address obsessions and compulsions, as with exposure in ERP. DBT skills are used to cope with the anxiety associated with fearful thoughts/obsessions that result in compulsive behaviors. For those who were unsuccessful with ERP, DBT skills may be helpful.

Caveat: Most people need medication in addition to therapy to manage OCD. An evaluation by a psychiatrist is always recommended to determine if medication might be helpful. ERP is the first line treatment in therapy for OCD. If you find that ERP does not work for you, you might explore DBT as one of many other alternatives.

This article can be found at www.ocd.about.com/od/treatment/fl/OCD-DBT-Skills.htm

Mindfulness Based CBT for OCD and Anxiety

from the OCD Center of Los Angeles

www.ocdla.com/mindfulness-cbt-ocd-anxiety.html

Over the past few years, there has been an explosion of interest in the concept of "mindfulness" as it applies to mental health treatment. But most people, including many seeking help for OCD and related anxiety based conditions, are not exactly sure what mindfulness is, or how to apply it to their life.

Despite what some might suggest, mindfulness is not a new and simple technique that one can quickly implement in order to magically eliminate anxiety. It is a long-established philosophical tradition rooted in principles originally described in eastern philosophy. These principles have in recent years been adapted by psychotherapists who integrate some of the basic precepts of mindfulness with traditional Cognitive Behavioral Therapy (CBT). This growing interest in the combination of CBT and mindfulness presents those seeking help for OCD and other anxiety based conditions with two basic questions: *what is mindfulness and does it work*?

WHAT IS MINDFULNESS?

Mindfulness, as it applies to the treatment of Obsessive Compulsive Disorder (OCD) and other anxiety disorders, is perhaps most easily understood as developing the skill of non-judgmental awareness and acceptance of present-moment experience, including all of the unwanted thoughts, feelings, sensations, and urges that are at the heart of these conditions. What this means is that, from a mindfulness perspective, the individual's primary agenda ought not be to change or eliminate their unwanted thoughts, feelings, sensations, and urges, but rather to fully acknowledge and accept them.

Note that this does not mean to suggest that one should or must learn to enjoy these painful experiences. Rather, the aim of mindfulness is to recognize and accept that these uncomfortable experiences are transitory and inevitable aspects of human life. From a mindfulness perspective, not accepting these unwanted inner experiences is the source of much of our self-induced suffering. Furthermore, fully accepting the reality of their existence is more likely to lead to a reduction in our suffering than any attempts at resisting and controlling these experiences.

MINDFULNESS AND COGNITIVE BEHAVIORAL THERAPY

Some people have the mistaken belief that mindfulness is in some way a rejection of Cognitive Behavioral Therapy. On the contrary, mindfulness can be a refinement and expansion upon CBT. While traditional cognitive therapy teaches us to challenge the *content* of our distorted thoughts, mindfulness is more focused on challenging our *perspective* towards these thoughts. From a mindfulness perspective, the essential problem is our distorted belief that unwanted thoughts, feelings, sensations and urges are somehow automatically important and deserving of a strong behavioral response. But with mindfulness, the goal is to better recognize and accept that these transitory internal events, though uncomfortable, are merely a normal, predictable part of the human experience.

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An Important Twist on the Mindful Moment

Dr. R. Reid Wilson
The Anxiety Disorders Treatment Center of Durham and Chapel Hill, North Carolina

Anxious clients enter treatment in the position of resistance. If they are diagnosed with an anxiety disorder, they've got to be resisting. They want that discomfort to go away, which is totally understandable. But the stance of *'I don't want this to be happening'* gives Anxiety the upper hand, because the mind and body will move into battle mode. If we teach them permissive skills, like brief relaxation or mindfulness, they are more likely to say, *'Let me take a mindful stance in this situation. And I hope this works, because I've got to get rid of this feeling.'* These skills associated with permitting and accepting the symptoms often allow the client to slide right back into resisting.

If clients can truly say 'yes' to the encounter, and accept exactly what they are experiencing in that moment, then they will be back in control. This is manifested in the supportive message of *'It's OK that I'm anxious, I can handle these feelings, and I can manage this situation.'*

This approach has a paradoxical flair to it that people often miss. You take actions to manipulate the symptoms while simultaneously permitting the symptoms to exist. With physical symptoms, you are saying, *'It's OK that I am anxious right now. I'm going to take some Calming Breaths and see if I settle down. If I do, then great. But if I stay anxious, that's OK with me, too.'* We attempt to modify the symptoms without becoming attached to the need to accomplish the task. This is a critical juncture in the work, and the therapist must track closely the client's expected move of, 'I'm going to apply these relaxation skills because I *need* to relax in this situation.' No! While it is fine to relax in an anxiety-provoking situation, it is not OK to *insist* that you relax. **That's how anxiety wins.**

Dr. Wilson's website is www.anxieties.com, where he has many interesting and useful resources. This article appeared in his newsletter, and can be found at eepurl.com/bo2zef .

There is also a behavioral therapy component to mindfulness, which can be simply described as this: when faced with unwanted thoughts, feelings, sensations, and urges, it is best to make no effort whatsoever to avoid or control them. With mindfulness, the goal is to accept the presence of these unwanted experiences, and to act in a manner that is appropriate to the situation and in keeping with what we would actually like to do, rather than acting with the simple goal of short-term reduction of discomfort.

As the above demonstrates, mindfulness is to some extent both a cognitive and a behavioral process. Seen through the prism of traditional cognitive theory, the role of mindfulness is to help us learn to challenge and change our distorted beliefs about the importance of uncomfortable experiences. Likewise, from the perspective of traditional behavioral theory, the most mindful and effective long-term response to OCD and anxiety is to *not* perform the compulsive and avoidant behaviors commonly seen in these conditions, for doing so provides only a short-term reduction in our discomfort.

INTEGRATING MINDFULNESS AND CBT FOR THE TREATMENT OF OCD AND ANXIETY

The OCD Center of Los Angeles has long employed Mindfulness Based CBT for the treatment of OCD and related anxiety based conditions. From our perspective, mindfulness is a natural adjunct to traditional Cognitive-Behavioral Therapy, and seamlessly integrates with more traditional CBT techniques such as Exposure and Response Prevention (ERP) and Cognitive Restructuring.

The core principles of mindfulness have also been integrated with Cognitive-Behavioral Therapy in a number of other treatment modalities that are part of what is sometimes referred to as the "third wave" of CBT (the first two waves being traditional cognitive therapy and behavioral therapy). Some noteworthy examples of "third wave" Mindfulness Based CBT include:

- Acceptance and Commitment Therapy (ACT) - Originally developed by Steven Hayes, ACT focuses on choosing to willingly accept uncomfortable personal experiences, without avoidance or other efforts at control, while making a commitment to living fully according to one's personal values.

- Jeffrey Schwartz' Four Steps - Originally developed as a treatment for OCD, Schwartz' Four Step method, as described in his book Brain Lock, focuses on learning to non-judgmentally observe unwanted thoughts, feelings, sensations, and urges from the position of an "impartial spectator".

- Dialectical Behavioral Therapy (DBT) - Originally developed by Marcia Linehan as a set of tools to be used in treating Borderline Personality Disorder, its core principle of "radical acceptance" of unwanted feelings is completely applicable to the treatment OCD and other anxiety based conditions.

- Mindfulness Based Cognitive Therapy (MBCT) - Originally developed as a treatment for depression, its primary goal is for clients to see unwanted thoughts and feelings as "passing events in the mind rather than identifying with them or treating them as necessarily accurate readouts on reality".

Each of these treatment modalities asks us to change our relationship to our thoughts, as well as our behavioral reaction to them. Just because we have a thought doesn't mean that the thought is particularly meaningful, or accurate, or indicative of something "real" or "important". On the contrary, much of what we

(Continued on page 8)

Mindfulness Based CBT
(Continued from page 7)

think is inaccurate, mundane, benign, and/or simply unimportant. For example, if someone with OCD has an obsessive thought about contamination, that doesn't mean that the thought is accurate or meaningful. It also doesn't mean that the thought merits a behavioral response.

From a mindfulness perspective, unwanted thoughts, feelings, sensations, and urges are neither good nor bad - they just are. From the perspective of third wave therapies, the goal is not to control or avoid these experiences, but to learn to peacefully co-exist with them. Put another way, the goal is to allow these unwanted personal experiences to exist, without behaviorally over-reacting to them.

IS MINDFULNESS EFFECTIVE FOR THE TREATMENT OF OCD AND ANXIETY?

Our clinical experience over the years has been that that most clients report significant improvement in their symptoms using a treatment protocol that combines mindfulness and CBT. And while the application of mindfulness for the treatment of OCD and anxiety disorders is relatively new, there is already a growing pool of research data to suggest that it is beneficial in the treatment of these conditions, including a 2008 study that found mindfulness to be beneficial for the treatment of OCD.

There have also been studies that have specifically found Acceptance and Commitment Therapy (ACT) to be successful in the treatment of OCD, Trichotillomania, and Dermatillomania. And researchers at Temple University, Yale University, and Kent State University recently reported preliminary findings of a joint study of mindfulness for the treatment of Generalized Anxiety Disorder (GAD). Initial results have been promising, with subjects exhibiting "dramatic reductions" in anxiety.

Words of Wisdom

Change your thoughts and you change your world.

- Norman Vincent Peale

Feel the fear and do it anyway.

- Susan Jeffers

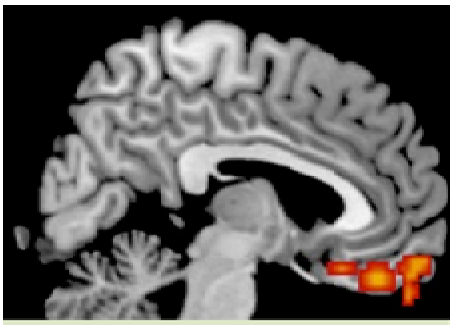
When you change the way you look at things, the things you look at change.

~ Dr. Wayne Dyer

Michigan researchers aim to study obsessive compulsive disorder across the lifespan

ANN ARBOR, Mich. — Two University of Michigan doctors have launched a five-year study of adolescent and adult patients with OCD to better understand the benefits of cognitive behavioral therapy (CBT). CBT is a type of psychotherapy that teaches patients to dismiss their fears as "false alarms." To do this, they practice resisting compulsive behaviors until the fears stop seeming so real.

The doctors will use functional magnetic resonance imaging (fMRI) to predict how OCD will respond to CBT in both teenagers and adults. FMRI is a "neuroimaging procedure using MRI scanners to detect changes in blood flow, which correlate with brain activity," said Dr. Stephan Taylor, Co-Principal Investigator. "If we can identify which brain circuits are changed with CBT, we can design new treatments that specifically target those circuits."



Greater activity in OCD patients compared to healthy subjects

Dr. Kate Fitzgerald, the second Co-principal Investigator on the project, specializes in pediatric OCD, and in recent work she has shown that the brains of teenagers with OCD mature along a different trajectory. "We know the teenage brain is a changing brain, and if we can influence that change with interventions, such as cognitive training, we can develop new treatments for OCD."

Obsessive-compulsive disorder (OCD) is a common psychiatric illness that often emerges in childhood. It is characterized by intrusive thoughts or obsessions and behavioral rituals. Symptoms begin with simple tasks, like hand washing or locking a door, which become laden with fear and anxiety (obsessions) that the task is not done correctly, e.g. that the hands are not clean enough or that the door is not locked properly. The intense feeling leads to repeated behaviors or compulsions to reduce the fear and anxiety. Unfortunately, the need to repeat the compulsive behavior, sometimes for hours, is highly disruptive to a person's life. The disruption caused by compulsions is what distinguishes OCD from normal checking behavior, such as going back once to check a lock after locking it. The treatment for OCD, which includes medications and CBT, is effective for around 50 percent of those afflicted. By revealing how CBT outcomes link to specific changes in the brain, this research will guide new interventions to help more patients.

For more information about OCD, visit http://www.psych.med.umich.edu/mental_health/obsessive-compulsive_disorder.asp.Those interested in participating in the OCD research described here may find more information at umclinicalstudies.org/HUM00091368?topics=10166. They can also call 734-936-1323.

PARTIAL HOSPITALIZATION PROGRAMS

There is a treatment option available for adolescents and adults in many areas that is often not known or considered by individuals who are struggling with OCD, anxiety, or depression. Partial Hospitalization Programs (PHP) are intensive programs offered by hospitals and clinics, and can benefit those who need more help than traditional outpatient settings can provide. They typically run five days a week, from 8 or 9 am to 3 or 4 pm, and can include group therapy, private time with a psychiatrist, art or music therapy or other activity time, and education programs. They usually include lunch, and some include transportation. Here, we list some of these programs for your information.

St. Joseph Mercy Hospital, Ann Arbor, MI

Adult Partial Hospitalization Program, 734-712-5850
www.stjoesannarbor.org/AdultPartialHospitalizationProgram

Adolescent Partial Hospitalization Program, 734-712-5750
www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram

Beaumont Hospital, Royal Oak, MI, 248-898-2222
www.beaumont.edu/centers-services/psychiatry/partial-hospitalization-program

St. John Providence Hospital, Southfield, MI, 800-875-5566
www.stjohnprovidence.org/behavmed/referral/

Oakwood Heritage Hospital, Taylor, MI, 313-295-5903
www.oakwood.org/mental-health

Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971
www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program

New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223
www.newoakland.org/mental-health-services/face-to-face-day-program.html

Do you have Obsessive-Compulsive Disorder?

The University of Michigan Department of Psychiatry is conducting a research study using Cognitive-Behavioral Therapy (CBT) as a treatment for those diagnosed with obsessive-compulsive disorder (OCD). If you are someone who struggles with OCD, you may be eligible. Volunteers for this study will receive a comprehensive diagnostic evaluation, 12 outpatient therapy sessions and 2 MRI scans. All study procedures are provided by our expert clinicians at no charge.

Participants will be compensated for their time.

Eligible participants are:

- Male or female
- 25-45 years old
- Diagnosed with OCD
- Able to tolerate small, enclosed spaces
- No alcohol or substance abuse or dependence
- Other eligibility criteria may apply.

DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

If interested, please call 734-936-1323
or email at Psych-OCD-Study@med.umich.edu

HUM#00091368

Does your teenager have Obsessive-Compulsive Disorder?

The University of Michigan Department of Psychiatry is conducting a research study using Cognitive-Behavioral Therapy (CBT) as a treatment for teenagers with obsessive -compulsive disorder (OCD). If you have a teenager son or daughter who struggles with OCD, they may be eligible to participate. Your teen will undergo a comprehensive diagnostic evaluation and 2 MRI scans. They will also receive 12 outpatient therapy sessions provided at no charge to you.

Eligible teens are:

- Male or female
- 13-17 years old
- Diagnosed with OCD
- Able to tolerate small, enclosed spaces
- No alcohol or substance abuse or dependence
- Other eligibility criteria may apply.

Participants will be compensated for their time.

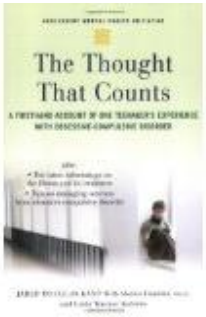
If interested, please call 734-936-1323
or email at Psych-OCD-Study@med.umich.edu

DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

HUM#00091368

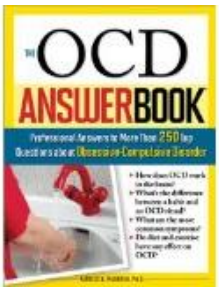
SUGGESTED READING

Bruce M. Hyman, PhD
Cherry Pedrick, RN
The OCD Workbook: Your Guide to Breaking Free from Obsessive-Compulsive Disorder
New Harbinger Publications, Inc., 2010
ISBN 978-1572249219

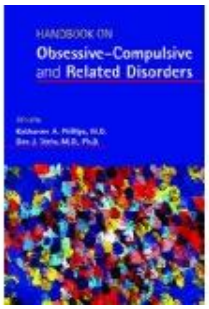


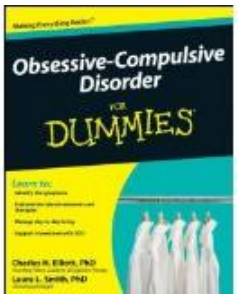
Jared Kant
Martin Franklin, PhD
Linda Wasmer Andrews
The Thought that Counts: A Firsthand Account of One Teenagers Experience with Obsessive-Compulsive Disorder
Oxford University Press, 2008
ISBN 978-0195316896

Patrick McGrath, PhD
The OCD Answer Book: Professional Answers to More Than 250 Top Questions about Obsessive-Compulsive Disorder
Sourcebooks, 2007
ISBN 978-1402210587

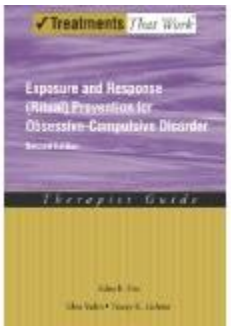


Katharine A. Philips, MD
Dan J. Stein, MD, PhD
Handbook of Obsessive-Compulsive Disorder and Related Disorders
American Psychiatric Publishing, 5-29-15
ISBN 978-1585624898





Charles H. Elliott, PhD
Laura L. Smith, PhD
Obsessive-Compulsive Disorder for Dummies
Publisher: For Dummies, 2008
ISBN 978-0470293317



Edna B. Foa, PhD
Elna Yadin, PhD
Tracey K. Lichner, PhD
Exposure and Response (Ritual) Prevention for Obsessive-Compulsive Disorder: Therapist Guide
Oxford University Press, 2nd Edition, 2012
ISBN 978-0195335286

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SarahVlnkaLMSW.com

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, 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

6/2015

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
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