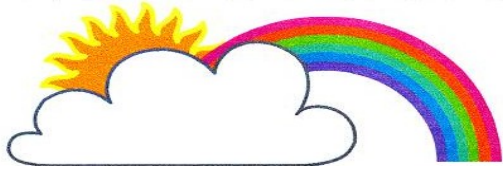


NEVER say NEVER



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

Summer 2017

OCD & The Family

OCD is a cruel and isolating disorder, and the personal toll it takes on an individual sufferer can be devastating. Unfortunately, the fact is that the impact of OCD on those surrounding the individual is equally devastating, and the resulting dynamic between the individual and his or her family can be a determining factor in the progress of treatment. Help can come in many forms, but it is not always helpful. In their efforts to ease the suffering of their loved one, family members might turn to reassurance, accommodation, or even assistance with rituals. By allowing and even taking part in the compulsive behaviors, they believe they are making things easier for the sufferer. They are not. Paradoxically, such actions only serve to feed the OCD, causing it to come back even stronger.

So what does family involvement need to look like? How can we provide real help to our loved ones so that they may become empowered to fight back and regain control of their lives? In this issue of *Never Say Never*, we look at the ways that family members can best help and support their loved ones without becoming enablers.

FALL PROGRAM TBA

Let's continue this discussion about *OCD & the Family*. We will watch a video on the subject and talk about different kinds of family interactions. How can we best support our loved ones living with OCD?

Watch your e-mail, our website ocdmich.org, or our [Facebook](#) page for information as it becomes available.

THE OCD FOUNDATION OF MICHIGAN

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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:

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 rlade9627@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 tmbrosoe@att.net

Help for Families Living with OCD

(Editor's note: This very useful article on how families can best help their loved ones suffering from OCD comes courtesy of the website Beyond OCD (a service of Canada) and can be found at: beyondocd.org/information-for-friends-and-family/help-for-families-living-with-ocd)

When someone in your family has OCD, everyone is affected. It's natural to have strong emotions about this intruder in your home. Feelings can include frustration, resentment, anger, embarrassment and exhaustion from trying to live in a household where OCD seems to be in control.

If you are at a point where you only *suspect* that OCD may be the problem, it's important for your loved one to have a thorough evaluation and get an accurate diagnosis so treatment can begin – whether for OCD or another mental disorder that may be causing distress. If your loved one is undergoing OCD treatment, you can play an important role in supporting his or her recovery. If he or she is diagnosed with OCD but refuses to get treatment, it will be important for you to learn why some people avoid treatment and how you may be able to encourage your loved one to seek help.

You already know there are no quick fixes for OCD. But even if you think you've already tried everything possible to get rid of OCD, there are some changes you can make now that may help bring relief to the whole household. And once you see some of these strategies working, you'll be able to experience more positive emotions, including optimism, hope and feelings of success.

What's Behind The Problem of OCD

It's extremely important to realize that people with OCD aren't performing rituals and engaging in other behaviors deliberately to frustrate, upset or annoy you or others. Individuals with OCD experience obsessions, which are persistent, uncontrollable thoughts, impulses, or images that are intrusive, unwanted and disturbing. Obsessions cause anxiety or discomfort that significantly interferes with their lives. To relieve the distress caused by obsessions, people with OCD feel compelled to perform repetitive actions called compulsions, or rituals. For example, a person with an obsessive fear of intruders may check and recheck door locks repeatedly to ensure that no one can get in.

OCD is a disorder that has a neurobiological basis. Your loved one's brain isn't functioning in the same way as the brain of an individual without OCD. The brain of people with OCD is constantly sending "error messages," leading to constant uncertainty, including worries and fears that go well beyond what most of us will ever experience. Their anguish is real. Individuals with OCD are no more at fault for having the disorder than those who have other medical conditions such as diabetes or asthma.

Regardless of how frustrating it may be for you to watch your loved one perform rituals, repeatedly seek reassurance or even bark orders at you or other family members, he or she doesn't do this on purpose. And people with OCD can't stop just because you want them to. In fact, if they *could* just stop their behavior, they'd be the first ones on the face of the planet to stop! When OCD is present, the person isn't in control anymore – OCD is.

(Continued on page 5)

One of the most important ways you can support your loved one is by learning about OCD. You can learn more about OCD in the [OCD Facts](#), [Individuals](#) or [Parents](#) sections of this web site.

Your Role as Change Agent

There are a number of other ways you can help a family member with OCD. First and foremost, you can help your loved one find appropriate treatment for OCD and encourage him or her to actively participate in the therapy process. Effective treatment is the most important step in gaining relief.

It's also very important that you try to establish a positive emotional climate in the home. How you communicate with your loved one as well as the level of support you provide cannot be overemphasized.

You can also help the person with OCD when you stop accommodating the disorder. Family members sometimes participate in their loved one's rituals, provide constant reassurances or help the person with OCD avoid feared objects, places or people. In other words, you accommodate OCD behavior. Sometimes you do it just to "keep peace in the family" or because it seems like the only way you can help the one you love. You may desperately want to stop being involved in the OCD behavior your family member has drawn you into. But you've stayed involved, fearing that stopping would make the OCD worse. OCD is a master at manipulating the person who has the disorder and, in turn, his or her family.

Today, OCD treatment experts know that it is important to involve families in Cognitive Behavior Therapy (CBT). Family members can greatly enhance their loved one's chances for recovery by not accommodating OCD. You can't stop all at once, of course. But a cognitive behavior therapist can help you gradually change the way you respond to OCD.

Another very important facet of your role as a change agent involves taking care of yourself. Research has indicated that family members report some – if not severe – distress adjusting to a loved one's OCD. And yet they seldom seek the professional help they need; instead, they usually focus on the individual with OCD. Living with or caring for a family member with OCD can be extremely stressful, and it's critical that you take care of your own physical and psychological needs. Be sure to seek out help when you need it; it's a sign of strength, not weakness. And when you're less overwhelmed by frustration, guilt, and other negative emotions, you are in a better state of mind and will actually be more effective in helping your loved one.

You may find it helpful to talk with your loved one's cognitive behavior therapist for guidance or seek help on your own. You may also want to consider attending a local OCD support group that is open to family members or an online group. Talking with others who have had similar experiences and learning about how they have approached family difficulties can be extremely helpful, if not therapeutic.

The CBT Therapist's Role in Restoring Family Life

When you stop accommodating OCD, you will maximize your loved one's opportunity to gain control over the disorder and help your family return to normalcy. But family members usually need guidance on how

(Continued on page 6)

to stop reinforcing and enabling their loved one's OCD.

The cognitive behavior therapist who is treating your loved one should be able to help spouses, siblings, parents or extended family members learn to respond more appropriately to the person with OCD. In fact, many cognitive behavior therapists work with families to develop a written agreement known as a “family contract” or “behavioral contract.” It's a “roadmap” you follow when you agree to work together as a team to fight OCD. When all members of the family agree upon the specific OCD behaviors they'll stop accommodating, the chances of reducing symptoms of OCD can dramatically increase.

No one said making changes would be easy.

Managing Emotions

Living with and/or caring for a loved one with OCD can be extremely stressful. When OCD seems to have control over a household, emotions can fly high. And when your loved one is undergoing Cognitive Behavior Therapy – which involves a great deal of hard work – it's very common for anxiety levels to increase not only for the person undergoing therapy but also for family members. And increased anxiety may lead to heightened stress, frustration, conflict, exhaustion and feelings of failure for everyone in the family. Fortunately, there are some strategies you can use to help keep emotions in check.

Risks and Rewards for Couples

When you or your partner has OCD, it can place an enormous strain on your relationship. Instead of enjoying the strong emotional bond of a loving relationship, you may find yourself in the throes of confusion and disappointment. Unfortunately, some partners find the stress caused by OCD simply too much to bear, and the relationship does not survive.

The risk of emotional pain or exhaustion, as well as the potential risk of irreparable damage to the relationship, make it imperative that the person with OCD be evaluated and treated as soon as possible. With appropriate treatment, the chances of your relationship getting back on track are greatly improved.

Behind Relationship Troubles

OCD in and of itself can have a devastating impact on a relationship. But OCD can present many other challenges in a relationship, as well, including threats to physical and emotion intimacy, and interference in social activities and relationships with others, not to mention fears about the future. You may also be experiencing any other number of daily stressors in your relationship that all couples face (e.g., financial difficulties, job-related concerns). Therefore, if your loved one has OCD, and you're experiencing relationship troubles, it's a good idea for you to have a conversation with his or her therapist, as well. By taking a step back and looking at the whole relationship – not just the OCD – the therapist can teach you strategies for rebuilding your relationship.

(Editor's note: Beyond OCD further describes the notion of a “family contract” with a companion article, which we have included here on page 7. rws)

Make A Family Contract

Family members often participate in a loved one's OCD rituals because they believe they are helping him or her. Unfortunately, participating in, or accommodating, rituals actually allows or enables compulsions to persist and even become stronger. Therefore, one of the most important ways family members can support a loved one with OCD is by ending their participation in OCD rituals. This can be a difficult process, however.

To help family members stop accommodating OCD, cognitive behavior therapists sometimes work with families to develop a written agreement known as a "family contract" or "behavioral contract." It's a "roadmap" you follow when you agree to work together as a team to fight OCD. When all members of the family agree upon the specific OCD behaviors they'll stop accommodating, the chances of reducing symptoms of OCD can dramatically increase.

Developing a Contract

Much like business contracts, the key to developing an effective family contract depends on careful initial planning. When you develop a contract, it is essential that you be very clear in articulating the problems you want to solve and determining a step-by-step approach with a viable time line. If you overlook parts of the problem, take a too-aggressive approach or build a timeline that is too long or short, you likely won't see the changes you expect. Therefore, it's very important to first carefully identify the specific situations that trigger your loved one's OCD symptoms and all of your accommodating behaviors.

Once you have determined how you've been accommodating OCD, goals for stopping your accommodations will be developed (one at a time) and written into an OCD family contract. It's very important that everyone be in agreement about the goals as they are set – you, your loved one, and all other family members. Many therapists prefer to start with goals that are small and easy to attain so success is achieved and confidence in overcoming previously disruptive patterns of behavior has an opportunity to build. In some cases, the clinician may suggest other goals that involve encouraging and supporting your loved one. In addition, the therapist will need to ensure that the accommodation goals are in sync with your loved one's Exposure and Response Prevention plan.

[Click here for an example of an OCD Family Contract](#)

(beyondocd.org/information-for-friends-and-family/example-of-a-family-contract)

(Editor's note: The Beyond OCD website has an excellent list of articles, brochures, and other online resources at beyondocd.org/archives. rws)



"One awesome thing about Eeyore is that even though he is basically clinically depressed, he still gets invited to participate in adventures and shenanigans with all of his friends. And they never expect him to pretend to feel happy, they just love him anyway, and they never leave him behind or ask him to change." ~ Unknown



How to Support a Family Member or Friend with OCD, BDD, or a Related Disorder

by Elizabeth Rosenfield

(BLOG POST AUGUST 1, 2012 , [OCD and Related Disorders Program, Massachusetts General Hospital](#))

Are you a family member or friend of someone with OCD, BDD, or a related disorder? Perhaps you are feeling overwhelmed, confused, and unsure of how to help your loved one. It can be exceptionally difficult to watch someone you care about suffer with a mental illness. However, the good news is that there are steps you can take to support your loved one. As you read below, click on the bolded links for more information about that topic. (Editor's Note: the **bolded** links are not enabled here as they are no longer active on the MGH website. rws)

I want to help my loved one, what is the first step?

The first step to helping your loved one is to **educate yourself about the disorder he or she is suffering with**. The more you know about your loved one's disorder and the available treatments, the more effective you can be in understanding their symptoms and how to help them.

Why did this happen? Is it my fault?

A common sentiment among family members of individuals with OCD and related disorders is to feel guilty or responsible for their loved one's illness. OCD or BDD is no one's fault and blaming yourself is only counterproductive. Instead, focus on productive action you can take to improve the current situation and create a brighter future for you and your loved ones. As a family member or friend of someone with OCD, BDD, or a related disorder, you have the capacity to **be a positive ally to your loved one**.

Similarly, having a mental illness is not your loved one's fault or choice, nor is it a reflection of weakness or defect of character. Watching your family member or friend with OCD, BDD or a related disorder engage in seemingly useless rituals and behaviors may indeed make you feel angry and frustrated at times. However, letting go of guilt and blame will allow you to better concentrate on ways you can fight the disorder together.

How can I help my family member or friend get treatment?

Encourage your family member or friend to seek treatment. Beginning such a conversation may be difficult. Start by non-judgmentally pointing out the symptoms and distress you have noticed your family member experiencing. You cannot force your loved one to seek treatment, but calmly and genuinely expressing your concerns and observations is within your control. Let your loved one know that many kinds of treatment are available for OCD and related disorders, and offer to help them find a local treatment provider.

People with OCD and related disorders are often hesitant or fearful to seek treatment. If this is the case, leave resources around so they can read or listen to them when they feel ready. Moreover, you can even offer to take the first steps of going to treatment together with your loved one. Importantly, offer hope. Many people with BDD, OCD, and related disorders do not believe that treatment could work for them. Reiterate to your loved one that most people experience a reduction in symptoms after receiving empirically validated treatment for their disorder.

(Continued on page 9)

Am I helping my family member or enabling their disorder?

In an effort to alleviate your loved one's distress, you may have found yourself engaging in behaviors such as helping a loved one with his or her rituals, replying to requests for reassurance, or doing tasks for the person that he or she wants to avoid. These kinds of acts are referred to as **family accommodation behaviors**. Although these behaviors or reassurances may mitigate your loved one's distress and anxiety in the moment, they are ultimately not beneficial to his or her psychological health in the long run. Rather, they only serve to strengthen the disorder.

Given that OCD and BDD are often accompanied by severe distress and anxiety, not engaging in these accommodation behaviors with your loved one may be challenging for you and your family member both. However, there are ways you can support your loved one and help alleviate their distress without conceding to their disorder. Thinking about your loved one as separate from his or her disorder can sometimes be helpful for family and friends. A good question to ask yourself is; "Are my behaviors helping my loved one or their disorder?" **Always support your loved one, but never his or her disorder.**

Also, for more information on this important topic, stay tuned for an upcoming blog post specifically about the pitfalls of reassurance!

How can I stop family accommodation behaviors?

With the help of a professional, **talk about ways to interrupt rituals with your loved one and make a collaborative plan** for doing so. Let your family member know that you will be decreasing your involvement in their rituals and explain that you want to help them reduce their symptoms and feel better, but engaging in the behaviors with them or providing excessive reassurance will only make their symptoms worsen. Although it is important to stop enabling the disorder, these accommodation behaviors may have been going on for a long time. Thus, reducing accommodation behaviors should be done gradually.

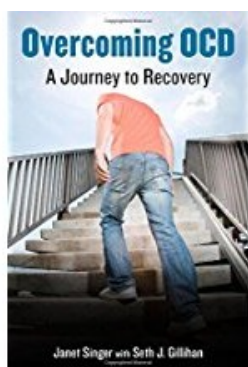
My family member or friend is in treatment for their disorder. How can I support them at home?

If your loved one is in treatment, remember that there is no perfect way to get better. As such, encourage your loved one to do the best that they can, independent of other people's expectations or anticipated rate of symptom improvement. Be sure to avoid day-to-day comparisons of progress given that some days will surely be better than others. There is no overnight cure for OCD, BDD, or related disorders. Recovering is indeed possible, but it takes time to change deep-seeded beliefs and behaviors.

Finally, recognize your loved one's achievements no matter how small or trivial they may seem. Let your family member or friend know when they have done a good job or when you see them putting forth a significant effort, even if they don't complete their goal. Remember that it can take a monumental effort to conquer their greatest fears, even if such fears seem irrational to you. Praise can be a powerful motivator for your loved one to keep trying. Make your loved one aware that you believe in their ability to overcome their problem!

Want more resources and advice on this topic? Check out our newest resource for family and friends of individuals with OCD, BDD, and related disorders [here](http://mghocd.org/resources/family-and-friends) (mghocd.org/resources/family-and-friends).

Elizabeth Rosenfield, formerly a clinical research coordinator at Massachusetts General Hospital, is currently a student at Boston University School of Social Work.



OVERCOMING OCD

A JOURNEY TO RECOVERY

By Janet Singer with Seth J. Gillihan, Ph.D.

Reviewed by Roberta Warren Slade

Janet Singer was a mother struggling to find the answer to a seemingly impossible puzzle, her son's heartbreaking and debilitating OCD. She has since used the experience and the knowledge she gained to become a worldwide advocate for OCD awareness. Through her blog, ocdtalk.wordpress.com, her articles on PsychCentral.com and MentalHelp.net, and now her book, *Overcoming OCD*, her message to everyone is that OCD, no matter how severe, is treatable and that there always is hope.

Dan's story goes far beyond just a retelling of his suffering and the anguish it caused his family. It emphasizes that the path from there to here is never a straight line, and the rocks in the road can come from unexpected places. Janet found, to her surprise and dismay, that the worst impediments to her son's recovery came not from the OCD itself, but from the professionals and institutions whose job it was to help him. Janet learned the hard way that you cannot always just accept the pronouncements of "the experts" because *they know*. She found out that although they know how to treat OCD, they don't always do a good job of treating the whole person, of helping him think about his life and what he wants from it. Some of the input Dan received from his treatment providers caused him to feel he had to put his life on hold while he worked to get control of his OCD, the thought being that once the OCD was gone, he could begin to focus on the direction of his life.

Over time, while struggling with the question of whether or not to return to school, it became apparent to Dan that spending a year focusing only on his OCD would be lonely and depressing, and would ultimately only serve to separate him from his chosen life ambition. It was more difficult to tackle both at once, but learning to deal with OCD not in isolation but in the context of everyday life gave him the strength and personal insight he needed to live a meaningful and satisfying life.

What we learn from Dan and Janet's story is that one must educate himself or herself in order to understand what the treatment professionals are doing and why, and not be afraid to question or even challenge what they are saying. It is not wrong or arrogant or disrespectful for a loved one to ask "why." It helps assure that they are not just accepting a "cookie cutter" answer but are acknowledging the specific needs and circumstances of the individual sufferer.

Janet's book is especially fascinating because interwoven with her narrative is relevant commentary by her co-author, Dr. Seth J. Gillihan. Whenever a particular issue or question or dilemma is broached, it is followed seamlessly by a short segment that explains or clarifies the issue. Very well done.

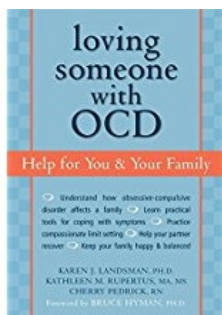
FROM THE NEVER SAY NEVER ARCHIVES:

Loving Someone with OCD

by Karen J. Landsman, Ph.D., Kathleen M. Rupertus, MA, MS, and Cherry Pedrick, RN.

Reviewed by Jennifer Shanburn

*(This review appeared in the Spring 2007 issue of **Never Say Never.**)*



There are not too many books out there aimed at the friends/family/caregivers of those who have OCD, and this book is an excellent one. Karen J. Landsman, Kathleen Rupertus, and Cherry Pedrick deliver much-needed advice, instruction and information on this important topic. The book is practical, easy to understand and implement, and full of worksheets and questionnaires.

It is addressed to the person who has a loved one with OCD, but the OCD sufferer him/herself would greatly benefit from reading it as well. The idea is for both parties to work together toward recovery from OCD. From this book, OCD sufferers can get an idea of what their loved ones experience, feel and think as individuals who live with someone who has OCD. It is important for all those in relationships to understand and respect each others' perspectives.

The introductory chapters give an overview of OCD: what it is, what the treatment for it is, and how the OCD mind works. This is important as it helps the person without OCD to get a better idea of what is going on in his/her loved one. While it is true that one can only fully understand OCD by having it, this goes a long way to help foster as much understanding as possible.

There is a lot of space for introspection in this book, in that it provides worksheets for identifying and evaluating feelings, thoughts and behaviors associated with living with someone who has OCD. By thorough evaluation, one can begin to see how OCD is affecting his/her life, the family's life and his/her relationship with the loved one who has OCD. Having this foundation is vital to starting the process of fighting against the OCD and eventually triumphing over it.

This book does a good job of pinpointing the types of feelings people who have a loved one with OCD often experience. It also gives an excellent overview and description of common accommodating behaviors.

Once the background of understanding the OCD and one's behaviors/feelings/thoughts associated with it has been established, the authors enter into the practical, step-by-step part of the book, which is their program of family contracting. The reason and purpose behind family contracting is explained, including de-

(Continued on page 12)

scribing the unhealthy cycles that develop when OCD accommodation and involvement goes unchecked, as well as how to go about setting up a family contract. A blank form for such a contract is provided, which is extremely helpful; no reader can give the excuse of not knowing how to structure or start a contract. Overall, the instructions on family contracting are extremely practical and easy to follow.

The family contract involves setting up small, incremental goals aimed at eliminating the family/friends' unhelpful involvement and accommodations of their loved ones' OCD. It is behavioral in nature, focusing on shaping desired behavior by the use of rewards.

There is a chapter devoted specifically to parents, siblings and friends of those with OCD, as well as a chapter addressing spouses of those with OCD. The book also covers how to care for oneself as someone who has a loved one with OCD. There is some information about when your loved one has another disorder(s) in addition to OCD, what to do when your loved one won't admit he/she has OCD or will not seek treatment, and how to find a qualified therapist. While this book is self-help in nature, it stresses that it is still important to find a professional who is familiar with OCD and cognitive-behavioral therapy, specifically exposure and response prevention. There is an extensive resource list at the end of the book as well.

Overall, this is a must-read for anyone who has a loved one with OCD with whom they have a close/involvement relationship, whether that be a spouse/partner, child, parent/stepparent, sibling, aunt, uncle, grandparent, grandchild, cousin, nephew, niece, friend, student, or perhaps even coworker. This book can give hope and direction to many who feel hopeless and helpless when it comes to their loved one's OCD struggles.

Words of Wisdom

"The greatest mistake you can make in life is to be continually fearing you will make one."
- Elbert Hubbard

"Every time you are tempted to react in the same old way, ask if you want to be a prisoner of the past or a pioneer of the future."
- Deepak Chopra

"Do the thing you fear, and death of fear is certain."
- Ralph Waldo Emerson

"If you wait for the perfect moment when all is safe and assured, it may never arrive. Mountains will not be climbed, races won, or lasting happiness achieved."
- Maurice Chevalier

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

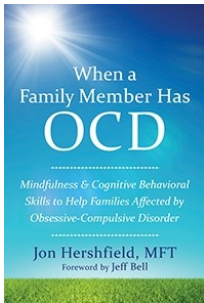
Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971

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

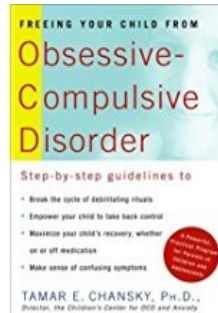
New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223

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

SUGGESTED READING

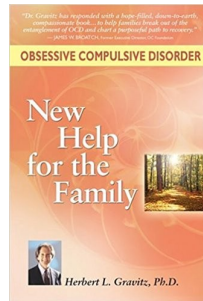


Jon Hershfield, MFT
When a Family Member Has OCD: Mindfulness and Cognitive Behavioral Skills to Help Families Affected by Obsessive-Compulsive Disorder
 New Harbinger Publications, 2015
 ISBN 978-1626252462

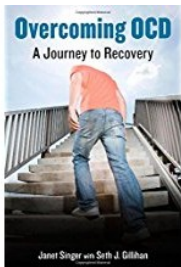
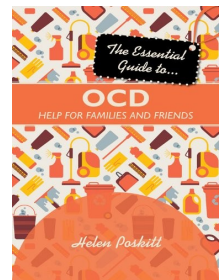


Tamar E. Chansky, PhD
Freeing Your Child from Obsessive-Compulsive Disorder: A Powerful, Practical Program for Parents of Children and Adolescents
 Harmony, 2001
 ISBN 978-0812931174

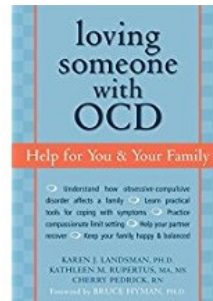
Herbert L. Gravitz, PhD
Obsessive Compulsive Disorder: New Help for the Family
 Partners Publishers Group, 2004
 ISBN 978-0966110449



Helen Poskitt
The Essential Guide to OCD: Help for Families and Friends
 Lion Books, 2013
 ISBN 978-0745955803



Janet Singer and Seth J. Gillihan, PhD
Overcoming OCD: A Journey to Recovery
 Rowman & Littlefield, 2015
 ISBN 978-1442239449



Karen J. Landsman, Kathleen M. Rupertus, Cherry Pedrick
Loving Someone with OCD: Help for You and Your Family
 New Harbinger Publications, 2005
 ISBN 978-1572243293

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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.

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9/2017

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



The OCD Foundation of Michigan Mission Statement

- ♦ To recognize that Obsessive-Compulsive Disorder (OCD) is an anxiety-driven, neurobiobehavioral disorder that can be successfully treated.
- ♦ To offer a network of information, support, and education for people living with OCD, their families and friends, and the community.

**IF YOU WOULD LIKE TO BE ADDED TO OR DELETED FROM THE MAILING LIST
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