

# NEVER say NEVER

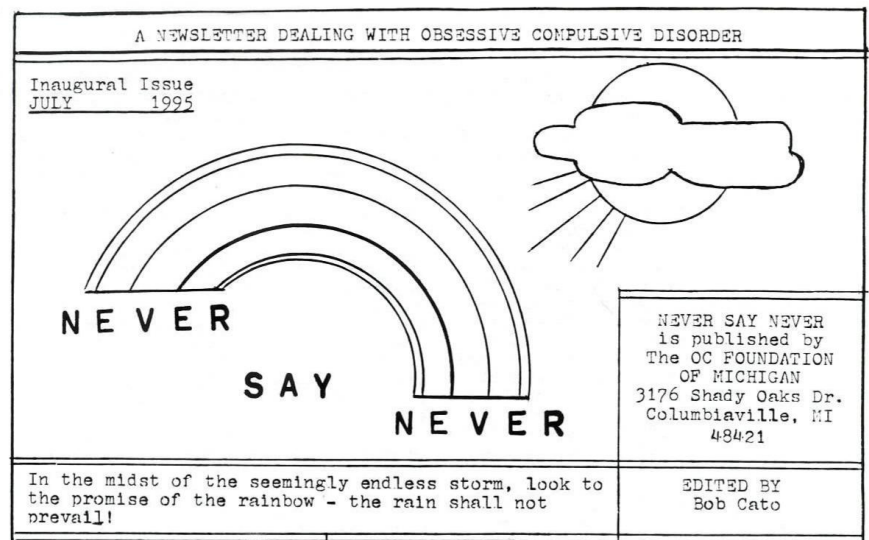


*In the midst of the seemingly endless storm,  
look to the promise of the rainbow -  
the rain shall not prevail!*

Winter 2015

## 20 Years of Never Say Never

Hard to believe, but there it is. It seems like only yesterday that I was preparing the Tenth Anniversary issue of this newsletter. The OCD Foundation of Michigan is grateful to all of you who have supported us over the years and helped us be a source of information and support to Michigan's OCD community. As always, we are open to any input or feedback from our members, including questions for our Advisors, suggestions for future articles or newsletter themes, or your own article on your own OCD experience.



### SPRING PROGRAM, APRIL 18, 2015

"Compulsive Stealing and Spending and Their Relationship to OCD." Recently, there's been growing acceptance of behaviors like compulsive stealing and compulsive buying/shopping/spending as legitimate addictions. As with hoarding disorder, people who suffer from compulsive stealing or spending become fixated on accumulating or holding onto things (or money) and tend to have marked control and perfectionistic traits as well. Come learn about these prevalent and growing disorders (what causes them and how to treat them) from Terrence Shulman, one of the few experts in the field. See his website: [www.theshulmancenter.com](http://www.theshulmancenter.com). Saturday, April 18, 2015, 1:00 at Botsford Hospital, Classroom A/B in the Administration & Education Center. RSVP 734-466-3105 or e-mail [ocd-mich@aol.com](mailto:ocd-mich@aol.com). See our webpage, [www.ocdmich.org](http://www.ocdmich.org), to download the flyer.

# THE OCD FOUNDATION OF MICHIGAN

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

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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, 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](mailto:OCDmich@aol.com)

### **DEARBORN:**

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

### **FARMINGTON HILLS:**

1<sup>st</sup> and 3<sup>rd</sup> 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](mailto:rslade9627@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 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**

1<sup>st</sup> 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:**

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

### **LAPEER:**

2<sup>nd</sup> Wednesday, 7:30 - 9 PM  
Meditation Self-Healing Center  
244 Law St. (Corner of Law & Cedar Streets)  
Call Mary at (810) 441-9822

### **PETOSKEY:**

2<sup>nd</sup> 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](mailto:Runocd@gmail.com)

### **ROYAL OAK:**

1<sup>st</sup> 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 [tmbusoe@att.net](mailto:tmbusoe@att.net)

# “Let’s Skype”

## A New Option for Support Group Attendance

by

**Roberta Warren Slade**

We’ve talked before about the importance of Support (or Self-Help) Group attendance as a way to connect with others who experience the same OCD or OCD-related challenges that we do. To talk with and get to know people who “get it,” who understand what we are going through in a supportive, nurturing, accepting, and non-judgmental environment can be very healing.

In an effort to accommodate our diverse membership, the OCD Foundation of Michigan (OCDFM) offers many groups that meet on different days and times, and in different locations. However, there are still many who, by choice or circumstance, do not attend our groups. There can be many reasons for this. Sometimes it’s the weather or the distance. Some members do not drive, or are incapacitated by their OCD so they do not go out. Some might experience fear, apprehension, or discomfort meeting others face to face.



The OCDFM has been considering ways to reach more people by making support group attendance available to a wider audience. Since the Board of Directors has been holding its board meetings on Skype for the past couple of years, we thought that might be an option for those who cannot attend live support groups. Most of our meeting places have free wi-fi available. The group leader need only bring a laptop or tablet to a meeting and have absent members connect remotely so that they can participate.

We can take this a step further and offer a Skype-only meeting, which could allow out-staters access to a support forum, and in fact connect with people they would otherwise never have a chance to meet.

**IS THIS AN OPTION THAT WOULD BE OF INTEREST TO YOU?**

**WOULD YOU PARTICIPATE IN SUCH A GROUP IF IT WERE AVAILABLE?**

Let us know your thoughts. Give us a call on our voicemail line at (734) 466-3105 or drop us an e-mail at [ocdmich@aol.com](mailto:ocdmich@aol.com).

## Fight For Your Rights: Getting Your Insurance Company To Pay For OCD Treatment

**By Fred Penzel, Ph.D.**

Over the years, I have written a number of articles about the treatment and acceptance of OCD and related disorders. These are all very practical issues, to be sure; however, another practical issue I would like to inform you about has to do with getting your insurance company to cover the cost of treatment. If you are lucky enough to be able to pay for your treatment out-of-pocket, then this article will probably not be of much interest to you. If, however, you rely on health insurance to pay for treatment, then read on.

There is a little secret that your insurance doesn't want you to know about. The rules say that your company is responsible for providing you with adequate treatment by properly trained practitioners. This is particularly so if you belong to an HMO, are required to see doctors who are a part of your plan, and are not covered for the services of professionals outside of your plan. OCD specialists are, unfortunately, in short supply, and chances are good that you will not find one within your company's list of providers. The plain truth is that many specialists do not work for insurance plans any more. This is also true of most OCD specialists.

You will most likely start by calling your insurance company to ask someone in customer service whether or not they have any practitioners who treat OCD. Before you make this first call, there is one word of caution. Always be sure to take notes of every conversation you have with anyone there, and always get the full name of each person you talk to. Insurance companies have a nasty habit of forgetting things they have promised or information they have given out. When you call a customer service representative at your plan, and ask for the name of someone local who treats OCD, you may be given several names. Depending upon where you live, your company representative may say, "Oh, we have many OCD specialists." Find out where they are located, as there may be rules about how far your company can require you to travel to

see someone. Usually, you cannot be required to see someone outside a certain radius.

In the former case, if you call the professionals whose names and numbers they give you, you will most likely find (unless you are particularly lucky) that they are not taking new patients, or do not treat your problem and cannot fathom why the company gave you their name. If they say they do treat OCD, grill them on how many cases they've treated, what methods they use (Exposure & Response Prevention should be the answer), and what kind of training they have had to be able to do this. In most cases, they will not have the right answers and will probably get a bit cagey with you. If none of the company's professionals pan out, you graduate to the next step, and are now in a position to make your plan give you permission to see the therapist of your choice. If they actually have the honesty to admit they have no one, this is even better, as you will certainly be able to force them to let you see whom you want, even if that therapist is not officially a part of your plan.

What you do next, in either case, is to inform your insurance company that you have found someone who is considered competent to treat what you have. I should add, at this point, that to make all this work, you obviously need find that competent professional before you set all of this in motion. Also, you need to make sure they are properly licensed, either as a psychologist or a social worker.

If your company admits that they have no one, they will go on to contact the practitioner and negotiate what is commonly known as an "ad hoc," "out-of-network," or "single case agreement." This will enable the professional to be paid their full fee, without your having to pay more than your usual co-payment. In effect, you will be covered on an in-network basis, not out-of-network.

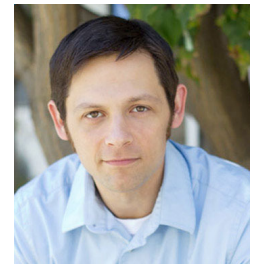
If they decide to put up a fight and get difficult about it, they will start by either telling you they simply do not cover out-of-network providers, or, if you have out-of-network coverage, that you are free to see someone outside their list, but that they will only pay out-of-network rates usually 50 percent of a fee that they think the practitioner should be charging (generally a whole lot lower than the going rate). At this point, you have to get more as-

*(Continued on page 8)*



# Confronting Stigma

BUD CLAYMAN INTERVIEWS OCD SPECIALIST JON HERSHFIELD



*This is part four of a four-part interview series on OCD with specialist Jon Hershfield. See [www.oc87recoverydiaries.com/confronting-stigma](http://www.oc87recoverydiaries.com/confronting-stigma).*

**Bud Clayman:** I've been told that it takes anywhere from 10 to 15 years to be diagnosed with OCD and get into treatment [at least that's what it took for me]. If that's true, how does someone reading this interview recognize if they even have OCD [and why does it take so long to recognize that you have the disease]?

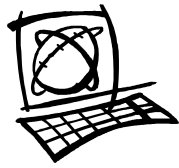
**Jon Hershfield:** I think it goes back to your earlier question about what are some of the misconceptions about OCD. People hear the word disorder and they think *weird, sick, handicapped, and depraved*. Completely unnecessary and irrelevant stigma attached to the diagnosis of OCD. I can't speak about the experience of other disorders, but I can tell you from my experience working with OCD patients, the vast majority of them are far more normal than any of these so called normal [people] that I meet in regular everyday life.

People are afraid that if they reach out for help that this is a sign of weakness. I should be able to do it on my own. I should be able to tough it out. I should be better than this or if I'm sick it's because I'm doing something wrong. This is really unfortunate because there can't be any greater demonstration of strength in my opinion than to say, "I need to see an expert on this. I need to learn the tools for mastering this thing. I am not going to let this thing take my life away and I'm not going to be in this weaker position of constantly telling myself, *'oh, I should be able to do it on my own without really learning how to do it on my own.'*"

**Bud Clayman:** Where does that come from? [There is] a stigma in society against therapy and getting help because I always tell people [I] know [that they] would really benefit from seeing a therapist and they tell me, "Well, I can go it on my own. I don't need a therapist." I know from my own experience, therapy has just changed my life if you get the right therapy.

**Jon Hershfield:** I think part of it is that the right therapy hasn't always been around and there was a time when people probably got the wrong therapy. In fact, still today I see it where people come to me saying I need help with my OCD and my old therapist said if I don't get a handle on these thoughts, somebody's going to get hurt or my old therapist thought that these intrusive sexual thoughts mean that I'm burying some suppressed urge to do whatever etcetera, etcetera. That can be really traumatizing and damaging to that person. I think for a long time people were getting the wrong therapy and some people still are getting the wrong therapy. There's a lot of fear. Nobody wants to open themselves up to another human being and be abused. It's not always the therapist's intention to cause harm. But if

*(Continued on page 9)*



# FOUND ON THE INTERNET

## ***Understanding New Rules That Widen Mental Health Coverage***

By  
Ann Carrns  
The New York Times  
January 9, 2014

**Editor's note:** *This article provides an excellent explanation of how the Affordable Care Act and the Mental Health Parity Act impact insurance coverage for mental health issues, and can be found at:*

[www.nytimes.com/2014/01/10/your-money/understanding-new-rules-that-widen-mental-health-coverage.html?\\_r=2](http://www.nytimes.com/2014/01/10/your-money/understanding-new-rules-that-widen-mental-health-coverage.html?_r=2)

### Words of Wisdom

**Our doubts are traitors, and make us loose the good we oft might win, by fearing to attempt.**     *Shakespeare from Measure for Measure*

A ship in harbour is safe, but that's not what ships are built for.

John A. Shedd

Life isn't about trying to avoid the storm, it's about learning to dance in the rain.

*Anonymous*

Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

Viktor Frankl



sertive and say something like, "I'm afraid you don't understand the situation. You have no one in your network who is qualified to treat me (or my child), and since you are obligated to provide me with care under the terms of my contract, you must now allow me to see someone out-of-network, but on an in-network basis, and you will have to negotiate a fee with them." If they now realize you know your rights, they will ask for the name and phone number of the practitioner, and will call him or her to negotiate a fee.

Before you show up for your first visit, make sure the practitioner has received a contract or statement of agreement in writing from the company. The paperwork should state how many visits have been initially approved with the practitioner, and the rate your company has agreed to pay this professional for various services. The standard insurance service code for a first visit is 90801, and for regular office visits of 45 minutes is 90806, and the contract should clearly state how much will be paid for each. You will also need to know if you will be required to pay your standard copayment at each visit.

If the insurance company still resists, you must then ask to talk to a supervisor, and again, assertively explain the situation one more time. If they insist that they really do have a practitioner, ask for that person's name and credentials. Also ask if they are known specialists, and have specific training in treating OCD. Also ask how many people with the disorder they have treated. Since you have already called a whole list of people, you may be able to inform them that the professional they have in mind for you, a) really isn't qualified, b) isn't taking new patients, or c) didn't know what proper treatment for OCD was, etc. Hopefully, at this point, they will recognize they are now in a no-win situation and will give in. Most companies do at this point. If you have an unusually stubborn company that can't tell when they have no case, you may have to contact the state agency that regulates insurance companies. As I mentioned earlier, always be sure to get the full names of everyone you speak to at the insurance company, as you may need them if you file a complaint. The only exceptions that I have ever encountered to all of the above have been special con-

tracts negotiated by employers with insurance companies. These agreements may forbid an insurance company from negotiating fees above set levels. In such a case, the employer has tied the insurance company's hands, and there is nothing they can do. Fortunately, these types of setups tend to be rare.

Overall, be assertive, speak firmly, don't lose your cool, and indicate that you know your rights as a consumer. If you get angry, you will be labeled as difficult, and will undercut your own position. Just remember that the insurance company isn't doing you a favor if they let you go out-of-network. You (and/or your employer) are paying good money for your benefits and you are entitled to them. Don't be bullied, put off, or take "no" for an answer. Persistence pays off, so don't let them double-talk you. Never forget that you are dealing with a profit-making business with stockholders, and not a humanitarian organization. They are dedicated to paying out as little as possible and will use every ploy they can in order to do this.

I have negotiated many out-of-network provider contracts over the years, and can tell you that this can be done, and is being done by savvy consumers all the time.

*Dr. Fred Penzel is a licensed psychologist who has specialized in the treatment of OCD and related disorders since 1982. He is the executive director of Western Suffolk Psychological Services in Huntington, New York, and is a founding member of both the International Obsessive-Compulsive Disorder Foundation (IOCDF) and Trichotillomania Learning Center (TLC) Science Advisory Boards. Dr. Penzel is the author of "Obsessive-Compulsive Disorders," (Oxford University Press, 2000), a self-help book for OCD sufferers, and "The Hair-Pulling Problem," (Oxford University Press, 2003), a self-help book for those suffering from trichotillomania. He can be reached at [penzel85@yahoo.com](mailto:penzel85@yahoo.com) or through the phone number on his website, [www.wsps.info](http://www.wsps.info).*



they're treating OCD and they're not using cognitive behavioral therapy (CBT) to do it, then they probably are causing harm. I think it's important that therapists get trained to treat the disorders that they want to be able to treat and there's a very specific training for OCD. In fact, the International OCD Foundation provides a lot of different avenues for getting that training, so there's really very little excuse now for not using CBT for OCD as a clinician.

**Bud Clayman:** How do we erase that stigma, what do we do?

**Jon Hershfield:** Well, I think you're doing it right now. I mean you made this wonderful film, *OC87*, which is not only a good film, but is also an example of how a person can make a decision to create something and actually just execute it despite having all these other challenges while dealing with all this other stuff and say well, "I'm not going to let this stuff get in the way of me leading a fulfilling life." I think the key is really sufferers making the choice to do the work that it takes to get as well as they can and then going out into the community and saying, "Look, it can be done. You can get better. Here's how I did it. Let me help you. Let me help guide you to resources. Here's the International OCD Foundation. Here's a great online discussion board. Here's a good therapist that I can recommend. Here's a great book to read." I think OCD sufferers should –

**Bud Clayman:** Seek that out.

**Jon Hershfield:** I don't want you to think I'm starting a revolution but –

**Bud Clayman:** Why not, I would like you to start a revolution in this country about getting help with people's issues. That's how I feel, if you have an issue and it's stopping your life, you need to get help.

**Jon Hershfield:** People are very funny when it comes to issues of the mind and brain. Nobody tells you if you sprain an ankle or break a leg that you should just walk it off. When something isn't quite working right in your head the assumption, and I have no explanation for where we got the assumption, but the assumption is that that's your problem, deal with it. That's not accurate.

There are a lot of people out there right now, perhaps somebody reading this interview, suffering needlessly and not a little either, but a *lot*, keeping themselves from having relationships, keeping themselves from working and help really is available.

**Bud Clayman:** Where is that help available? Somebody reading this, where do they go for treatment? Who do they turn to? What's their first step?

**Jon Hershfield:** I said help is available and that's mostly true. Treatment costs money. If you have insurance hopefully you can find a therapist who treats OCD in your insurance company, but the state of affairs as it is right now, a lot of specialists don't, so that can be very challenging. The first place you should go is the International OCD Foundation. They have a great treatment provider list, which is broken down by geography so you can just put in your zip code and anybody who comes up on there is someone who is able to present themselves as

(Continued on page 10)

doing cognitive behavioral therapy (CBT) for OCD. I would start also by reading several of the great books out there on OCD.

**Bud Clayman:** And those are?

**Jon Hershfield:** They have good book lists on the International OCD Foundation website. And talk to people about it. Talk to people that you really trust. That doesn't necessarily have to mean your friends and family if you think that they really don't understand what it's like or what it means to be struggling with a disorder or mental illness, or a mental health challenge, whatever you want to call it.

Talk to somebody you trust. Talk to a teacher. Talk to your general practitioner. Get information. Collect information. Go online. Be careful online because there's a lot of room for doing compulsions and getting reassurance, and things like that but I think if you start with [www.OCFoundation.org](http://www.OCFoundation.org) and branch out from there, you'll be in pretty good shape. That would be the most direct portal for finding good treatment.

If you're in a [major] city, there's probably somebody doing OCD therapy. So you could probably just type in OCD and the name of your city, and that would be a good way to find a provider, as well. [If you're not in a major city, look up treatment providers in your state and see who is willing and able to do treatment online.]

*Editor's Note:* One of the groundbreaking and important books on the treatment of OCD is *Freedom From Obsessive Compulsive Disorder* by Dr. Jonathan Grayson, PhD.

**Bud Clayman:** Cool. Do you have any final words you'd like to add as we close out the interview?

**Jon Hershfield:** No, I just wanted to thank you for reaching out to me. I'm a fan of yours and I appreciate you being a fan of mine.

**Bud Clayman:** I've become a fan of yours definitely.

**Jon Hershfield:** Thanks a lot and yeah, I look forward to perhaps future collaborations down the line.

**Bud Clayman:** Definitely!

*Bud Clayman is a moviemaker who suffers from OCD and Asperger's. We screened his movie "OC87: The Obsessive Compulsive, Major Depression, Bipolar, Asperger's Movie," in October 2013, and then talked with him and his co-directors via Skype. In addition to his website [www.oc87.com](http://www.oc87.com), he also has a site called [www.oc87recoverydiaries.com](http://www.oc87recoverydiaries.com). This interview is the fourth of a series of four that Bud conducted with therapist Jon Hershfield.*

*Jon Hershfield, MFT is a psychotherapist in private practice in Los Angeles and the associate director of the UCLA Child OCD Intensive Outpatient Program. His book is **The Mindfulness Workbook for OCD: A Guide to Overcoming Obsessions and Compulsions using Mindful and Cognitive Behavioral Therapy** by Jon Hershfield MFT, Tom Corboy MFT, and James Claiborn PhD ABPP (Foreword).*

# 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](http://www.stjoesannarbor.org/AdultPartialHospitalizationProgram)

Adolescent Partial Hospitalization Program, 734-712-5750

[www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram](http://www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram)

## **Beaumont Hospital, Royal Oak, MI, 248-898-2222**

[www.beaumont.edu/centers-services/psychiatry/partial-hospitalization-program](http://www.beaumont.edu/centers-services/psychiatry/partial-hospitalization-program)

## **St. John Providence Hospital, Southfield, MI, 800-875-5566**

[www.stjohnprovidence.org/behavmed/referral/](http://www.stjohnprovidence.org/behavmed/referral/)

## **Oakwood Heritage Hospital, Taylor, MI, 313-295-5903**

[www.oakwood.org/mental-health](http://www.oakwood.org/mental-health)

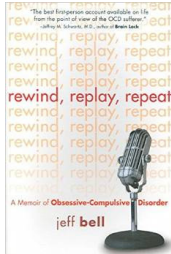
## **Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971**

[www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program](http://www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program)

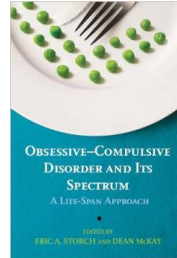
## **New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223**

[www.newoakland.org/mental-health-services/face-to-face-day-program.html](http://www.newoakland.org/mental-health-services/face-to-face-day-program.html)

## SUGGESTED READING

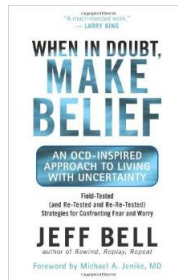


Jeff Bell  
*Rewind, Replay, Repeat: A Memoir of Obsessive-Compulsive Disorder*  
Hazelden, 2007  
ISBN: 978-1592853717

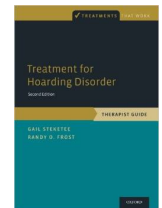


Eric A. Storch, PhD, Dean McKay, PhD  
*Obsessive-Compulsive Disorder and Its Spectrum--A Life-Span Approach*  
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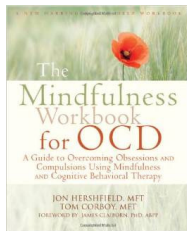
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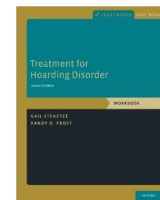


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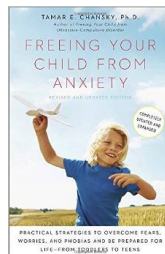


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You've finished reading me and don't need to keep me anymore. Or worse (boo-hoo), you don't need me and don't even want me. In either case, please take me somewhere where I can help someone else. Take me to your library. Take me to your doctor, therapist, 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  
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