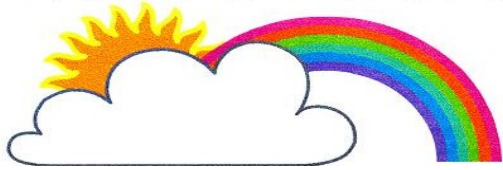


# NEVER say NEVER



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

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Summer 2016

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## 2016 IOCDF Conference Highlights

The 2016 Annual Conference of the International OCD Foundation (IOCDF) was held in Chicago over the weekend of July 29th, and a few of the OCDFM Board members (and also some of our membership) were able to attend. If you haven't attended a Conference before, it is a truly remarkable experience and we encourage you to consider making the trip in the future. Next year's conference will be held in San Francisco.

The presentations this year were outstanding, all informative and well-presented. In this issue of *Never Say Never*, we will discuss two of our favorite sessions from the weekend.

### The ORIGINAL *Never Say Never*

Those who have been with us for a long time know Wally Green. He started the first self-help group in Michigan in 1989, calling it "Never Say Never." This grew and became The OC Foundation of Michigan (OCFM) in 1993, then morphed into The OCD Foundation of Michigan (OCDFM) in 1997. What you may or may not know is that Wally wrote a self-help book in 1989 called *Never Say Never*, a small gem of a book that is so on-point it could have been written today. Over the next several issues of this newsletter, we will be including chapters of Wally's original book. Enjoy.

### FALL PROGRAM, OCTOBER 29, 2016

**"The Next Generation Talks Pure O".** We are privileged to have on our Board of Directors a number of talented and dedicated young people who represent the future of The OCD Foundation of Michigan. Kristen Suing and David Tucker are both doctoral students at the Michigan School of Professional Psychology, and they will be presenting a program providing the latest insight on the topic of "Purely Obsessional OCD," how it differs (IF it differs) from conventional OCD, and how it is best treated. Please join us on Saturday, October 29, 2016, 1:00 at Beaumont/Botsford Hospital in Farmington Hills. Get all the details on our website, [ocdmich.org](http://ocdmich.org), or call 734-466-3105.

# **THE OCD FOUNDATION OF MICHIGAN**

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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)  
In the Choir Room (enter under back stairs)  
Call Bobbie at (734) 522-8907 or (734) 652-8907  
E-mail [OCDmich@aol.com](mailto:OCDmich@aol.com)

### **FARMINGTON HILLS:**

1<sup>st</sup> and 3<sup>rd</sup> Sundays, 1-3 PM  
BFRB Support Group  
Body-Focused Repetitive Behaviors  
Trichotillomania and Dermatillomania  
(Hair-pulling and Skin-picking)  
Beaumont Hospital Botsford Campus  
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 [rlade9627@aol.com](mailto:rlade9627@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 Disorders**

Meets every Wednesday, 5:45 to 7:00 pm  
(Please call ahead)  
A weekly support group open to teens aged 14-18  
who have an anxiety problem.

#### **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:**

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 [tmbrusoe@att.net](mailto:tmbrusoe@att.net)

# NEVER SAY NEVER

*(Editor's note: This is the beginning of the serialization of Wally Green's book, **Never Say Never**, self-published in 1989 and reprinted here with the author's permission. rws)*

*"I'm a truth trapper and sometimes it's damned hard to hold onto."*

The Author at Redwing, August 27, 1988

## INTRODUCTION

My son, Clark, was too young to understand, probably too young to be told, "Your Dad has this conflict, see? If I do my job as carefully as I need to in order to feel good about myself, I'm going to get fired for slowness. If I do it fast enough to keep my job, it makes me feel so guilty about my carelessness that I'm afraid I'm going to blow my head off because I'd rather be dead". I think I was as surprised as he when I suddenly burst into tears.

That was in a car a long time ago, and now I've come back from the dead to share with you what I've learned. Luckily, I didn't know then that it would take me 17 years to recover from the strange illness that made me wish my life was over many, many times. In fact, I didn't even know at that time that I had developed, at age 33, what is now commonly called obsessive compulsive disorder (OCD). I hadn't even heard of it!

I had unknowingly brushed very close to the truth in my anguished attempt to explain to my little boy why our beautiful upper-middle class life was starting to fall apart. I was already beginning to distrust my guilt feelings. Some things, common to my line of work as a lawyer and administrative law judge, had come to bother my conscience that didn't bother any of my co-workers, a number of whom I held in high regard. Slowly came the realization that my inner-guidance system, called conscience, that I had relied on successfully for a lifetime, was starting to let me down. This was especially terrifying to me because I was an inner-directed person.

It was then that I took a giant step toward recovery by deciding to no longer let my conscience be my guide. In doing so, I felt like I was making a bargain with the devil. But, I had to take the risk. Something had to be done. I was on my way down. I began then to substitute common sense for conscience. Thought over feeling. The long walk home had begun. Along the way, it became apparent that anxiety had been mistaken for conscience, but this was to take many years. Before it was over, OCD cost me my car, my home, my marriage and I had to take a job as a janitor to make a living. No, I couldn't stop the fall, but I was kicking and screaming against it all the way and still am. And, hey, let's face it, I'm back!

*(Continued on page 5)*

It is estimated that 5,000,000 people in America suffer from OCD. The purpose of this book is to help them not just cope, but overcome. Never say it can never be done, because I'm living proof that it can. While I may be one of the first human beings with a severe case of OCD cured in the history of mankind, I'm surely not the last. A new era of hope has dawned for us.

But now, let's talk about you, the other 4,999,999 OCD people who excessively clean, collect, check, and who knows what else. The five self-help steps in the following five chapters are my gift to you. I offer them brimming over with love and hope.

## Chapter One

### IDENTIFYING ANXIETY

This is where the disorder begins and this is where we start with coping and recovery. There is no more difficult step. Many people suffering from OCD haven't the slightest idea that they're anxious. They don't understand that anxiety is the heart and soul of their difficulty. Add to that the fact that anxiety comes in so many disguises, and it's no wonder that the identification of anxiety in ourselves can be so tough for us.

Some of our anxiety is easy to identify. For example, we have no trouble seeing the anxiety caused in us by our OCD behavior, like the fear of losing a job because of compulsive checking. That is anxiety, for sure, but it's not the anxiety we're talking about here. We have to go deeper than that and identify the anxiety we feel that is the cause, not the result of, our OCD. And we'll call that our "OCD anxiety". It's different than other anxiety only in that it is the anxiety that we, for some unknown reason, react to in our inappropriate OCD ways, such as engaging in excessive checking.

While identifying OCD anxiety is our goal, we'll start by identifying all our anxiety to get familiar with what anxiety is.

Let's take a closer look at this feeling we call anxiety.

Anxiety is far broader than fear. Feeling fearful, like being afraid of losing a job, is one form of anxiety but there are many other forms.

Identifying our anxiety is just getting to know ourselves a little better. Everyone has forced themselves, at times, to appear calm when they felt like nervous wrecks. For example, that important ceremony at the lodge where we had to escort our spouse down a flight of stairs in front of everybody. The office party at our supervisor's house where, to quote my late father-in-law, we had to "stand up and lie". At times like that we know we are anxious, our anxiety is easy to identify. Be honest with ourselves. Tell ourselves no lies. Admit to ourselves that we feel anxiety at times like that. We don't have to tell the

*(Continued on page 6)*

whole world about it, just ourselves.

Once we have begun to identify the obvious anxiety in ourselves, we can study it, fully experience it, get to know it. We have automatically "handled" anxiety in one way or another so long that we are often anxious without being consciously aware of being anxious. Our "handling" reactions to our anxiety often are like some favorite song we sing over and over. Until one day we catch ourselves half way through it without being consciously aware of having been singing. Some of our reactions to anxiety are good. They are appropriate. Leave them be. Our OCD reactions, such as excessive cleaning, are not appropriate. The trick is to zero in on and identify the anxiety that we are reacting to in the inappropriate OCD way. This is our OCD anxiety.

OCD is as easy as one two, just anxiety and our response to it. Keep that constantly in mind. It will help keep your head on straight. Keep hold of that simple truth and you are on your way to recovery. Unfortunately, in this instance, simple doesn't mean easy.

Once you are satisfied that you know what anxiety is, move on to the identification of your OCD anxiety. Again, this is the particular anxiety that we react to in our unwanted ways. Our excessive cleaning ways, excessive checking ways, and so on. Start with your unwanted behavior and look backward in time. What did you feel just the moment before you did the unnecessary check? It was then that you felt the anxiety that you responded to with that needless check. To identify that anxiety, your OCD anxiety, you often have to watch closely and look quick. Sometimes, for example, anxiety takes the form of feeling just a micro-second of slight uneasiness. In the next micro-second, we have instinctively taken steps to get comfortable again. We all want to be comfortable. You know that in your heart of hearts. All this, the discomfort and adjustment to regain comfort, often happens so fast we don't notice what is going on. And even when we begin to notice what we're doing, often all we see is our adjustive reaction to our anxiety, not both our anxiety and our reaction to it.

It often seems like our OCD behavior, excessive checking, excessive cleaning, or whatever, is an automatic, involuntary thing. It is not. Begin right now to get a firm grasp on the concept that OCD is a voluntary reaction to anxiety. Anxiety is the enforcer, the bully that we let push us around. If we could just hold still and not react in our OCD ways when anxiety hits us, we wouldn't have OCD.

Sometimes, it helps to look at something from a different angle. It may be good to do that now in your effort to identify your OCD anxiety. You can recall, I'm sure, many times that you have been very anxious and didn't start collecting or cleaning or whatever your brand of OCD behavior is. What anxious feeling, in your case, turns on, or more accurately, triggers your turning on, such behavior? If you can identify that anxiety, you've got it. That is your OCD anxiety.

To try to cure our OCD without being able to identify our OCD anxiety is like trying to give the answer without knowing the question. Again, and we can't say it enough, our problem is our reaction to our OCD anxiety. When we rewash, we are reacting to it. When we collect in excess, we are reacting to it. When we recheck and recheck, we are reacting to it. Get it? You're not going to get anywhere with your self-help until you do. Although it often seems like it, we are not the victim of an irresistible impulse. Our

(Continued on page 7)



OCD anxiety comes first and then we have a choice of reacting to it in our OCD ways or not reacting to it in our OCD ways. Our OCD anxiety often feels overwhelming, but it isn't, not quite.

You shouldn't underestimate the task of identifying your OCD anxiety. Sometimes, signs of it are obvious, like dry heaves and shaking hands, for instance. Often, though, we must look very hard at ourselves to identify our OCD anxiety. Our OCD anxiety truly does come in many forms, some of which we may never have thought of, up to now, as being anxiety.

George gets home from work and eases into his favorite easy-chair with the evening newspaper. He feels good, but, as he begins to read, he experiences some blankness of mind. This is often a sign of a high level of anxiety. We'll assume, for purposes of our example, that the cause of his blankness of mind is anxiousness and not something else, such as Alzheimer's disease, for instance.

What George does now is crucial to our understanding of OCD. If George shrugs off his blankness of mind and goes on to finish reading the paper without rereading, there's no problem. If, however, he starts extensive rereading, in response to continuing mind blankness, he's got a problem, a big OCD problem.

Anxiety-caused blankness of mind happens to OCD people all the time. That's why they can't remember reading it, locking it, shutting it off, or whatever. That's why they read it again, lock it again, shut it off again, or whatever it again. And again. It isn't true memory loss, just a temporary blockage by a high level of anxiety. Like what happens to an actor with stage-fright. He knows perfectly well the 2,136 lines he has memorized. But, when he walks out on stage and sees the crowd for the first time, whamo, he can't recall word one of line one.

Back to our friend, George. If he chooses the rereading route, it won't take long for signs of additional anxiety to appear. Don't be surprised to see the newspaper start shaking. That's because he knows that if rereading makes him late for dinner, he's in big trouble. His wife gets mad when he doesn't come to the table when called. Especially, with dinners like tonight's, that she's been working on all afternoon. Welcome, George, to the wonderful world of conflict between inner direction and outer direction. OCD people have tons of it. Try to get comfortable inside by rereading or be on time for dinner so you won't get beaten up again by your wife. Which is it going to be, George?

OCD anxiety is so powerful, and our desire to feel comfortable inside is so strong, that George will probably choose to reread to be sure he's "got it". Oh, oh, more black and blue marks to explain at the office tomorrow.

George's rereading is his OCD reaction to anxiety. The anxiety he is reacting to, which manifested itself in the form of his blankness of mind, is his OCD anxiety. His shaking hands rattling the newspaper are a manifestation of anxiety, alright, but not OCD anxiety, just fear for his life if he's late for dinner.

*Wally Green is a lawyer and administrative law judge who lost his career to OCD. He started the first OCD self-help group in Dearborn, Michigan, in 1989, and is the Founder of The OCD Foundation of Michigan. Wally continues to be an inspiration to all of us in the OCDFM.*



## Session Highlights

### Guilty, Your Honor: The Role of Guilt in OCD

Fred Penzel, PhD  
Western Suffolk Psychological Services  
Huntington, New York

Reviewed by  
Roberta Warren Slade

The Conference Program Guide described this presentation as follows:

*“Guilt is one of the chief hallmarks of OCD, and figures into many forms of the disorder, such as hyper-responsibility, scrupulosity, and morbid obsessive thoughts. At its most severe, it can be crippling, and can lead to seemingly endless compulsions. This talk will help sufferers to better understand what it is, how it affects them, how it may fit in to the larger picture of their disorder, and what can be done to confront and overcome it.”*

Fred Penzel is one of the treasures of the OCD community nationwide, having written some of the definitive works on the subject and spoken at every conference. His presentations are, for me, always the highlight of any event that I attend, and this one did not disappoint.

He started by citing guilt as one of the major hallmarks of OCD, the others being doubt, procrastination, and perfectionism, noting that one may experience any or all of these in his or her particular incarnation of OCD. He characterized guilt as both a cognitive and emotional experience, and occurs “when a person feels remorse and a sense of self-blame upon realizing or be-

lieving—accurately or not—that they are responsible for an inadequacy or wrongdoing.” In the case of OCD, it also includes the belief that they bear sole responsibility for that violation. Your OCD doubt can cause you to be uncertain about whether you have acted badly or harmed others, and can then make you uncertain about what your true motives were when you did these things, even suggesting that you have done them deliberately. Further, since perfectionism is the natural response to doubt, sufferers believe that only when *everything* is under control and perfectly certain, can doubt be eliminated, and along with it their obsessive guilt. Since total control and certainty are generally impossible to achieve, sufferers conclude that they are not trying *hard enough*, leading to greater attempts to do everything perfectly, more experience of guilt, creating the vicious cycle that is OCD.

The forms of OCD that are most commonly associated with obsessive guilt are religious scrupulosity, hyper-responsibility, morbid sexual or violent thoughts, and compulsive hoarding. Treatment can take the form of Exposure and Response Prevention (ERP) or Cognitive Therapy (CT), and is based on the assertion that *“there is no escape from the things you fear.”* There is no such thing as *perfect certainty*, and since risk is an essential part of life, there is no such thing as a risk-free existence. You can only overcome a fear by facing it.

The anxiety is not the problem. The compulsions are the problem. Paradoxically, the key is *“If you want to think about it less, think about it*

*(Continued on page 9)*



more,” with habituation being the ultimate goal. You can think these thoughts, but you don’t have to do anything about them. Ideally, you will expose yourself to these thoughts using several different techniques. Dr. Penzel suggests the following:

- Create and listen to audio recordings about the feared subject.
- Write a 2-page composition about your obsession, record it, and listen to it six times a day.
- Write feared sentences repeatedly, 25 times a day.
- Hang signs in your room and around the house containing the feared sentences.
- Visit locations likely to bring on obsessions.
- Visit websites or read blogs, articles, or books relating to your feared topics, and review them daily.

There are many more techniques that can be used, the idea being to expose all of your senses to the feared thought. Let your thoughts be there. Do not analyze or argue with them. Resist moni-

toring or checking, and agree to not seek reassurance from yourself or others.

Dr. Penzel says *“It is vital to understand that in order to make a successful recovery, you have to also change your beliefs {...} and not just your behavior.”* This is where Cognitive Therapy (CT) comes into play. Many, if not most, of our emotional disturbances are caused not by other people’s actions or by external situations, but rather by the ways we have chosen (consciously or unconsciously) to view and interpret them. CT attempts to treat disturbed emotions by teaching people how to spot the errors in their thinking, and how to have emotions that are more moderate and appropriate to the situations that occur. He presented the concept of Thought-Action Fusion (TAF), which can make you think that having an intrusive thought and actually acting on it are morally the same thing, that thinking about doing harm is just as bad as committing harm. CT helps you to combat TAF by recognizing the tendency to believe in the overimportance of your own thoughts, challenging the need for certainty in your life, challenging overestimations of danger, and increasing your tolerance of uncertainty.

You can read more from Dr. Penzel at his website, [www.wsps.info](http://www.wsps.info).

## Words of Wisdom

*“Suffering begins to dissolve when we can question the belief or hope that there’s anywhere to hide.”*

- Pema Chödrön (Buddhist nun and author)

*“Nothing fixes a thing so intensely in the memory as the wish to forget it.”*

- Michel de Montaigne

*If you think you can do a thing, or you think you can't do a thing, you're right.*

- Henry Ford



# 23rd Annual OCD Conference

## Session Highlights



### Step Back, Want It, Step Forward, Be Cunning: A Self-Help Paradigm

Reid Wilson, PhD  
Anxiety Disorders Treatment Center  
Chapel Hill, North Carolina

Reviewed by  
Roberta Warren Slade

The Conference Program Guide described this presentation as follows:

*“We should all begin addressing OCD with the least expensive and least time-consuming intervention, and progress to costlier treatment as needed. One initial step is a simple, active, paradoxical self-help protocol that lets patients generate their own set of homework assignments to challenge the dominance of the disorder moment-by-moment. The four components of this model will be presented. ‘Step Back’ refers to the ability to gain perspective in the moment of distress. ‘Want It’ emphasizes the intention to access an emotional state counter to fear. ‘Step Forward’ implies the typical assignment of exposure, while adding this new point of view. ‘Be Cunning’ suggests specific tactics in the moment of doubt and distress.”*

Dr. Wilson’s presentation was fascinating, refreshing, and to me, inspiring and empowering. For anyone who feels totally overwhelmed by their OCD, “behind the eight ball,” his approach can give you back a sense of control and relief.

It all starts by changing your frame of reference, his “Step Back” component. The common, and most debilitating, response to OCD is “**THIS IS SERIOUS!**” This view is characterized by the following thoughts:

- If a fearful thought pops up, I must take it seriously.
- I must get rid of my doubt.
- I must get rid of my distress.

This is contrasted with the alternative view that “**This is a Mental Game,**” and the thoughts associated with this are:

- The content of my obsession is irrelevant.
- I’m going to handle generic doubt.
- I’m going to handle the distress caused by doubt.

When you follow OCD’s rules, you are compelled to:

1. Be careful or you might cause a horrible problem, OR, Be worried that you’ve already caused one.
2. Take your fearful thought seriously.
3. Feel absolutely certain.
4. Use your anxiety as a gauge; if you feel uncomfortable, then there is still Danger.
5. Always act defensively. Back away and avoid, give up territory, worry and dread the future, and do rituals and compulsions.

(Continued on page 11)

But if you think of fear as a pendulum, then the more you push it away, the stronger it comes back. By stepping **away** from the content, you make the content irrelevant. Step back from the moment and label it as generic doubt. Then the overwhelming thought of “I can’t handle this” becomes “I don’t like it, but I can handle it.” It is not that “I wash my hands to get rid of contamination,” but that “I do a repetitive behavior to get rid of my doubt about something that seems risky or dangerous.”

The second step of Dr. Wilson’s paradigm involves a paradoxical admission. Instead of saying “I gotta get **rid** of this,” say “I **want** this.” “If it lasts, I **want** it to last.” “If it’s strong, I **want** it to be strong.” It’s a “come and get me” mentality. You are challenging the OCD thought, rather than taking it at face value, and through this reframing, you are preparing yourself for the third step: **Courageously Step Forward and Risk**.

In the “Step Forward” part of this paradigm, you create your strategy. You separate yourself from OCD’s control by rejecting OCD’s rules and choosing an alternative response:

1. Act as though the content is irrelevant.
2. Accept the obsession when it pops up.
3. Seek out uncertainty.
4. Seek out anxiety.
5. Create rules if you need them.

Your self-talk can now begin to take the form of “I want this,” “Don’t try to figure it out, just let it go,” “Give me your best shot,” “I’m going to take a risk here.” You begin to take the control away from OCD and empower yourself.

When it feels that this construct is counter-intuitive, and you think that you can’t get behind the idea of “I **want** this,” that’s when you shift your focus to the desired outcome, which is to come to the end this transaction on top. You can certainly get behind the thought that “I **want** this outcome.”

Wilson’s final step is “Be Cunning.” Here, you use your own creativity to design the nature of your response. You notice the difference between what OCD **tells** you to be afraid of and what you are **actually** afraid of. Since you have already **stepped away** from the content of the thought and reframed it as “generic doubt,” it no longer matters whether you address an item at the bottom or at the top of your hierarchy. The thoughts are equally invalid. When OCD tells you “You should feel threatened here,” you can respond “Yes, I do, but I’m not threatened enough. Please give me more.” By rejecting OCD’s message, you effectively bring the transaction to an end.

Dr. Wilson’s powerful methodology is presented in his book *Stopping the Noise in Your Head*, and he has many useful free resources on his website [anxieties.com](http://anxieties.com) and on his YouTube channel [youtube.com/user/ReidWilsonPhD](http://youtube.com/user/ReidWilsonPhD).

## Follow The OCD Foundation of Michigan on FACEBOOK



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and click “Like”.

# 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)

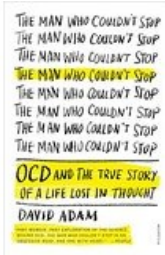
## **Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971**

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

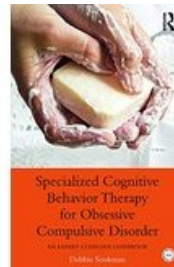
## **New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223**

[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



David Adam  
*The Man Who Couldn't Stop: OCD and the True Story of a Life Lost in Thought*  
 Picador, Reprint Edition, 2016  
 ISBN 978-1250083180

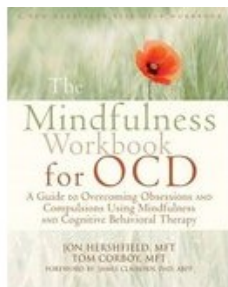
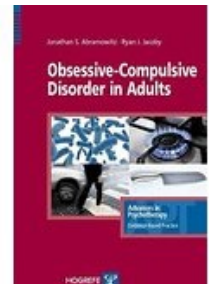


Debbie Sookman, PhD  
*Specialized Cognitive Behavior Therapy for Obsessive-Compulsive Disorder: An Expert Clinician Guidebook*  
 Routledge, 1<sup>st</sup> Edition, 2015  
 ISBN 978-0415899536

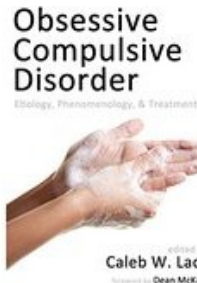
Tamar E. Chansky, PhD  
*Freeing Your Child from Anxiety: Practical Strategies to Overcome Fears, Worries, Phobias and Be Prepared for Life - from Toddlers to Teens*  
 Harmony, Revised Updated Edition, 2014  
 ISBN 978-0804139809



Jonathan S. Abramowitz, PhD  
 Ryan J. Jacoby, PhD  
*Obsessive-Compulsive Disorder in Adults: in the series Advances in Psychotherapy: Evidence-Based Practice*  
 Hogrefe Publishing, 2014  
 ISBN 978-0889374119

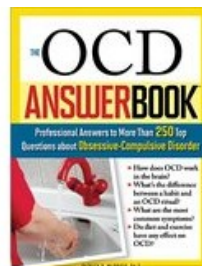


Jon Hershfield, MFT and Tom Corboy, MFT  
*The Mindfulness Workbook for OCD: A Guide to Overcoming Obsessions and Compulsions Using Mindfulness and Cognitive Behavioral Therapy*  
 New Harbinger Publications  
 ISBN 978-1608828784



Caleb W. Lack (Editor)  
 Dean McKay (Forward)  
*Obsessive-Compulsive Disorder: Etiology, Phenomenology, and Treatment*  
 Onus Books, 2015  
 ISBN 978-0992600051

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





# WELCOME TO MICHIGAN, DR. PENCE

## Dr. Steven Pence

RELOCATED TO BLOOMFIELD HILLS, MI  
FROM TAMPA BAY, FL



### Licensed Psychologist Specializing in OCD & Anxiety

Dr. Pence is a licensed psychologist specializing in cognitive-behavior therapy with emphasis on evidence-based exposure response prevention (ERP) treatment for obsessive-compulsive disorder and anxiety treatment in the Detroit area. Dr. Pence earned his Ph.D. from Michigan State University. He completed a fellowship at the University of Florida in the Psychiatry Department where he worked closely with nationally recognized expert, Dr. Eric Storch. He later joined Dr. Storch with the faculty of the Department of Pediatrics at the University of South Florida Rothman Center for Neuropsychiatry where he was an active member of the USF OCD program. Dr. Pence then opened up his own private practice where he provided weekly and intensive cognitive-behavioral interventions to children and adults with anxiety disorders from the state of Florida, other US states, and other countries. Dr. Pence has relocated from Tampa, FL to Bloomfield Hills in Michigan. Currently, 95% of Dr. Pence's patients have OCD and/or anxiety related disorders. Dr. Pence has extensive supervisory and teaching experience at Michigan State University & the University of Florida for the Psychiatry Department and has worked in hospital settings with inpatient units, detox units, and the emergency departments. In addition, he has published numerous articles in peer-reviewed journals on OCD and other related anxiety topics.

#### Specializing In the Following:

- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Panic Disorder
- Agoraphobia
- Social Phobia
- Trichotillomania
- Excoriation Disorder (Skin-Picking)
- Generalized Anxiety Disorder
- Depression
- Selective Mutism

#### Evidence-Based Treatment Models:

- Cognitive-Behavior Therapy, Exposure & Response Prevention, Habit Reversal Training, Cognitive Restructuring, Behavioral Activation

## SERVICES

### Diagnostic Evaluation:

A 2-hour psychological research-supported assessment is given to track symptom severity, assess comorbid psychiatric conditions, and evaluate information about the patient's medical, developmental, biological, social, educational, and life experiences. This comprehensive evaluation is to help provide a diagnosis regarding intellectual level, cognitive, emotional, social, and behavior functioning as well as mental and psychological disorders. In addition, the assessment is utilized in measuring treatment outcomes and education.

### Weekly Cognitive-Behavior Treatment:

60-minute and 90-minute appointments

### Intensive Outpatient Cognitive-Behavior Treatment:

3-week programs

## INTENSIVE OUTPATIENT THERAPY PROGRAMS

Dr. Pence's highly specialized intensive outpatient treatment program is evidence-based, time-limited, and designed to help patients quickly manage their symptoms. The goal is to get patients back to school and or work that are significantly impaired without having to wait months for improvement over a slow course of weekly therapy, for those that are functionally impaired, or for an individual that wants a quicker response to treatment with condensed appointments. This program is also an alternative method to partial hospitalization if patients are candidates for intensive outpatient therapy. The treatment received in the intensive program is condensed into a 3-week time frame and 90-minute sessions.

## Websites:

[www.ocdintensivetreatment.com](http://www.ocdintensivetreatment.com)  
[www.ocdandanxietytreatment.com](http://www.ocdandanxietytreatment.com)

DR. STEVEN PENCE, PLC

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Bloomfield Hills, MI 48304

[spence@ocdandanxietytreatment.com](mailto:spence@ocdandanxietytreatment.com)

Phone: 248-289-7980



# PROFESSIONAL DIRECTORY

## List with us

Treatment professionals, what better way to find the OCD sufferers who need your help, and to give them a way to find you. Just place your business card in *Never Say Never*, the quarterly newsletter of The OCD Foundation of Michigan. For just \$25.00 per issue, your card can be in the hands of the very people who need you most. It's a great way to reach out to the OCD community, and at the same time support The OCD Foundation of Michigan. Send your card to OCDFM, P.O. Box 510412, Livonia, MI 48151-6412, or e-mail to [OCDmich@aol.com](mailto:OCDmich@aol.com). For more information, call 734-466-3105.

[michellebeaulieulmsw@gmail.com](mailto:michellebeaulieulmsw@gmail.com)  
[www.ypsitherapy.com](http://www.ypsitherapy.com)

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and other Anxiety Problems

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[www.ocdgrandrapids.com](http://www.ocdgrandrapids.com)

**THERAPISTS!!**

**LIST WITH US**

**YOUR BUSINESS CARD  
COULD BE HERE!**

# PROFESSIONAL DIRECTORY




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Clinical Psychotherapist  
Individual, Couples and Families


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Laurie Krauth  
MA, PLC  
Psychotherapist



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Licensed Psychologist

Specializing in OCD & Anxiety Treatment  
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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](mailto: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 Docksides Lane  
Harrison Twp., MI 48045-6707

9/2016

## 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