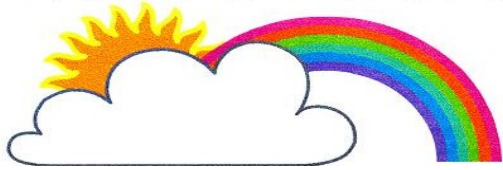


NEVER say NEVER



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

Fall 2017/Winter 2018

Responding to OCD

We hear it said all the time that OCD is a liar, sending us false messages in order to control our thoughts and behaviors. We are told to resist the compulsions, to stand up to OCD, to take away its power using tools such as ERP (exposure and response prevention) or mindfulness. This is all easier said than done. OCD is a very loud voice and a very strong presence in our lives. How can we reframe the messages we receive in order to weaken OCD and reduce its impact upon us? How can we change our thoughts and thereby empower ourselves against OCD?

In this issue of *Never Say Never*, we look at alternative ways of responding to the triggering thoughts imposed upon us by OCD. We do not have to believe or act on what we're being told. Let us learn to see the liar for who he is.

Local Transportation Resources

Everyone needs a little help once in awhile, though more often than not, we are reluctant to ask for it. Or maybe we just don't know what help is available, or we haven't a clue where to look for it. Many of those who suffer from OCD, anxiety, depression, or other mental health issues are senior citizens, disabled, or otherwise homebound, and so transportation is one of the biggest needs faced by this community. We have found two organizations that provide this service.

Jewish Family Services has a transportation program that is affordable, and that charges on a sliding scale based on your income (and you don't have to be Jewish). Call them at 248-592-2266, or visit them at jfsdetroit.org/find-help/older-adults/transportation.

Freedom Road Transportation is a non-profit organization that provides reimbursement for volunteer drivers who take riders to their appointments (or other destinations). We've included their flyer on pages 17 and 18 in this newsletter. Call them at 248-232-1259, or visit their website at freedomroadtransportation.org.

THE OCD FOUNDATION OF MICHIGAN

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

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

E-mail: OCDmich@aol.com

Web: www.ocdmich.org *

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

Board of Directors:

Roberta Warren Slade
President

Kay K. Zeaman
Secretary

Kristen Suing
Director

Joan E. Berger
Vice-President

Toni Lupro-Ali
Director

David Tucker
Director

Terry M. Brusoe
Treasurer

Correspondence

Denise Polce, M.A.
Director

Nancy Ellen Vance
Leave of Absence

Board of Advisors:

Antonia Caretto, Ph.D.
Farmington Hills, MI

Debra Dahl, Ph.D.
Jackson, MI

James Gall, Ph.D.
Rochester Hills, MI

Jessica Purtan Harrell, Ph.D.
Farmington Hills, MI

Joseph Himle, Ph.D.
University of Michigan

Christian R. Komor, Psy.D.
Grand Rapids, MI

Laurie Krauth, M.A.
Ann Arbor, MI

Jed Magen, D.O.
Michigan State University

Laura G. Nisenson, Ph.D.
Ann Arbor, MI

David R. Rosenberg, M.D.
Wayne State University

NEVER say NEVER

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

Please note that the information in this newsletter is not intended to provide treatment for OCD or its associated spectrum disorders. Appropriate treatment and advice should be obtained directly from a qualified and experienced doctor and/or mental health professional. The opinions expressed are those of the individual authors.

To submit articles or letters, write or e-mail the OCDFM at the above addresses.

LIST OF SELF-HELP GROUPS

ANN ARBOR:

1st Thursday, 7-9 PM
St. Joseph Mercy Hospital Ann Arbor
Ellen Thompson Women's Health Center
Classroom #3
(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)
In the Choir Room (enter under back stairs)
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

FARMINGTON HILLS:

1st and 3rd 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 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 Disorders

Meets every Wednesday, 4:30 to 5:45 pm
A weekly support group open to teens aged 14-18
who have an anxiety problem.

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:

DISCONTINUED

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

10 Lies OCD Tells You

December 18, 2017, Stacy G. Smith, MS, LPC

Below are the biggest lies told straight from the voice of OCD. If you or someone you know is suffering, these lies may sound all too familiar. They sound quite convincing (!), don't they?

But remember, every statement and explanation below is a lie. Stay tuned for next week's entry where I will provide a truthful alternative to each of the lies below - told straight from the voice of recovery.

1) Pay attention to that intrusive thought. It means something about you.

Yes, that frightening and crushing thought about using that kitchen knife to harm a family member, about poisoning your child, or about screaming an offensive comment out loud in the middle of your work environment. It means you are an evil, cruel person. Why else would you have those thoughts? No "normal" person has them. Do whatever you can to get rid of these thoughts, and monitor them closely to make sure they are going away.

2) You must control your thoughts.

If you are having thoughts you don't like, find a way to control them! Try and stop thinking about them, do whatever you need to mentally undo having them, and while you work on this, reassure yourself that you're a good person. Say it over and over so you can fully believe it; even ask others to reassure you. You want to be a good person, don't you? Also reassure yourself that the time you sacrifice to work on this goal is worth it. You want to be completely, 100% free of upsetting thoughts, right?

3) If you don't do this ritual, something bad will happen to you or your family.

Tapping, washing, counting, mentally repeating prayers, or phrases... do whatever you have to do in order to protect your family - and make sure you don't mess up.

4) Make sure you do that ritual correctly.

Compulsions done incorrectly are just as bad as not doing them at all. So if you make a mistake, or even think there's a slight chance you might have messed up, start over. Spend as long as you need, even if you're late to work or late picking up your son from school. This ritual is more important. Don't you care about the safety of your family?

5) You have a great responsibility to keep everyone safe.

It will be all your fault if your house burns down, if a family member contracts an illness, or if you run someone over in the street. Don't be an irresponsible person. Replay every poten-

(Continued on page 5)

tially dangerous situation to make sure you didn't do anything wrong. Did you leave any items out of place? Did you unplug the toaster? Are you sure? How sure are you? You don't want to risk being wrong, do you? Did you drive around the block and look enough times in your rearview mirror? Check again, maybe you missed something. Remember, you're the one responsible!!

6) Do one more ritual so your anxiety will go away.

You don't want to feel anxious for the rest of the day, do you? You won't be able to function. The only way to find relief is to do your rituals. Who cares if they don't make any sense. They reduce your anxiety, right? Just spend five minutes; I promise that's all it will take. It's certainly better than a full day of unrelenting anxiety.

7) Rituals will help give you the comfort of certainty.

The world is a scary place, so you always want to be certain you'll be okay, that your friends and family will be okay, and that you haven't done anything that would leave you responsible for someone else's pain. Think about all that guilt you would feel! Keep looking for certainty. That way, you won't have to worry about all of that. You'll be free from responsibility and harm. Worth it, right?

8) Having a frightening thought means it is likely you will act on it.

Pay extra close attention to all those frightening thoughts that indicate you're a dangerous human being. If you have distressing thoughts of possibly harming your child, you're better off keeping your distance. Don't get too close, and perhaps have your partner take over with parenting responsibilities. It's too risky, and your husband is probably safer for your child to be around than you are.

9) You'll Feel Better with Reassurance

Remember, you need certainty to feel calm. If you're unsure about a situation, ask your friends and family for reassurance until you feel better. If you can't get the certainty you're looking for with mom's response, ask dad. Then go to a friend, or even ask your children. Ask multiple times if you need to, or that anxiety you're experiencing will never, ever go away. And remember, you can't function with anxiety, so all the more reason to keep asking.

10) You'll Never Beat Me (OCD), So Don't Waste Your Time Trying

I'm strong, aren't I? And I'm not going anywhere. Just keep doing what I say, and I'll eventually bring you the comfort you're looking for. All this Exposure and Response Prevention you're doing in therapy only increases your anxiety, which is exactly what you *don't want*, so *why even bother going through with it?* You know your compulsions eventually bring you relief.

Stacy G. Smith, MS, LPC, is a certified CBT therapist and clinician in private practice in New Jersey. Her numerous blog posts are particularly informative and insightful. This entry can be found on her website at www.stacysmithcounseling.com/single-post/2017/12/11/10-Lies-OCD-Tells-You. Continue reading on page 6 for her follow-up post "Responding to OCD Lies."

Responding to OCD Lies: From the Voice of Recovery

December 26, 2017, Stacy G. Smith, MS, LPC

Below are helpful responses to use when faced with common OCD lies. These healthy responses come straight from the voice of recovery, and are great reminders to practice incorporating throughout the week. Feel free to personalize the responses below to fit your individual needs and symptoms.

If you would like to read a more in-depth review of OCD **lies**, click [here](#).

1) LIE: Pay attention to that intrusive thought. It means something about you.

RESPONSE: Yes, I am experiencing an intrusive thought. While they happen to everyone, they affect me more because I try to interpret them. Who knows what these thoughts mean? Will anyone know? I am going to choose to acknowledge, and accept, whatever thoughts cross my mind, observing and noticing them, without judgment.

2) LIE: You must control your thoughts.

RESPONSE: It is impossible for anyone to control their thoughts. The job of our mind is to think - sometimes positive, feel-good thoughts will come to mind, while other times, upsetting and frightening thoughts will surface. I know fighting my thoughts has not gotten me anywhere, and in my quest to keep controlling them, my thoughts are now controlling me! So, in my attempt to overcome my OCD, I am going to allow, and observe, all thoughts that come my way. I will let them enter, and let them leave, all on their own terms. If a certain thought makes me anxious, I will notice that anxiety, observe it, and watch it pass.

3) LIE: If you don't do this ritual, something bad will happen to you or your family.

RESPONSE: You've been telling me this for years already, and I still don't feel comfort that my family is ever 100% safe, no matter how many rituals I do. In my effort to gain freedom, I am going to have to accept the uncertainty that something unfortunate could happen to me

(Continued on page 7)

or my family. I'm so nervous about having the time with my family cut short, that I'm not even enjoying my time with them now. So, I am going to choose to accept this uncertainty, as difficult as it might be, and not perform my rituals. Instead, I am going to work on reminding myself of all I have to gain by beating you (OCD), and all the good memories I want to create with my family.

4) LIE: Make sure you do that ritual correctly.

RESPONSE: I have spend countless hours trying to perform rituals correctly - and it has cost me; I've been late to work, late picking up my children from school, and have encountered many embarrassing moments. Doing my rituals has never brought me relief - my fears are still there. In my quest to conquer you (OCD), I am going to show you who is boss. I am going to deliberately perform my rituals incorrectly, and then work my way to not performing them at all. I am going to accept whatever (if any) consequence comes my way. At least I know I will be there for my kids when they get out of school, and I will not have to keep riskng losing my job by continuously being late.

5) LIE: You have a great responsibility to keep everyone safe.

RESPONSE: While I would feel awful if my actions caused harm, that is the risk I will have to take in order to overcome you (OCD). You want me to take full responsibility for everything and anything, and I am not going to do that. It is too exhausting. Replaying situations to look for harm does nothing but bring me *more anxiety, not less*. *If I am wrong about a situation, so be it. I will accept and cope with whatever consequence ensues. At least I can say I am living my life.*

6) LIE: Do one more ritual so your anxiety will go away.

RESPONSE: Rituals never keep my anxiety away for long, and the amount of effort it takes just to keep it away short-term has become unbearable. I know that it's never *just one ritual, and it's rarely just five minutes*. *I've been told that riding out my anxiety in the face of an obsessive thought is the token to long-term relief. In my effort to find that relief, I might as well give it a try. I also don't have much practice riding out my anxiety, so how can I be so sure it will never go away? In fact, how about I try engaging in every day tasks, even with anxiety? Sure, I might not be 100% engaged, but even 20% is better than my current level of functioning, where I'm avoiding nearly everything. I need to remember: anxiety itself cannot harm me, it is just uncomfortable.*

7) LIE: Rituals will help give you the comfort of certainty.

RESPONSE: With every ritual I do, I desperately look for certainty; and have I found it? No. No matter how many times I carry out a ritual, no matter how many hours I spend, the

(Continued on page 8)

world is an uncertain place. As scary as that may sound, I know that I must embrace uncertainty if I ever want to fully live my life, feel happy, and experience freedom from you (OCD). Should something unexpected happen, I will handle it when it happens.

8) LIE: Having a frightening thought means it is likely you will act on it.

RESPONSE: A frightening thought is a frightening thought. While you (OCD) want me to believe I'll act on it, all that has done is caused my world to become smaller and smaller. I've been avoiding people and places left and right, feeling like an awful human being. What I am going to do is sit with these frightening thoughts. Will I act on them? I don't know. I suppose I'll handle whatever consequences arise when (and if) that happens. Until then, I am going to work on enjoying my life, cuddling my children, and giving my family the hugs they deserve.

9) LIE: You'll Feel Better with Reassurance

RESPONSE: I've been asking for reassurance for years. Where has it gotten me? Am I feeling calm, confident, and relaxed? No. If anything, my OCD has only intensified, and I'm feeling worse. Reassurance has affected not only me, but my family, friends, and everyone around me. They are tired of reassuring me, and receiving all of my anger when they try and refrain. If I want to overcome you (OCD), I am going to have to sit with the uncertainty that I'm experiencing, observe the anxiety and the urge to ritualize, and refrain from engaging. I know this is challenging, but so is living with OCD.

10) LIE: You'll Never Beat Me (OCD), So Don't Waste Your Time Trying

RESPONSE: Sure you're strong, but that does not mean you're unbeatable. I will put my trust into my therapist and supports, and follow my program with just as much effort as I've put into feeding you (OCD), and see what happens. I have nothing to lose, and so much to gain. With every exposure I engage in, I am taking one step closer towards enjoying my time with family, not having to make excuses so I can avoid certain situations, and experiencing a sense of freedom I have not had in years. So come at me, OCD. You may be strong, but I am stronger!

Stacy G. Smith, MS, LPC, is a certified CBT therapist and clinician in private practice in New Jersey. Her numerous blog posts are informative and insightful. This entry can be found on her website at www.stacysmithcounseling.com/single-post/Responding-to-OCD-Lies-From-the-Voice-of-Recovery.

Change your thoughts and you change your world.

- Norman Vincent Peale

The Uncertainty Paradox

The Secret Key to OCD Treatment AND Confronting Doubt

By Jeff Bell
Posted Oct 29, 2009

I know a secret--a deeply profound, life-changing secret--one learned through the school of hard knocks in one of its most grueling courses. It is nothing short of the very key to living with uncertainty, this secret; and because you, dear bloggie (is that what one calls a reader of a blog?), have been so supportive of this outreach project, I will share it with you, free of charge and with no obligation. (You are very welcome.)

To prepare yourself for the sage, paradoxical wisdom I am about to impart, I suggest you close your eyes and imagine a dramatic drum roll. Picture, if it helps, the clouds in the sky parting above you. Take a deep breath in. Exhale slowly. Ready?

Okay. Here goes: The secret to living with uncertainty is . . . learning to sit with the discomfort of uncertainty.

Hmmm. Nothing but crickets.

Here, I'll repeat it: The secret to living with uncertainty is . . . learning to sit with the discomfort of uncertainty.

"Say what, Bell????!!" I can almost hear you protesting. "I've wasted my precious websurfing time on this?!!!"

But wait. Before you redirect your browser to that site with the water-skiing chipmunks video, please allow me to pass along two important footnotes: first, this "secret"--while counterintuitive to most of us--is at the very core of treatment for OCD (a.k.a. The Doubting Disease); and second, its efficacy is scientifically proven.

Sure, the whole concept seems paradoxical. Trust me; as someone who's battled the extremes of OCD uncertainty, I *get* that the very last thing we want to do when we're consumed by uncertainty is to sit with that uncertainty. On the contrary, we want a quick escape from the discomfort that our uncertainty creates (hence, as I described in my last blog, we are lured to "trapdoors" in "the shadow of doubt".)

But where do our best efforts to rid ourselves of doubt get us??

Stuck even further in doubt. That's where!

And here's the "secret": IF we simply allow ourselves to sit with the discomfort of uncertainty, that discomfort (anxiety) will decrease all by itself. I call this phenomenon "The Uncertainty Paradox," and--while I fought it for far too many years--ultimately, it allowed me to wrest my life back from the grips of my Doubt Bully.

(Continued on page 10)

At work here is the concept of habituation, and the best analogy I've run across comes from a terrific book called *Freeing Your Child from Obsessive-Compulsive Disorder*, by Tamar Chansky, Ph.D. Dr. Chansky likens the process of embracing uncertainty to jumping into a cold swimming pool. At first, the coldness is extremely uncomfortable, and our brains send us messages of "cold, cold, cold" and "Get out! Get out! Get out!" BUT, if we stay in the pool, the water seems to warm up. Of course, it doesn't really get any warmer; instead, we habituate ourselves to the discomfort of the coldness.

This habituation concept is at the crux of OCD treatment and is applied through a process called exposure/response-prevention (ERP), an especially effective form of cognitive behavior therapy (CBT). In a nutshell, "exposure" involves having an OCD client deliberately face a feared situation or object (trigger). And "response-prevention" involves having that client refrain from the compulsive response that has traditionally brought her temporary relief. To this end, a therapist and client develop a hierarchy of fears, moving from the least anxiety-producing to the most anxiety-producing. With this hierarchical "ladder" as a guide, the client then learns to systematically face down her fears--and, in so doing, habituates to the discomfort of her anxiety.

So, what does all this look like in practice? Here's an example--for someone with contamination obsessions and washing compulsions associated with a home bathroom--courtesy of Robin Zasio, Psy.D., Director of the Anxiety Treatment Center of Sacramento [and one of the aforementioned OCDF Scientific Advisory Board (SAB) members who have graciously agreed to contribute to this blog]:

Based on a scale of 0 to 10 (0 = no anxiety, 10 = complete panic)

Exposure (with Response Prevention) . . . Anxiety Level

Standing in the bathroom (without washing) . . . 1

Standing in the bathroom without shoes (without washing) . . . 2

Touching the bathroom's outside door knob (without washing) . . . 3

Touching the bathroom's inside door knob (without washing) . . . 4

Touching the bathroom faucet (without washing) . . . 4

Touching the toilet handle (without washing) . . . 6

Sitting on the toilet seat without a protector (without washing) . . . 7

Dr. Zasio points out that the higher levels of triggers listed above will decrease in intensity as a client works on lower level exposures. So, a trigger initially labeled a "6" will likely be labeled something lower down the road.

(Continued on page 11)

ERP treatment, like habituation itself, is rather straight-forward in principle. In practice, however, its implementation can be extremely tricky, which is why it's so important for OCD clients to seek out well-trained OCD specialists who understand the nuances of ERP and its application. (If you're having trouble finding such a therapist, by the way, I suggest you visit the "Find a Doctor" resource at the [OCDF website](#).)

As for the challenges ERP presents those of us who most need it, well, let's just say they are many and mighty. This stands to reason, of course, since the process requires us to confront our very worst fears, head-on and without the counterproductive, but very familiar coping mechanisms (compulsions) that we've developed in response to our fears. Unfortunately, because of these challenges, far too many people with OCD try, but give up on, ERP. They jump into the "pool" of anxiety, but climb out before habituating to the discomfort that their anxiety creates. I was one of those people for many, many years. I paid lip service to the whole process--going through the motions with my therapist week after week--but never really allowing myself to stay with the discomfort of my anxiety long enough to reap the benefits of habituation. For me, what was missing was motivation, a topic I will take up in my next blog.

I'd be remiss at this point not to at least mention a second key component of OCD treatment, one I will also explore in much greater detail in future posts: medication. It's relevant here because, used effectively, medication can be a great tool for tackling the rigors of ERP. In my own experience, meds have helped "turn down the volume" (that is, reduce the intensity) of my obsessive thoughts, thereby giving me some additional leverage to sit with my anxiety. It's important to note that medication is no substitute for cognitive behavior therapy, and its effects vary greatly from person to person. I've asked Bruce Mansbridge, Ph.D., author of *The Complete Idiot's Guide to Obsessive-Compulsive Behavior* (and another OCDF SAB member), to weigh in on this, and here's what he writes:

While cognitive behavior therapy (CBT) is the best treatment for OCD, medications can also help make the therapy go faster and easier, so the combination of CBT and medication is often recommended. Medication alone is not as effective as CBT at reducing symptoms, and symptoms almost always return when you stop the medication.

Again, we will take a much closer look at medication in the coming months. If you're interested in learning more in the meantime, I would suggest you visit the relevant articles at the OCDF web site.

So then . . . back to my profound secret: The Uncertainty Paradox. If it remains a "secret" today, I'm convinced that's only because far too many of us don't want to accept its truth. Doing so means accepting that, when it comes to confronting the discomfort of our uncertainty, there are no shortcuts, no substitutes for the hard work involved in sitting with our fears. The reality is, philosophers and scholars have been touting this secret for millennia, and today's brain imaging technology offers scientific evidence of its efficacy.

Now, aren't you glad you chose this blog over the water-skiing chipmunks??

Jeff Bell is a nationally recognized author, speaker, and radio news anchor, the founder of [The Adversity 2 Advocacy Alliance](#) and co-founder of [Beyond the Doubt](#). He has written two books on uncertainty, [When in Doubt, Make Believe](#) and [Rewind, Replay, Repeat](#). This blog post originally appeared on Psychology Today can be found at psychologytoday.com/blog/beyond-the-doubt/200910/the-uncertainty-paradox.

How to Respond to Unwanted Thoughts

By Jon Hershfield, July 23rd, 2016

One of the questions that often comes up both in my clinical practice and in the online support groups I contribute to is, “How do I respond to my thoughts?” Or more specifically, “What is the *right* way to respond to my thoughts?” There is a hidden OCD trap here in the search for the exact right way to respond to thoughts. If we can be certain about the one true or “best” response to thoughts, it means that thoughts themselves have one true nature. If we can fail in our response to thoughts, the implication is that thoughts have an intrinsic power, a quality that must be carefully examined. Yet this idea actually flies in the face of the central thesis of OCD mastery, which is that thoughts are thoughts, not threats. The significance of their content is *attributed* to them, not hidden in them, and whether they are “worth” incorporating into some behavior or better left alone is not the sort of thing that fits into a concrete equation.

Ultimately, I don’t believe there is a best practice for responding to thoughts (OCD or otherwise). There are practices that I see working better for some people and for others not so much. There are practices that have a higher success rate (if we are associating the reduction of suffering with success) and practices that only work every once in a while in specific situations. Any practice done by rote, or done every single time, especially if done in a sense of urgency, can quickly turn compulsive. Here are some options for responding to thoughts along with their potential pros and cons for OCD mastery:

Doing nothing

One of my favorite things to do in general, or at least it would be if I ever did it for very long. Nothing. In terms of thoughts and the responses we give them, doing nothing means completely ignoring thoughts as meaningless chatter, no different than the ambient noise of traffic from a distance. How can we do nothing in response to thoughts? Well, first, we have to believe that nothing is happening. Easier said than done. Doing nothing in response to a thought means not even taking a moment to acknowledge that the thought (or feeling or sensation) has occurred and simply plowing through your chosen activity as if unaware of any competition for your attention. It’s the “Keep Calm and Carry On” of navigating OCD.

Pros of doing nothing:

- It treats the thought like the non-event that it is.
- It stays out of the content of the thought altogether.
- It wastes as little attention as possible.
- It may enable the completion of tasks otherwise disrupted by OCD.

Cons of doing nothing:

- It requires one to be in a state of mindful acceptance from the start, which is a major challenge for most people.
- It can easily become a form of compulsive avoidance, a refusal to acknowledge that the thought occurred in the first place and a refusal to experience feelings as they are.
- Active “ignoring” can trigger an additional sense of being in denial (and thus more anxiety).
- It can quickly devolve into a habit of “white-knuckling” through life, which is unsustainable.

(Continued on page 13)

Mental noting

In a basic mindfulness meditation practice, mental noting means labeling the internal activity that is occurring in the moment one becomes distracted from their anchor (usually the breath). So, for example, if I am meditating and I notice how bored I am, I might gently say to myself, “boredom,” and then return to watching my breath. If I notice that I’ve wandered off into a train of thought, I may say, “thinking” and gently hop off the train as best I can. Similarly, when just going about my business in life, I may become distracted by an obsessive thought. I might respond to this as well by saying “thinking.” Or I could be more specific and acknowledge when the thought applies to a particular OCD concern, as in “murder thought” or “disease thought.” Once acknowledged, I then return to whatever I was doing before I became distracted (as in, going back to a specific activity) or I incorporate feeling distracted into that activity (do what I was doing but with somewhat divided attention). The point is I release myself from acting on the thought in any way past noting its existence.

Some may find it useful to mentally note “OCD thought” but I generally do not recommend this. By drawing distinctions between OCD thoughts and other kinds of thoughts, we are already playing into the distorted belief that the content of the thoughts has intrinsic value. If we must disown thoughts by calling them “OCD”, then we are saying we would be bad for having them without OCD. But they are thoughts, not threats. So even the worst thoughts are better off being understood as ours. This doesn’t mean that we like them or that they represent us, but simply that we have minds and minds have thoughts.

Pros of mental noting:

- It’s honest about the experience of having the thought but without getting too deep into content and without acting directly on the thought.
- It often lightens the sense of doom by positioning the thinker as an observer of thoughts instead of a victim.
- It renders the debate over whether a thought is “good” or “bad” completely pointless.

Cons of mental noting:

- It does give the thought some attention and for some this could lead to too much attention.
- It opens up a window to covert mental rituals and can become a compulsion itself (e.g. having to accurately label the thought every time or checking to make sure you’ve noted everything).

Agreeing with the uncertain potential

Most obsessive thoughts come in the form of “what-if” questions like “What if I hurt someone?” or “What if I get a disease from having touched this?” Those that don’t present this way often still involve concerns like “what if I can’t tolerate this?” Given that certainty is a myth, it is reasonable to say that if we can think it, the likelihood of it also being a true about reality is something greater than 0%. It may not be much greater (as in, the ceiling above me may collapse at any moment but probably won’t), but it is nonetheless something other than an impossibility.

So if we were to respond to an unwanted thought with a statement like “That may or may not occur” or “I don’t know” or “Anything’s possible, but I have other things to attend to at the moment”, we are noting that the thought is present, owning that it is ours, and accepting that it has some amount of potential to be connected to reality. Other responses in this vein could include commenting directly to the OCD as in, “Duly noted” or “Mysterious” or “Well, that’s an inter-

(Continued on page 14)

esting idea.” To be clear, this is not agreeing that the feared thought is true, that the feelings mean some specific thing, or that we can make predictions about the future. Indeed, it is the opposite of taking the bait. It is defeating the debater by refusing to go on the defensive.

Pros of agreeing with the uncertain potential

- It provides a functional exposure (well, maybe that could occur, I don’t know) while interfering in ability to complete rituals (it leaves the verdict on thoughts intentionally incomplete).
- It is honest (any statement that starts with “maybe” is technically true however improbable, as in “maybe I will be abducted by aliens tonight” vs. “it is proven fact that I will not be abducted by aliens tonight”).
- It can develop into a healthy habit of openness to uncertainty and mindful awareness.

Cons of agreeing with the uncertain potential:

- It can increase anxiety because of the absence of reassurance and the assessment that fears can come true.
- It does get involved in the content of the thought, which can be a slippery slope to mental rituals
- It requires significant effort to resist following it up with compulsions and can be exhausting

Agreeing affirmatively

You may find all sorts of books and blogs alike that recommend simply agreeing with the thought. Done effectively, this can be a way of basically pulling a thought through the mind that would otherwise be stuck. It says, “Alright, fine, it’s all true, let’s get on with it already.” Or you might agree more emphatically, thus allowing yourself to become so affected that you experience strong urges to do compulsions, which you can then practice resisting. Every ERP is a learning opportunity.

Note however that in this discussion I am primarily talking about how to respond to thoughts moment to moment. This is different from how to respond to thoughts in the course of a specific exposure exercise that you may be working on in your treatment. Some forms of imaginal exposure, for example, may promote the use of saying that an unwanted thought is “true” and really hanging on to this as a strategy for increasing anxiety to a level that can produce therapeutic benefits. But in the day-to-day, the habit of affirming the content of thoughts can also be problematic because, quite frankly, there’s more to life than ERP.

Pros of agreeing with thoughts:

- It provides an immediate exposure to the feelings associated with the content (as in, when I say the words “I will kill my baby”, I feel disgust and I can then do exposure to that feeling, which is the feeling I most often have trouble resisting compulsions around).
- It is a way to outdo the OCD and beat it at its own game, which can be confidence-building and even humorous.
- It eliminates the need for debate over the meaning of the thoughts by assigning it a blunt meaning without analysis.

Cons of agreeing with thoughts:

- It isn’t technically honest (you *could* kill your baby, but you can’t know that you *will*).
- It can become a form of compulsive checking (did I like it when I said it?) which can easily spin out of control.
- It can be used as a form of compulsive self-punishment.

(Continued on page 15)

- It gets involved in the thought content and it may cause panic or trauma responses in some susceptible people

Hey, over here! A word about distraction

Many readers may have heard that distraction is a good thing because it takes your mind off of the OCD. Or you may have heard that it's a bad thing because it functions as compulsive avoidance of your obsessions, ultimately making them worse. Both of these things can be true or untrue depending on intention. Distraction is just anything that interferes in your ability to give full attention to anything else. To use distraction as an intervention with unwanted thoughts in OCD, the benefits and drawbacks are rooted in whatever message the brain is likely to receive from the shift in attention. Is the brain being informed that thoughts are unimportant such that attention can be lifted from them with ease and dropped on something else? Or is the brain going to get the message that thoughts are so terribly important, we can't bear to be in their presence for even a moment without distraction?

Bad distraction

In the course of exposure, you become very uncomfortable. To get away from the uncomfortable feeling, you might distract yourself with a video game you've played a thousand times that helps you shut off your thoughts. This is what I would call "bad distraction" because it sabotages the exposure therapy (by not allowing you to feel the discomfort and learn from it) and because the attention is being placed in a dead zone and not on something that promotes growth or represents a meaningful value. It is escape. Now let me be clear, escape is not the enemy all the time. We all have a right to check out from time to time. But in the midst of an exposure is not a helpful time for this.

Better distraction

Imagine you've just been triggered and the way you are accustomed to responding to triggers is to engage in an elaborate mental ritual that involves reviewing all of your memories associated with the trigger, imagining fictional scenarios where you respond a specific way to your trigger, chanting thoughts that neutralize your fears, or any or all of the above. In other words, the train of your mind is headed to Compulsion Station and you need to get off. Though it is widely agreed that "thought stopping" or trying not to have or not have certain thoughts, is ineffective, derailing a mental ritual is fair game. Ritual-stopping is not thought-stopping.

I sometimes refer to this as running interference. If you can't think, you can't complete a mental ritual, and if you abandon a mental ritual before it produces any satisfaction, you're doing ERP. You'll know it's ERP because it will feel flippant or irresponsible to suddenly stop devoting your attention to the ritual and devote it to something else. To effectively drive a wedge between you and the ritual, you can push the mind to attend to something that requires focus and is incompatible with ritualizing. A good example is to try to remember the sound of a 56k modem connecting to the internet (*a what?* said the reader born in the 1990s). Or, feel free to recollect the lyrics to Peter Dinklage's *The Glory of Love*, which is infinitely worse than Rickrolling yourself (look it up). The point is, you can't focus on these things and complete your rituals at the same time, and, once disengaged from the ritual, you can work on resting your attention more mindfully on the present moment. I call this "better" distraction, rather than "best" because this kind of distraction has no real value of its own and is just a tool for disengaging from rituals. Used excessively, it opens a susceptible thinker up to potentially using this tool as a compulsion itself.

Good distraction

If we understand distraction as something that is *interfering* in focus, "good" distraction is probably not even a kind

(Continued on page 16)

of distraction so much as a kind of self-direction. In other words, running *to* something of value instead of running *from* something scary. One of the greatest challenges obsessive thinkers have is coping with unstructured time. Without a specific present to return to, mindfully stepping back from obsessions doesn't make much sense. A highly trained and skilled meditator may be able to rest his attention on the feeling of his feet on the ground, but most people find this uninspiring.

So good distraction is filling your life (not to the brim) with things that you value already or have the potential to add value. Good examples are hobbies that leave products behind, such as writing music, painting, or building something. Non-compulsive cleaning or exercising can be good, but they may lack the mental invitation to truly latch the attention securely. Watching movies and television can be a great distraction *if* the thing being watched is something that will feed your artistic heart, teach you something, or at least give you the opportunity to float a fan theory by your friends. Mindless reruns of shows that provide you nothing but noise and leave you feeling empty inside will not serve this function. So best distraction is when we are mindful of our OCD enough to know that it could use some competition and then to self-compassionately provide ourselves with something worth attending to.

Don't be perfect

Be beautifully imperfect. It's harder but it pays better. There is no one right way to respond to thoughts. And if there were, to use it every time would quickly turn it into another "wrong" way, a compulsion. The endgame here is being able to see thoughts as thoughts, not threats. You can entertain them, but only if you wish to entertain. You can expose to them, but only if you want to do the work in that moment. You don't always have to. You can allow and accept them exactly as they are, but only if you can do so without bullying yourself ("*Accept! Accept!!*"). If you carry with you a big toolbox for OCD, you can develop the self-confidence needed to reach in there with eyes closed, pull out whatever you connect with in that moment, and use it to navigate OCD in that moment alone. Mastery over OCD is not about being right all the time. It's about versatility.

Jon Hershfield, MFT is a psychotherapist in private practice licensed in Maryland and California, and director of The OCD and Anxiety Center of Greater Baltimore. This blog post can be found at his website www.ocdbaltimore.com/how-to-respond-to-unwanted-thoughts.

Words of Wisdom

"When you change the way you look at things, the things you look at change."
- Dr. Wayne Dyer

"You don't have to control your thoughts; you just have to stop letting them control you."
- Dan Millman

"What it lies in our power to do, it lies in our power not to do." - Aristotle

MISSION

Provide a volunteer driver program to empower those in need of transportation options.

VISION

Fill a transportation gap giving individuals the freedom to avoid social isolation, attain employment, access medical services, shopping and other activities.

PURPOSE

We are committed to helping people lead more satisfying and rewarding lives, often in spite of significant financial, health and mobility challenges. Instead of creating dependency, we seek to educate, motivate, and assist people to strengthen or rebuild their social networks, to access needed human and social services, and to continue to live successfully and independently in their communities.

WE OPERATE TO:

- ✓ **Supply** resource information about the various forms of transportation that are available as well as existing programs.
- ✓ **Identify** older adults and persons who are homebound or living in isolation; encourage them to take the necessary steps to regain independence and to re-establish community connections.
- ✓ **Provide** monetary incentive for volunteer drivers to assist eligible persons in receiving needed transportation when they do not have any other form of transportation available or are unable to use other forms of transportation
- ✓ **Monitor** the efficiency and effectiveness of current transportation services and systems, report findings of user levels of satisfaction and complaints while advocating for transportation services that truly meet the needs of the community.



Freedom Road Transportation will serve as a model for the creation of similar volunteer driver programs across Michigan.

Our work is funded by grants from public agencies and foundations, service contracts and the contributions of private individuals and businesses.

We need your help!

Volunteer or Donate Online at:
www.freedomROADtransportation.org



A MODEL FOR YOUR COMMUNITY

MOVING PEOPLE. REDUCING ISOLATION.

freedomROADtransportation.org

248-232-1259

Rider Testimonials

"I had no other way to get to my cancer treatments.
Thank you for not letting me fight alone!"

~ Meli

"I can always get to where I need to go and when I need to get there."

~ Bill

"I can get out!! I do not feel locked up! I can get out and participate!"

~ Delay

Testimonials



2633 S Lapeer Road, Ste H
Orion, MI 48360
Phone: (248) 232-1259
Fax: (248) 232-1242

ATION.....MOVING PEOPLE.....REDUCING ISOLATION.....MOVING PEOPLE.....REDUCING ISOLATION.....



HELPING YOUR COMMUNITY FIND A RIDE

How the Program Works

Interested persons call to apply.

Eligibility of applicant is determined through a series of questions on application...

- **County of Residency**
- **Income Level**
- **Transportation Options**
- **Any other qualifications**

- Approved Rider must find their own volunteer driver.
- Funds paid to rider for a predetermined amount of miles.
- Rider arrange travel with their own volunteer driver.
- Riders travel with drivers as mutually agreed.
- Request for reimbursements submitted at month's end.
- Mileage checks are issued and mailed each month.

User-Friendly Qualities

- Personal vehicles are used
- The service is free to users
- It is available 24 hours a day, 7 days a week
- No advance scheduling is required
- Travel is possible between cities without transfer or inconvenience
- A volunteer driver makes each trip with their rider, assisting them as necessary and required
- Riders receive mileage reimbursement, which they then pay to their drivers

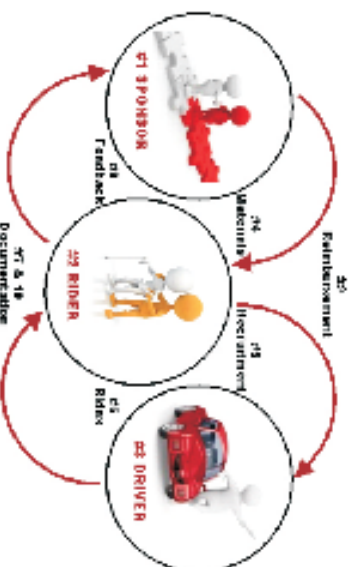
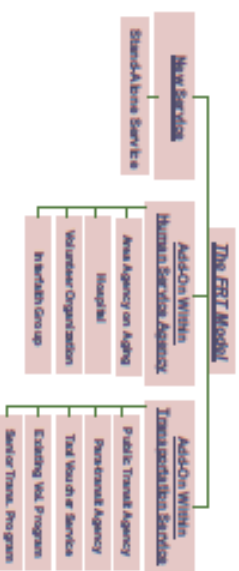
Model is an Outgrowth of 5 Innovative Assumptions:

1. If riders recruit their own drivers, they will be empowered
2. If they have something to offer friends and neighbors in exchange for rides, they will feel more comfortable asking for rides
3. If volunteers can be reimbursed for their travel, they will be more likely to provide rides over an extended period
4. If friends and neighbors can use their own automobiles, the need to purchase and maintain vehicles by the program is eliminated
5. If passengers and drivers can schedule their own rides, requirements for staffing and infrastructure are significantly reduced

How Model Minimizes Costs

Program Feature	YES	NO
Staff Recruits Drivers		X
Staff Schedules Rides		X
Program Owns Vehicles		X
Program Has Paid Drivers		X
Riders Pay Fees		X

Where the Model Can Be Adapted



- (#1, #2, and #3) A SPONSOR identifies RIDERS who in turn recruit their own DRIVERS.
- (#4) The SPONSOR conveys materials about the program to the riders who share it with their drivers.
- (#5) The RIDERS identify their DRIVERS.
- (#6) The DRIVERS provides rides to the RIDERS.
- (#7) Both the RIDERS and DRIVERS convey their documentation to the sponsor.
- (#8) The RIDERS provide feedback to the sponsor.
- (#9) Reimbursement is given to the RIDERS who then give it to their DRIVERS.
- (#10) Documentation necessary for program administration is conveyed to the SPONSOR.

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/behavioral-health

New Center Community Services, Detroit, MI

www.newcentercmhs.org/partial-hospitalization-program

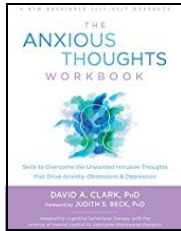
Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971

www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program

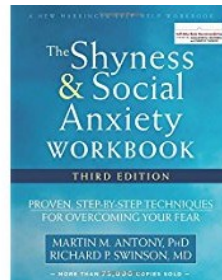
New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223

www.newoakland.org/mental-health-services/face-to-face-day-program.html

SUGGESTED READING

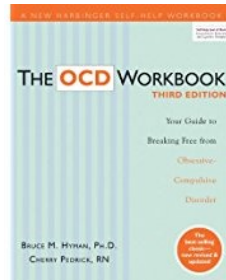


David A. Clark, PhD
The Anxious Thoughts Workbook
 New Harbinger Publications, 2017
 ISBN 978-1626258426

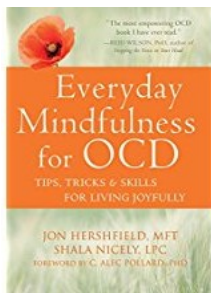
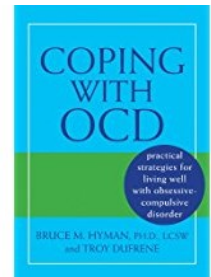


Martin M. Antony, PhD
 Richard P. Swinson, MD
The Shyness and Social Anxiety Workbook
 New Harbinger Publications, 2017
 ISBN 978-1626253407

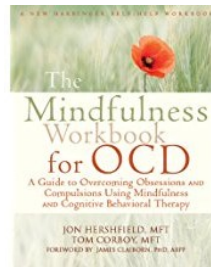
Bruce Hyman, PhD
 Sherry Pedrick, RN
The OCD Workbook
 New Harbinger Publications, 2010
 ISBN 978-1572249219



Bruce M. Hyman, PhD
 Troy Dufrene
Coping with OCD
 New Harbinger Publications, 2008
 ISBN 978-1572244689



John Hershfield, MFT
 Shala Nicely, LPC
Everyday Mindfulness for OCD
 New Harbinger Publications, 2017
 ISBN 978-1626258921



Jon Hershfield, MFT
 Tom Corby, MFT
The Mindfulness Workbook for OCD
 New Harbinger Publications, 2013
 ISBN 978-1608828784

Follow The OCD Foundation of Michigan on FACEBOOK



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

PROFESSIONAL DIRECTORY

List with us

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

Antonia Caretto, Ph.D., PLLC

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

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

P.O. Box 2265
Dearborn, MI 48123

JESSICA PURTAN HARRELL, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST
(248) 767-5985

33493 W. 14 MILE RD.
SUITE 130
FARM HILLS, MI 48331

DRJESSICAHARRELL@GMAIL.COM
WWW.MI-CBT-PSYCHOLOGIST.COM

JAMES A. GALL, Ph.D., PLLC

LICENSED PSYCHOLOGIST
SPECIALIST IN THE TREATMENT OF
ANXIETY DISORDERS

TELEPHONE (810) 543-1050
FAX (248) 656-5004

950 W. AVON, STE. 3
ROCHESTER HILLS, MI 48307

THERAPISTS!!

LIST WITH US

**YOUR BUSINESS CARD
COULD BE HERE!**

PROFESSIONAL DIRECTORY




Laurie Epstein Kach, LMSW ACSW
Clinical Psychotherapist
Individual, Couples and Families


Center for the Treatment of Anxiety Disorders
28592 Orchard Lake Rd, Suite 301
Farmington Hills, MI 48334
248 508-1411 ~ Fax 248 626-7277



Laurie Krauth
MA, PLC
Psychotherapist



2002 Hogback Road, Suite 15
Ann Arbor, MI 48105
(734) 973-3100
LKrauth@comcast.net



Dr. Steven Pence, PLC
Licensed Psychologist

Specializing in OCD & Anxiety Treatment
OCD, BDD, Panic Disorder, Social Phobia, GAD,
Trichotillomania, Excoriation, & Selective Mutism

41000 Woodward Ave. Suite 350
Bloomfield Hills, MI 48304
Phone: 248-289-7980
Email: spence@ocdandanxietytreatment.com
www.ocdintensivetreatment.com www.ocdandanxietytreatment.com

Laura G. Nisenson, Ph.D.
Licensed Psychologist

425 E. Washington
Suite 101D
Ann Arbor, MI 48104
(734) 623-0895

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 Docksides Lane
Harrison Twp., MI 48045-6707

2/2018

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