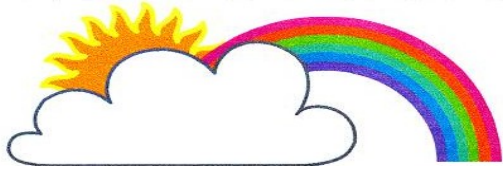


NEVER say NEVER



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

Fall 2019/Winter 2020

So, What's New?

The most commonly discussed methods of addressing OCD are, of course, medication and exposure and response prevention (ERP), with a dash of Mindfulness for good measure. We occasionally hear about other options, some more extreme like deep-brain stimulation (DBS) and some that might sound questionable (supplements or naturopathic remedies). What are some of these novel approaches? Are there new treatments on the horizon suggested by some of the current research?

In this issue of *Never Say Never*, we look at some of the new ideas that can be found in the literature. The OCD FM does not endorse any of these alternative approaches, and any opinions expressed are those of the individual authors. But it is intriguing to think about what options may be available to us in the future.

SPRING PROGRAM "Technology Use and OCD"

Saturday, April 25, 2020, 1:00 - 3:00 at St. Joseph Mercy Hospital, Ypsilanti

We all love our electronic devices and have come to depend on our smart phones, computers, tablets and home assistants. Most would agree that these things have made our lives easier. And yet, OCD and other anxiety disorders are being diagnosed at higher rates than ever before, and the use of technology is affecting those numbers. Dr. Jessica Harrell has found that our accessibility to and reliance on technology have made us less able to tolerate anxiety, which is essential for the successful treatment of OCD. She will offer helpful strategies that can strengthen distress tolerance skills while still incorporating the positive aspects of technology. Join us for a fascinating presentation and spirited discussion on how to achieve a healthy balance.

For more information, see our website ocdmich.org or our [Facebook](#) page. RSVP to ocdmich@aol.com or call 734-466-3105.

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:

1st Monday, 7-8:30 PM
Delta Presbyterian Church
6100 W. Michigan
Call Jon at (517) 944-0477
E-mail jvogler75@comcast.net

LAPEER:

DISCONTINUED

PETOSKEY:

DISCONTINUED

ROYAL OAK:

NOW, TWICE A MONTH!

1st and 3rd Wednesdays, 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 Kevin at (248) 302-9569
E-mail kevinkuhn2015@gmail.com

Gut microbiome dysregulation implicated in OCD

Publish date: April 17, 2017

By Bruce Jancin
Clinical Psychiatry News

AT ANXIETY AND DEPRESSION CONFERENCE 2017

SAN FRANCISCO – Patients with obsessive-compulsive disorder have a gut bacterial microbiome marked by diminished species diversity and abundance, compared with that of healthy controls, according to the first study to examine the issue.

Results of this pilot study also suggest that OCD patients with tic disorder have a distinctly different gut microbiome, compared with other OCD patients, Jasmine Turna said at the annual conference of the Anxiety and Depression Association of America.

The impetus for this first-ever study of the gut microbiome in OCD was the mounting evidence that the microbiome may play a broad role in modulating bidirectional communication between the brain and gut. Gut bacteria are known to produce serotonin and dopamine, neurotransmitters implicated in numerous psychiatric disorders. Moreover, rodent studies suggest that manipulation of the gut microbiome using a probiotic can diminish pathologic anxiety (Behav Pharmacol. 2014 Feb;25[1]:71-9). And anxiety is a predominant symptom in OCD, explained Ms. Turna, a PhD candidate in neuroscience at McMaster University in Hamilton, Ont.

She reported on 11 OCD patients and 12 healthy controls who underwent gut microbiome analysis using DNA extracted from their morning stool samples. Results from another nine OCD patients and 10 controls remained pending at the time of the conference but will be completed shortly.

In addition to the decreased abundance and diversity of bacteria present in the microbiomes of the OCD patients, compared with controls, another key finding was that the OCD patients had increased levels of systemic inflammation. Their mean level of high-sensitivity C-reactive protein was 3.03 mg/L, compared with 1.1 mg/L in the controls. In addition, the microbiome in those OCD patients who had elevated systemic inflammation as defined by a CRP level greater than 2.0 mg/L was more restricted than was that of OCD patients with a normal-range CRP.

In an interview, Ms. Turna noted that a cross-sectional study such as this is hypothesis generating and not definitive. Even if these findings are replicated, that will not answer the key question of whether the altered microbiome present in OCD patients is a contributing cause or a consequence of the psychiatric disorder. But she and her coinvestigators already have launched a prospective randomized controlled trial that attempts to address this question by having a group of OCD patients regularly consume a probiotic in an effort to diversify their gut microbiome.

“Maybe getting more fermented foods into the diet – kimchi, miso, yogurt, kefir – could be an adjunctive therapy,” she said. “Right now, OCD research is kind of at a standstill. Our treatments work in a lot of people, but they also don’t work in a lot of people. Our research opens up a new place to explore.”

OCD linked to inflammation in the brain

Written by Tim Newman on June 22, 2017

Obsessive-compulsive disorder is an intrusive condition that remains difficult to treat. This is due, in part, to the causes behind the disorder remaining hidden. Recent research, however, points the finger at brain inflammation.

Obsessive-compulsive disorder (OCD) is characterized by uncontrollable obsessions and compulsions. Individuals with OCD may experience intrusive thoughts that produce anxiety or a need to repeat certain actions to relieve pent-up anxiety.

Common obsessions in OCD revolve around cleanliness, sexual taboos, aggressive thoughts, and symmetry.

Affecting an estimated 1 percent of people in the United States, around half of OCD cases are classed as severe.

OCD is generally treated with talking therapies – in particular, a type of cognitive behavior therapy called exposure and response prevention is recommended. There are also some medications available, with selective serotonin reuptake inhibitors being the most commonly prescribed. Currently, however, therapies only work for around 70 percent of OCD-affected individuals.

One of the biggest stumbling blocks to finding good treatments is that the physical causes of OCD are not known.

Inflammation and OCD

Breaking research published this week in JAMA Psychiatry takes a look at the role of brain inflammation in OCD. The senior author of the study is Dr. Jeffrey Meyer, head of the Neuroimaging Program in Mood & Anxiety at the Centre for Addiction and Mental Health in Toronto, Canada.

Inflammation is a natural process; it is a normal component of the immune response and a standard reaction to injury. However, if the level of inflammation is inappropriate or continues for too long, it can have negative consequences. For instance, in a number of diseases including rheumatoid arthritis and atherosclerosis, inflammation is heavily involved.

Growing evidence suggests that certain psychiatric conditions may involve neuroinflammation, some of which include major depressive disorder, schizophrenia, and bipolar.

(Continued on page 6)

OCD Linked to Inflammation
(Continued from page 5)

Dr. Meyer and his team set out to understand whether inflammation in the brain could play a role in the development of OCD. To this end, they recruited 40 participants, comprising 20 with OCD and 20 without. Each was scanned using positron emission tomography that had been adapted to pinpoint and measure inflammation in the brain.

Specifically, the researchers were able to selectively dye microglia, which are cells that act as the nervous system's most prominent immune defense and which are activated during inflammation. The researchers measured levels of microglia in six brain regions known to be important in OCD, including the orbitofrontal cortex and anterior cingulate cortex.

The results were clear: in the brain regions associated with OCD, individuals with the disorder had 32 percent more inflammation when compared with people without the condition.

“This finding represents one of the biggest breakthroughs in understanding the biology of OCD, and may lead to the development of new treatments.”

Dr. Jeffrey Meyer

From inflammation to treatment

Another interesting finding was that individuals who reported the highest levels of stress when trying to stop themselves from acting on compulsions also had the highest levels of inflammation in a particular brain region.

As so many diseases involve inflammation, there are already a range of drugs designed to tackle it. Because these drugs already exist on the market, it may be a fruitful avenue of research in the hunt for more effective treatments for OCD.

“Medications developed to target brain inflammation in other disorders could be useful in treating OCD,” Dr. Meyer says. “Work needs to be done to uncover the specific factors that contribute to brain inflammation, but finding a way to reduce inflammation's harmful effects and increase its helpful effects could enable us to develop a new treatment much more quickly.”

Studies are now under way that examine the possibility of designing a blood marker test that could distinguish which patients would benefit most from anti-inflammatory drugs.

Although, as ever, more research is needed, this finding could mark a significant move forward in understanding and treating OCD.

This article can be found at www.medicalnewstoday.com/articles/318036

INTRUSIVE THOUGHTS MIGHT BE CAUSED BY A SHORTAGE OF A CERTAIN CHEMICAL

A NEUROTRANSMITTER CALLED GABA HAS BEEN LINKED TO THE ABILITY TO SQUASH UNWANTED THOUGHTS.

BY BRAD JONES / NOVEMBER 03 2017

DON'T THINK ABOUT IT

Most of us know the feeling of being unable to distract ourselves from a particular thought, however much we might want to. Now, scientists might have found the reason why.

In a study carried out at the University of Cambridge, participants were given pairs of words to associate with one another. The words were unrelated in order to ensure that pre-existing associations didn't have any influence. Participants were then given a word and either a green or a red signal. If it was the former, they would try to recall the other half of the pairing, and if it was the latter, they would try to deliberately suppress the associated term from their mind.

While this test was being carried out, participants' brains were monitored using functional magnetic resonance imaging, a technique that monitors changes in blood flow, as well as magnetic resonance spectroscopy, which tracks chemical changes.

Participants with the highest concentrations of a chemical known as Gaba in their hippocampus were best at suppressing the unwanted thoughts. Gaba is the brain's primary inhibiting neurotransmitter, stifling the activities of other cells when it's released.

"What's exciting about this is that now we're getting very specific," said Professor Michael Anderson, who led the study, in an interview with the BBC. "Before, we could only say 'this part of the brain acts on that part', but now we can say which neurotransmitters are likely to be important."

MIND CONTROL

A difficulty with or an inability to break free from intrusive and unwanted thoughts are a reality both for neurotypical people and also for those with various types of mental illness. Conditions ranging from obsessive-compulsive disorder and post-traumatic stress disorder to depression and schizophrenia all count this type of behavior among their symptoms.

As such, there are hopes that these findings could offer further insight into the chemical basis of these disorders. At present, much of the research into treatment methods has centered around helping the prefrontal cortex to function normally. However, Anderson believes that figuring out a way to promote Gaba activity in the hippocampus could actually offer more positive results.

This article can be found at:

futurism.com/neoscope/intrusive-thoughts-might-be-caused-by-a-shortage-of-a-certain-chemical?fbclid=IwAR1sYjPdoleEg_Bq8AEjo-QG2LD2o-WhRWBo5nCIN4zDTiMmUaKc5yyqPhw

Pioneering patient with extreme OCD sees success with new psychosurgery

by
Avis Favaro
Medical Correspondent, CTV National News

TORONTO -- A pioneering patient with extreme obsessive-compulsive disorder (OCD) is championing a new treatment which uses targeted ultrasound on the brain to treat the condition.

"It saved my life," Jeffrey Kotas said in an exclusive TV interview with CTV National News.

The 32 year old from Toronto had over time become imprisoned by anxious and repetitive thoughts about perfection and cleanliness.

"Any surface, whether a bit of dirt or sweat got on it I'd feel overwhelmingly guilty, I would feel like I'd damaged the world," said Kotas.

He dropped out of university because he became worried his textbooks were contaminated and was throwing them out, replacing them weekly. Writing assignments was torturous because everything had to be perfect.

"I was constantly writing the page over and over. The same page I would write and attempt to write hundreds of times and so I would be up all night and I still wasn't satisfied with the way it was."

He barely slept and rarely went out on his own.

An estimated one in 40 Canadians will display symptoms of obsessive-compulsive disorder in their lifetime -- intrusive repetitive thoughts that cause anxiety and stop them from living a normal life. Obsessions can be mild, and are often accompanied by "rituals" that need to be performed, such as obsessive handwashing or repetitive behaviours like checking that doors are locked.

(Continued on page 9)

Counselling and medications help some people but there are cases where the condition becomes so severe, the person's life is in danger.

THE TREATMENT

That's what happened In Kotas's case – therapy and more than 30 medications didn't help, leaving him depressed and suicidal.

“The entire day I would feel just in so much pain. It felt like it would never stop and I knew that my fears or concerns were irrational but that didn't help the suffering,” he said.

But things changed when he became the first OCD patient in North America treated with focused ultrasound as part of a 10-person study underway in Toronto and Calgary.

Doctors at Toronto's Sunnybrook Health Sciences Centre targeted a small part of the brain thought to trigger the unrelenting worry at the root of many cases of OCD, using ultrasound energy to kill the tissue.

The treatment is not invasive and it's done while the patient is laying down in an MRI unit, allowing doctors to see images of the brain and provide precise delivery of the ultrasound.

The pilot study is designed to find out if this new treatment is safe – with doctors saying so far, it is. They add there are signs that it works too.

“In some of our patients, at one year when we follow them, there is significant reduction in their anxiety surrounding their OCD,” said Dr. Nir Lipsman, the neurosurgeon at Sunnybrook who treated Kotas.

Doctors stress the treatment doesn't cure obsessive compulsive disorder. But with a patient's anxiety reduced, they can return to counselling and treatment.

“We've seen quite a number of individuals report really meaningful improvements, given how bad their illness was,” said Dr. Peggy Richter, who heads the

(Continued on page 10)

Frederick W. Thompson Anxiety Disorders Centre at Sunnybrook.

“I think focused ultrasound for OCD is an exciting option because it gives us a new way to target illness for people with severe disability,” Richter added.

“People who have been suffering for years, if not decades, and who have not responded, this offers them big promise. Not infallible but it helps.”

After the ultrasound treatment, Kotas enrolled in a nine-week intensive residential program at the anxiety disorders centre, where Richter noticed a change.

“Following the focused ultrasound Jeffrey was now able to sit with disturbing thoughts, and challenge things in a way that wasn’t possible before,” she said. “After the focused ultrasound he was just different.”

'FIRST PIECES OF A NORMAL LIFE'

Now, nearly three years since starting the ultrasound treatment, Kotas said his life has changed for the better.

“It gave me the first pieces of a normal life,” Kotas said.

Normal for him means walking his dog, going shopping and no longer obsessively cleaning. He is making plans to return to university full time.

“It felt like it would never stop and I knew that my fears or concerns were irrational but that didn't help the suffering,” Kotas explained.

“Even though I was very determined to get better, with so many false attempts to get better I did start losing all hope and each time it didn’t work it was so much more painful. This has been extremely important to me.”

Psychosurgery has been used to treat OCD since the 1960s, when doctors physically removed part of the brain during surgery. There were significant risks involved.

(Continued on page 11)

Some patients experienced permanent complications including paralysis on one side of the body and cognitive impairment.

Focused ultrasound is non-invasive with fewer complications. But doctors stress it is a last ditch option only for patients who have failed everything else.

Kotas told CTV News he wasn't scared to be the first person to receive this new treatment.

"Because I studied science and math in university I had always hoped to be on the cutting edge of scientific research, this had just fallen into my lap and I felt it was my purpose," he said.

This article can be found at:

www.ctvnews.ca/mobile/health/pioneering-patient-with-extreme-ocd-sees-success-with-new-psychosurgery-1.4787841?fbclid=IwAR2JXTohOrjw7jHW8I8OAFJ1w-P4dlU3SJDuwPvq9cbDtaSTzfoJNXzXQ8c

Words of Wisdom

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

"If you are depressed you are living in the past. If you are anxious you are living in the future. If you are at peace you are living in the present."
- Lao Tzu

"With every experience, you alone are painting your own canvas, thought by thought, choice by choice."
- Oprah Winfrey

"Nothing fixes a thing so intensely in the memory as the wish to forget it."
- Michel de Montaigne

"Living with uncertainty is not the same thing as living with doubt. Uncertainty was there before your obsession and will be there after it. Doubt is just your story about it and stories end."
- Jon Hershfield, MFT

Mind Games or Video Games?

Virtual Reality Exposure Therapy (VRET)

by Toni Lupro

This newsletter is all about alternative treatments, but what about alternate realities? Virtual reality, often shortened to “VR,” refers to a simulated experience that can be both similar to or different from the real world. You might even have experienced wearing a VR headset for video games or entertainment. Wouldn’t it be exciting if we could use that same technology to help with OCD?

Well, researchers around the world are doing just that! Recent studies have looked at the role of VR in the treatment of anxiety and related disorders using an innovative approach called VR exposure therapy (VRET). In a recent literature search, researchers found and examined 30 studies with more than 1,000 participants. The results were then used for a statistical meta-analysis which found VRET to be as effective as traditional therapy (Carl 2019). Furthermore, another research group found that compared to the waiting list, VRET group participants showed a lower level of anxiety and subjective distress following treatment (Xinfang 2018).

However, while the results in other anxiety disorders is promising, according to a recent article from Harvard, thus far, no randomized control trials have assessed the unique role of VRET in the treatment in OCD. However, two studies have demonstrated the ability of VRET to elicit an anxiety response in patients with OCD similar to that associated with traditional exposure therapy. “Further, participants’ level of anxiety was positively associated with their immersion, or the extent to which they were physically present in the virtual environment” (Maples-Keller 2018).

Interested in learning more here in Michigan? The Stress, Trauma, and Anxiety Research Clinic (S.T.A.R.C.) at Wayne State University in Detroit has a patent pending for this method. According to the S.T.A.R.C. website, “This project will use the novel technology of Augmented Reality in conjunction with telepsychiatry as an innovative method of exposure therapy... While in a real-life environment (e.g., their own house), the patient wears the AR device and connects with the therapist via wireless telepsychiatry platform. The clinician sees the patient’s environment on their computer monitor and will position the feared AR objects in that environment to create an augmented exposure scenario.” Principal Investigator, Dr. Arash Javanbakht, and the rest of the S.T.A.R.C. lab hope this will improve both treatment efficacy and availability in the community. You can visit the S.T.A.R.C. website at www.starclab.org for more details and check the Projects page future updates on this exciting development.

References:

Carl, et al. “Virtual reality exposure therapy for anxiety and related disorders: A meta-analysis of randomized controlled trials” (2019) *Journal of Anxiety Disorders*

Maples-Keller, et al. “The use of virtual reality technology in the treatment of anxiety and other psychiatry disorders” (2018) *Harvard Review of Psychiatry*

Xifang, D. and Li, D. “Virtual reality-based exposure therapy for anxiety disorders: A meta-analysis for randomized controlled trials” (2018) *Chinese Mental Health Journal*

Toni Lupro is a medical student, soon to finish her studies at Wayne State University to become a psychiatrist so she may help others like herself who struggle with OCD. Toni is a valued member of the Board of Directors of The OCD Foundation of Michigan.

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

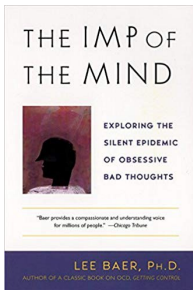
Allegiance Health, Jackson, MI, 517-788-4859 or 517-789-5971

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

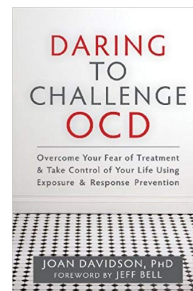
New Oakland Child-Adolescent & Family Center, 5 locations in tri-county area, 800-395-3223

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

SUGGESTED READING

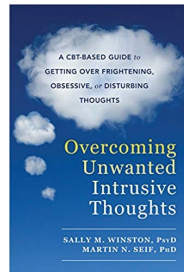


Lee Baer
The Imp of the Mind: Exploring the Silent Epidemic of Obsessive Bad Thoughts
Plume, 2002
ISBN 978-0452283077

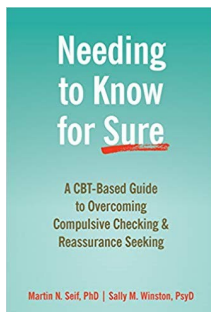
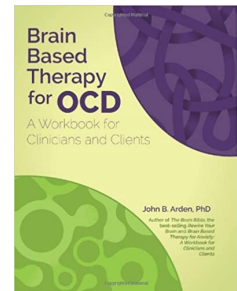


Joan Davidson, PhD
Daring to Challenge OCD: Overcome Your Fear of Treatment and Take Control of Your Life Using Exposure and Response Prevention
New Harbinger Publications, 2014
ISBN 978-1608828593

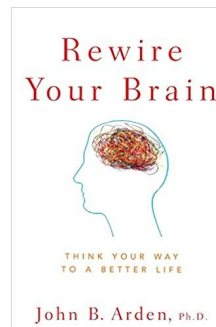
Sally M. Winston, PsyD and Martin N. Seif, PhD
Overcoming Unwanted Intrusive Thoughts: A CBT-Based Guide to Getting Over Frightening, Obsessive, or Disturbing Thoughts
New Harbinger Publications, 2017
ISBN 978-1626254343



John B. Arden, PhD
Brain Based Therapy for OCD: A Workbook for Clinicians and Clients
PESI Publishing & Media, 2014
ISBN 978-1937661236



Martin N. Seif, PhD and Sally M. Winston, PsyD
Needing to Know for Sure: A CBT-Based Guide to Overcoming Compulsive Checking and Reassurance Seeking
New Harbinger Publications, 2019
ISBN 978-1684033706



John B. Arden, PhD
Rewire Your Brain: Think Your Way to a Better Life
Wiley, 2010
ISBN 978-0470487297

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www.facebook.com/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.

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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.

The OCD Foundation of Michigan Membership Application

Please Print:

Name: _____

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City: _____ State/Province: _____ ZIP/Postal Code: _____

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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.
- ☐ Enclosed please find an additional donation of \$ _____

Make check or money order payable in U.S. funds to
THE OCD FOUNDATION OF MICHIGAN
P.O. Box 510412
Livonia, MI 48151-6412

3/2020

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**

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