A Newsletter Dealing with Obsessive Compulsive Disorder

NEVER say NEVER

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

Spring 2018

OCD in Children

We hear it often enough: the treatment of choice for Obsessive-Compulsive Disorder is Cognitive Behavioral Therapy, specifically in the form of Exposure and Response Prevention (ERP). And, as we noted in the Summer 2017 issue of this newsletter talking about ***OCD and the Family***, it is important that family members and other supporters learn **not** to enable their loved ones suffering from OCD by accommodating or helping with rituals. These rules, in most cases, apply to teenagers as well. But what about when the OCD sufferer is a child, and particularly a preschool or elementary age child? Their level of maturity and understanding may make these approaches unworkable. How do treatment professionals tailor their methods to best help very young children?

In this issue of ***Never Say Never***, we look at ways of identifying OCD in children, and how parents and treatment professionals can help children understand and confront their OCD.

Spring Program Cancelled

We are sorry to have to announce that there will not be a Spring Program this year. But watch this space. We will be addressing the issue "OCD in Children" in the Fall. Don't miss it.

THE OCD FOUNDATION OF MICHIGAN

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NEVER say NEVER

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a 501(c)(3) non-profit organization.

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

LIST OF SELF-HELP GROUPS

ANN ARBOR:
1st Thursday, 7-9 PM
St. Joseph Mercy Hospital Ann Arbor
Ellen Thompson Women's Health Center
Classroom #3
(in the Specialty Centers area)
5320 Elliott Drive, Ypsilanti, MI
Call Bobbie at (734) 522-8907 or (734) 652-8907
E-mail OCDmich@aol.com

DEARBORN:
2nd Thursday, 7-9 PM
First United Methodist Church
22124 Garrison Street (at Mason)
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: (note changes)
1st Monday, 7-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 944-0477
E-mail jvogler75@comcast.net

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

Children, Rituals, and OCD

By Janet Singer

(Editor's note: This article originally appeared on the website Psych Central and can be found here: psychcentral.com/lib/children-rituals-and-ocd/ .)

When my older daughter was about 2 or 3 years old, she had a bedtime ritual where she lined up 10 of her dolls and stuffed animals on the floor. They had to be in the right order, at the right angle, touching or not touching each other in a specific way. If these "friends" were not arranged just so, she would get upset, have a tantrum, and then need to adjust each and every one of them until she got it just right. Only then could she go to sleep. And she doesn't have obsessive-compulsive disorder (OCD).

Rituals are a normal part of childhood, and they play an important role in children's overall development. Rituals create order for children as they grow and try to make sense of the world around them. For example, a bath, story time, and cuddles every night before bed give children structure and a sense of security. They feel safe; they know what to expect. Everything is as it should be. Here, rituals are a good thing.

But if you're suffering from obsessive-compulsive disorder, the rituals you feel compelled to perform actually help perpetuate your OCD. How is it that something that can be so wonderful in one situation cause so much suffering in another?

Typically, children without obsessive-compulsive disorder will be soothed and comforted by their rituals, whereas a child with OCD will experience only a fleeting calm. Anxiety and distress will always return, and the child will feel, once again, compelled to complete the ritual. This is a hallmark of OCD; that feeling of "incompleteness" that causes sufferers to perform rituals over and over again. Over time, the original rituals become "not enough" and more elaborate rituals need to be developed. It becomes a never-ending vicious cycle.

If you think your child might be suffering from OCD, you can note whether rituals are soothing for more than a few minutes. Also, it's a good idea to pay attention to the amount of time your child spends ritualizing, as well as how much it interferes with his or her daily life. Typically, spending an hour or more a day completing rituals should raise some red flags.

Diagnosing OCD in young children is not always easy, as there are many ways the disorder can

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Children, Rituals, and OCD
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manifest itself. And OCD is tricky. Just when I was really starting to worry about my daughter, she began to care less and less about the arrangement of her "friends." On the other hand, my son, who appeared to have no use for rituals in his life whatsoever, developed OCD.

OCD often begins in childhood. I can't tell you how many times sufferers have told me, "I've had symptoms of OCD for as long as I can remember." I believe this is something all parents should be aware of, because the earlier OCD is properly diagnosed and the correct therapy is put into place, the less likely the disorder will spiral out of control.

If you suspect, for any reason, that your child might be suffering from obsessive-compulsive disorder, I'd suggest taking him or her to a doctor who can do a proper assessment. If your child doesn't have OCD, you will have peace of mind, and if your child does have the disorder, he or she can benefit greatly from early therapy.

Janet Singer's son Dan suffered from OCD so severe that he could not even eat. After navigating through a disorienting maze of treatments and programs, Dan made a triumphant recovery. Janet has become an advocate for OCD awareness and wants everyone to know that OCD, no matter how severe, is treatable. There is so much hope for those with this disorder. Janet, who uses a pseudonym to protect her son's privacy, is the author of ***Overcoming OCD: A Journey to Recovery****, published in January 2015 by Rowman & Littlefield. Her own blog, ocdtalk.wordpress.com, has reached readers in 167 countries. She is married with three children and resides in New England.*

Words of Wisdom

"Compulsions are the fuel that keeps the OCD car running. To stop the car's engine, you must starve it of fuel." - "Dave"

"The cave you fear to enter holds the treasure that you seek." - Joseph Campbell

"You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You must do the thing which you think you cannot do."
- Eleanor Roosevelt

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

"Worrying is like paying a debt you don't owe." - Mark Twain

A Test for Childhood OCD

(Editor's note: This page comes from AustinOCD at austinocd.com/childtest.shtml)

For parents, teachers, and child care providers:

1. Does the child repeatedly wash her hands, use hand sanitizers, or take long showers?

2. Does he avoid being touched, refuse to play sports, or refuse to sit in certain places or allow others to?

3. Does she resist or avoid public places or public bathrooms?

4. Does he seek reassurance from you, for example, that he is not sick or dirty, that he did something correctly, or that "everything is OK"?

5. Does she fear harm or danger to herself or others, or fear she will cause harm to others?

6. Does he need to check or have you check to make sure doors or windows are locked?

7. Does she save useless items, such as scraps of paper, candy wrappers, bottle caps?

8. Does he refuse to allow others to touch his things?

9. Is she preoccupied with religious observances, praying, or saying prayers a certain number of times?

10. Does he have to apologize repeatedly or say goodbye or goodnight in a certain sequence and is very distressed when the sequence is interrupted?

11. Does she erase her printing or writing excessively and insist that it must be perfect or "just right"?

12. Does he reread things multiple times or take a very long time to read things?

13. Does she rearrange things in her room or in the house or insist that they be lined up in a certain way or "just right"?

13. Is he extremely slow with dressing, activities, chores, or school work?

14. Do family and friends have to obey her rules regarding what they can touch, or where they can sit or walk?

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Online Resources for Childhood OCD

This outstanding website is the home of Child Therapist Natasha Daniels, who offers articles, podcasts, video courses, and other invaluable resources. www.anxioustoddlers.com

This sub-page of the International OCD Foundation (IOCDF) directly addresses OCD in kids, with resources for parents and schools as well as for the kids themselves. kids.iocdf.org

The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Their section on OCD is a treasure-trove of information on the entire OCD spectrum. child-mind.org/topics/disorders/obsessive-compulsive-disorders

WorryWiseKids is a site that addresses the growing needs of our children to be equipped to cope with and overcome the stress, worry and anxieties in their life. This page on childhood OCD provides parents and schools with the tools necessary to assist these children. www.worrywisekids.org/node/120

A Test for Childhood OCD
(Continued from page 6)

15. Does he worry that his thoughts can cause an event to happen or not happen?
16. Does she worry that food may have gone bad or even be poisoned?
17. Does he avoid "unlucky" or "unsafe" numbers in favor of "lucky" or "safe" ones?
18. Does she repeatedly turn light switches or electronic toys off and on?

If you answered "yes" to any of the above questions, the child may have OCD. If the severity of the symptom(s) is low, perhaps no treatment is needed. But if the child is easily upset, throwing tantrums, crying, or seemingly overreactive to situations involving these questions, an evaluation by a mental health professional trained and experienced in the assessment of OCD in children is recommended.

Please note that the self-test above is not meant to replace a complete and thorough evaluation by a mental health professional.

INTERNATIONAL OCD FOUNDATION

Obsessive Compulsive Disorder in Children and Teenagers

What is obsessive compulsive disorder (OCD)?
OCD is an anxiety disorder that consists of obsessions and compulsions. *Obsessions* are unwanted ideas, thoughts, images or urges that are unpleasant and may cause worry, guilt or shame. *Compulsions*, also called rituals, are behaviors the child feels he or she must perform repeatedly to reduce the upsetting feelings or prevent something bad from happening. To be diagnosed as OCD, these behaviors must be time-consuming and interfere with the child's daily life.

What kinds of obsessions do children and teenagers have?
Children may have worries about germs, getting sick, dying, bad things happening, or doing something wrong. Feelings that things have to be "just right" are common in children. Some children have very disturbing thoughts or images of hurting others, or improper thoughts or images of sex.

What compulsions or rituals do children and teenagers have?
There are many different rituals such as washing and cleaning, repeating actions until they are just right, starting things over again, doing things evenly, erasing, rewriting, asking the same question over and over again, confessing or apologizing, saying lucky words or numbers, checking, touching, tapping, counting, praying, ordering, arranging and hoarding.

How is OCD different from other childhood routines?
It is normal for many young children to have routines at mealtime, bedtime or when saying goodbye. These common routines lessen as children get older. For children with OCD, the routines continue past the appropriate age, or become too frequent, intense or upsetting, and begin to interfere with the child's daily life.

How common is OCD among children and teenagers?
About half a million children in the United States suffer from OCD. This means that about one in 200 children, or four to five children in an average-sized elementary school, and about 20 teenagers in a large high school may have OCD.

Is OCD in children and teenagers different from OCD in adults?
Children experience some of the same obsessions and compulsions as adults. One third of adults with OCD developed their symptoms when they were children. Unlike adults, children may not always recognize that their symptoms are senseless or that their compulsions are excessive. They also involve their family members in their rituals. For instance, they may insist that everyone in the family wash their hands a certain way, or that their parents check their homework repeatedly.

How does OCD affect children and teenagers?
OCD can make daily life very stressful for children. Rituals usually take a lot of time, and children often are late for school or activities. This often results in tension or arguments in the family. Children are unable to enjoy time with friends or have fun when OCD takes up all their spare time. At school, obsessions and rituals such as checking, erasing and re-doing assignments affect attention and focus, completion of tasks and school attendance. Older children and teenagers may worry that they are crazy and work hard to hide their OCD from others. Getting through a day with OCD can be exhausting. Children with OCD often have lengthy bedtime rituals that they feel must be completed. They therefore go to bed late and are tired during the day. All this stress may make them sad, angry or explosive.

How does OCD affect families?
Home life often suffers when a child has OCD. At first, parents may be confused or frustrated by their child's odd behaviors. They may become scared when their child gets very upset and cannot seem to stop the rituals. Children with OCD may make their families take part in their OCD in many different ways: They often look for reassurance by repeatedly ask their parents the same questions, and demanding answers each time. They may want help from parents and siblings in completing their rituals. They may insist that parents and siblings follow their OCD rituals as well. They may get very angry if they do not "get their way." All of this is very stressful for the family, who may feel that they cannot relax and that home life is very tense. Parents may feel that they must

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change the family's daily routine or give in to the child's demands to prevent the child from becoming too anxious or angry. Parents may go through many different feelings including fear, frustration, anger, guilt and sadness. They often worry about whether their child will get well again, and what their future might be like.

Can OCD in children and teenagers be treated?
Yes, OCD in children can be effectively treated. Although there is no cure for OCD, cognitive-behavioral therapy (CBT) and medicines are effective in managing the symptoms. Experts agree that CBT is the treatment of choice for children with OCD. Whenever possible, CBT should be tried before medicine with children.

What is CBT and how does it work?
Using a CBT strategy called exposure and response prevention (ERP), children with OCD can learn that that they are in charge, not OCD. They can learn to do the *opposite* of what the OCD tells them to do, by facing their fears slowly in small steps (exposure), without giving in to the rituals (response prevention). ERP helps them find out that their fears don't come true, and that they can *habituate* or get used to the scary feeling, just like they might get used to cold water in the swimming pool.

What medications help children with OCD?
The medicines used to treat OCD in children are antidepressants called selective serotonin reuptake inhibitors (SSRI's). Medicines should only be considered when the OCD symptoms are moderate to severe. There is no one "best" medicine for any child because the medicines affect each person differently. Your child's doctor will decide which medicine to try. The medicines take some time to act, so it is important to wait for 10-12 weeks for the full effect. Although medicines may decrease OCD, the symptoms often return when the child stops taking medication.

I think my child may have OCD. What should I do?
You have already taken an important step by educating yourself and reading this sheet. If the OCD symptoms upset your child and interfere with his or her everyday life (school, friends, behavior, etc.), talk to your child's pediatrician or seek an evaluation with a qualified mental health professional such as a psychologist, psychiatrist or social worker. You are your child's best advocate. It is important to find a CBT therapist or clinic with a good reputation for treating children with OCD, and who will involve you in your child's treatment as well. If you are looking for medication treatment, it is also important to find a doctor who is experienced in treating children with OCD. You can find listings of professionals at www.iocdf.org, http://www.abct.org and www.adaa.org. However, always ask questions to make sure that the therapist or doctor you are considering is experienced in treating children with OCD.

Author: Aureen Pinto Wagner, Ph.D., Clinical Associate Professor of Neurology, University of Rochester School of Medicine & Dentistry; Member, Scientific Advisory Board of the International OCD Foundation

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OCD at School

by Aureen Pinto Wagner, PhD

(Editor's note: This article is from the IOCDF website and can be found here: kids.iocdf.org/for-kids/ocd-at-school)

Lots of kids do things over and over again at school. For example, you or your friends may step on all the black squares on the floor, but not on the white squares. Maybe you try to touch every pillar in the hallway as you walk by. Or, maybe you and your friends hop, skip, or jump as you walk. For most kids, this is just another way to play. Kids with OCD, however, do this for a different reason.

If you have OCD, doing things over and over again at school is NOT fun. It bothers you a lot, and you don't want to do it, but you feel like you have to. Sometimes you even know it's silly and you may be embarrassed and try to hide it because you don't want others to notice or tease you. Sometimes it works, and you can hide it pretty well so no one knows. That takes a lot of your energy, so you are probably very tired and cranky by the time you get home.

Sometimes, you might get teased. Kids may say, "Hurry up, slow poke! How come you're always the last to get done? Why do you keep touching your shoes? You're weird! Why do you keep erasing your work? Your paper is full of holes!"

Even your friends may treat you differently. You might feel sad that no one understands, and you can't even explain to others why you need to do these things.

Your teacher may think you are being annoying or just not listening, and may ask you to stop. That gets you really upset, because if you don't finish your ritual, OCD tells you that something bad will happen. Or maybe it just won't feel "right," and that feeling will bother you a lot. When you can't stop, you may get in trouble for it.

Sometimes, trying to take care of all the worries in your mind and performing your rituals can take a lot of your time and attention. You might stop noticing what the teacher is saying or what you are supposed to do because you have to spend a lot of time thinking about your OCD worries and how to do all your rituals. You can't pay attention, and you can't get your schoolwork or homework done on time. You make a lot of mistakes because you don't know what the teacher taught. Your work looks messy and careless. Your grades may go down.

There are many different ways in which OCD may bother you in school. Take a look at this list and check off the ones that are true for you.

I feel like I have to:

☐ Be very neat, line up, or arrange things on my desk, in my backpack, or locker
☐ Check my desk, backpack, locker, or lunch bag again and again so I don't forget something
☐ Finish my work perfectly so I check it and do it again if it's not

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☐ Erase things I write over and over because it doesn't look right
☐ Read letters, words, or sentences until they sound right
☐ Do everything slowly so I do it right
☐ Ask the teacher a lot of questions because I want to be sure I am doing everything right
☐ Do things over again if I get interrupted before I finish
☐ Go to the bathroom a lot to wash my hands and get the germs off
☐ Go to the bathroom a lot because I keep feeling like I have to go, even though I just went
☐ Not touch things that other kids have touched, like the ball in gym, or share pencils
☐ Clean off my stuff if others touch it
☐ Not use my things if others touch them until they are cleaned or washed
☐ Use my elbows or shirt to open doors so I don't get germs on my hands
☐ Count or repeat numbers over and over in my head
☐ Walk through doors exactly the same way each time
☐ Touch things in the classroom or hallway exactly the same way each time
☐ Bump into something again or on the other side of my body to make it feel equal
☐ Tap my fingers or pencil on the desk in a certain way

Other things that sometimes happen because of OCD:

☐ I feel frustrated or angry when someone tries to stop me from doing things the way I need to
☐ I can't get my work done on time so I get an "incomplete"
☐ I can't get to school on time because I need time to finish my rituals at home
☐ My work looks messy
☐ Sometimes, I don't want to go to school at all
☐ I get upset when others touch my things and I have to clean or wipe them off
☐ I don't like changes in routine or new things
☐ I feel like I need to hide my OCD from everyone

Getting Help

If many things on this list apply to you, show the list to your parents and talk to them about it so they can see how much OCD gets in your way at school. They can then figure out how to get the right help for you from a therapist who specializes in OCD.

A therapist can work with you on exercises that can help reduce your anxiety at school and come up with a plan for you to succeed both in and out of the classroom.

If your parents aren't sure how to help you, you can show them this website and ask them to read more about OCD and use the **Find Help** tool in the sidebar on the right to find a doctor or therapist near you who knows more about OCD and who can help.

Kids and OCD:
The Parents' Role in Treatment

Teaching families how to help kids fight back

Linda Spiro, PsyD

(Editor's note: This article comes from the Child Mind Institute and can be found here: childmind.org/article/kids-and-ocd-the-parents-role-in-treatment)

When you're the parent of an anxious child, you assume that your role is to provide reassurance, comfort, and a sense of safety. Of course you want to support and protect a child who is distressed and, as much as possible, avert her suffering. But in fact, when it comes to a child with an anxiety disorder like obsessive compulsive disorder, trying to shield her from things that trigger her fears can be counterproductive for the child. By doing what comes naturally to a parent, you are inadvertently accommodating the disorder, and allowing it to take over your child's life.

That's why parents have a surprisingly important role in treating anxiety disorders in children. The gold standard in pediatric OCD treatment is a form of cognitive-behavioral therapy called exposure and response prevention. The therapy involves "exposing" the child to her anxieties in a gradual and systematic way, so she no longer fears and avoids those objects or situations; "response prevention" means she is not allowed to perform a ritual to manage fears. Because parents become so involved in their children's OCD, research has shown that including parents in treatment and assigning them as "co-therapists" improves effectiveness.

The fear hierarchy

In therapy the child, parents, and therapist create a "fear hierarchy" in which they collaboratively identify all of the feared situations, rate them on a scale of 0-10, and tackle them one at a time. For example, a child with fears about germs and getting sick would repeatedly confront "contaminated" situations and objects until her fear subsides and she can tolerate the activity. The child would start with a low-level anxiety item, such as touching clean towels, and build to more difficult items such as holding half-eaten food from the trash.

Response prevention involves preventing the child from performing the behavior that serves to decrease the anxiety. For example, a boy with a fear of germs would have to abstain from washing his hands after touching the doorknob, or the garbage. Through gradual exposure he learns that what he "fears" usually does not come true, so that new learning can take place. It also teaches him that he can tolerate uncomfortable feelings.

Practice at home

Much of the work in CBT involves practice outside of sessions, requiring parents to participate in the

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treatment. Children are assigned "homework" and asked to continue practicing facing their fears in a variety of settings. Since exposure and response prevention evokes anxiety and requires considerable follow-up, family involvement and support is essential.

For a child with a fear of contamination, the parents may encourage him to do the dishes, or to become a "human vacuum cleaner," which is what clinicians call picking up small scraps of garbage from the carpet. A child with fears of vomiting might write a comic about "Vomit Man" in session with his therapist, and then practice reciting it aloud to his parents.

The problem with reassurance

But parents have a bigger role than backup when it comes to practicing exposures at home. Since OCD can be a crippling disorder for children, relatives often become excessively involved in a child's symptoms in order to help the child function. For instance, many children with OCD, as well as other anxiety disorders, seek constant reassurance from family members. Reassurance-seeking is used by children to manage fears, and many parents provide it, even though it's excessive, in order to make their child feel better in the moment.

Reassurance-seeking is one of the many forms of "family accommodation." This phenomenon refers to the manner in which family members participate in the rituals the child uses to manage his anxiety, as well as how they modify personal and family routines in order to accommodate him.

Many children suffering from OCD are unable to tolerate uncertainty, and they ask their parents to provide them with definitive answers. For example, it is not uncommon to hear an anxious child ask their parent "Am I going to get sick from eating this?" or "Is everything going to be okay?" although the answer may have already been provided several times.

Parents can easily become frustrated because they feel like no matter how many times their child's questions are answered, they are never satisfied. Answering their child's questions becomes an endless cycle, and the child never learns that he can indeed tolerate the uncertainty.

Accommodating fears

There are many other forms of accommodation. Families may stop taking vacations, going out to restaurants, or even change the way they speak in order to avoid anxiety-provoking situations for their child. They may avoid particular names, numbers, colors, and sounds that trigger anxiety.

"OCD can be very overwhelming to families and can really interfere with how families can normally function," said Dr. Jerry Bubrick, a clinical psychologist at the Child Mind Institute who specializes in anxiety and OCD. "The family decisions are made to accommodate the anxiety, rather than the best interests of the family."

To the family of a patient we'll call John, a 12-year old boy who was treated at the Child Mind Institute for OCD, this is all too familiar. John had fears about contamination and gaining weight and thus he

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avoided any food that was considered "unhealthy," took up to seven showers a day, and didn't play with his siblings or hug his parents in the belief that they were contaminated.

"We didn't go out to a restaurant for months," said John's mother. "He didn't have any friends come over. We didn't have any of our friends come over. Our house was a safe place."

But accommodating John's anxiety didn't stop it from taking over more and more of his life. John's mother described the peak of his OCD as an extremely challenging time for her family. "It was really hard because it's like we had lost our son. He was so trapped in the OCD. We couldn't physically touch him. There was no spontaneity anymore. We couldn't even sit across the table and talk anymore."

Reinforcing anxiety

While the parents who accommodate their child are well intentioned, family accommodation is known to reinforce their child's symptoms. Since anxiety is maintained through avoidance, family members who accommodate their child are causing the symptoms to become even more fixed.

"Before I knew what accommodation was, I thought I was helping," said John's mother. "I was heartbroken when I found out the definition of accommodation. I was devastated to know I was feeding the OCD instead of helping John."

Naming the child's OCD is one way to reduce the stigma associated with it, and makes the child feel like the anxiety is not who she is. For example, a child may name her OCD "The Bully" or "The Witch." John's mother continues: "Divorcing the OCD from John has been huge. Now the family has a common enemy, everyone is in on the battle. Before it was an unnamed invader. Now we know who we're fighting."

Building coping skills

Through treatment, parents learn new ways to respond when their children get "stuck" and how to encourage their child to rely on coping skills or to "boss back" their anxiety, instead of relying on their parents to help them through it. The children eventually become much more independent, and the parents may start to realize that anxiety is no longer in charge of their families.

Grandparents and siblings can also become involved in family accommodation, although they are not typically included in treatment as regularly as parents are.

"Since grandparents and siblings are more a part of the child's outside world, they may be more likely to accommodate because thy want to maintain peace," said Dr. Bubrick. "They should be a involved in the treatment so they don't undermine it."

Helping kids face fears

Through treatment, family members learn to help their children face their fears instead of avoiding them. Instead of comforting the child, it becomes the parent's job to remind him of the skills he has developed in treatment and to use them in the moment.

"Now I'm helping John and I'm not feeding the OCD," said John's mom. A lot of that is letting John know that he has strength to fight the OCD. Reminding him of the strategies instead of making the world better for him."

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

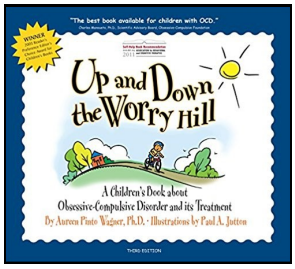
St. John Providence Hospital, Southfield, MI, 800-875-5566
www.stjohnprovidence.org/behavioral-health

New Center Community Services, Detroit, MI
www.newcentercmhs.org/partial-hospitalization-program

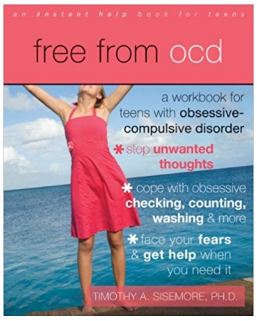
Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971
www.allegiancehealth.org/services/behavioral-health/services/partial-hospitalization-program

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

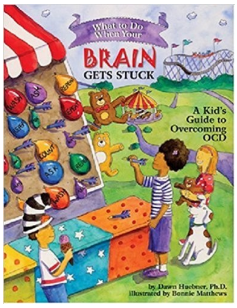


Aureen Pinto Wagner, PhD
Up and Down the Worry Hill: A Children's Book about Obsessive-Compulsive Disorder and its Treatment
Lighthouse Press, 2013
ISBN 978-0979539251

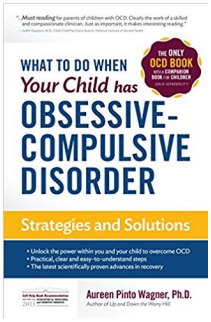


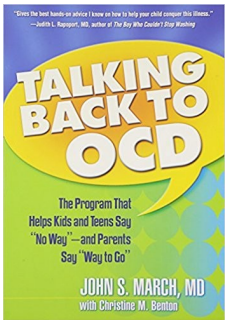
Timothy A. Sisemore, PhD
Free from OCD: A Workbook for Teens with Obsessive-Compulsive Disorder
Instant Help, 2010
ISBN 978-1572248489

Dawn Huebner
What to Do When Your Brain Gets Stuck: A Kid's Guide to Overcoming OCD
Magination Press, 2007
ISBN 978-1591478058



Aureen Pinto Wagner, PhD
What to do when your Child has Obsessive-Compulsive Disorder: Strategies and Solutions
Lighthouse Press, 2002
ISBN 978-0967734712





John S. March, MD
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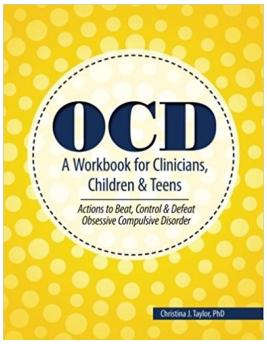
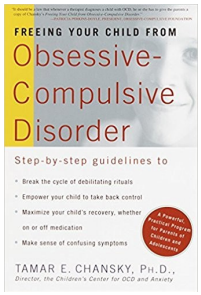
The Guilford Press, 2006
ISBN 978-1593853556



Christina J. Taylor, PhD
OCD: A Workbook for Clinicians, Children and Teens; Actions to Beat, Control & Defeat Obsessive Compulsive Disorder
PESI Publishing & Media, 2016
ISBN 978-1559570503

Tamar E. Chansky, PhD
Freeing Your Child from Obsessive-Compulsive Disorder
Harmony, 2001
ISBN 978-0812931174



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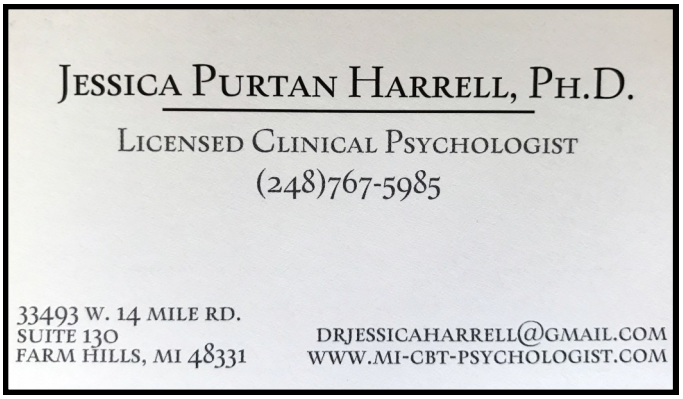
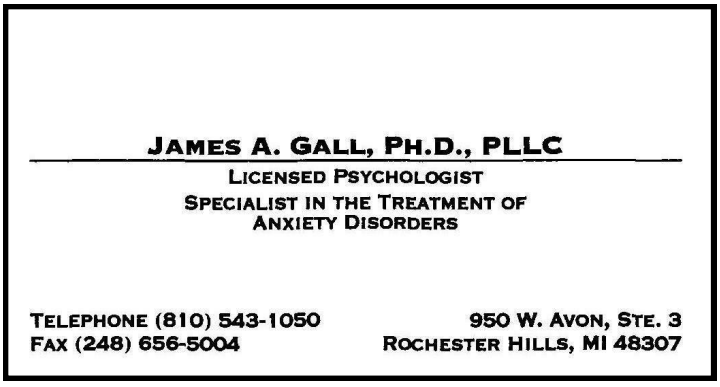
List with us

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.





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Individual, Couples and Families

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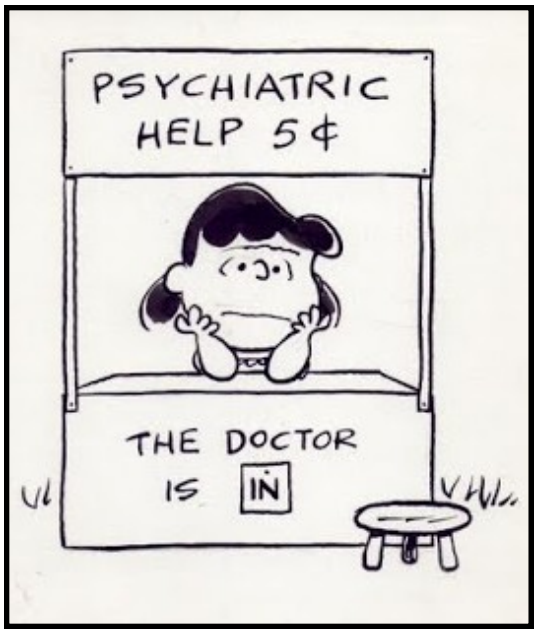
248 508-1411 ~ Fax 248 626-7277



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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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May we send you newsletters, notices and announcements via e-mail? _____

- ❑ **Enclosed please find my check for $20 annual membership fee.**
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c/o Terry Brusoe, Treasurer
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Harrison Twp., MI 48045-6707

5/2018

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