



# NEVER say NEVER

Spring 2021

## OCD Resources and Reviews

With the explosion of information and resources that have become available in the world and through the Internet, it can actually be overwhelming to find what is relevant or even useful to us. We have an extraordinary library at our fingertips with search engines galore, but where is the index, where is the catalogue, where is the Dewey Decimal System? (Alright, I know I'm dating myself with that one.) So, with this issue of *Never Say Never* we introduce a new feature: **Find it on the Internet**. We comb the world for you to provide sites with information you can use. We will include it in each issue going forward, adding and updating links as necessary. We also ask you for your favorites so that we can grow our list. Send them to us at [OCDmich@aol.com](mailto:OCDmich@aol.com).

Also in this issue you will find two book reviews, plus a few miscellaneous articles of interest. We hope you enjoy.

### Attention all Therapists

Over the next several months, The OCD Foundation of Michigan will be launching a new initiative, our Therapist ID Program. We will be actively searching for any and all treatment providers in the State of Michigan who consider themselves to be **OCD therapists** by training, experience, expertise, and specific focus of their practice. We will be contacting you, or you can contact us. If you wish to be included in our new therapist database, we will send or link you to a questionnaire.

You can communicate your interest by e-mailing [OCDmich@aol.com](mailto:OCDmich@aol.com) or calling our voice-mail at (734) 466-3105. Keep watching for more information.

# **THE OCD FOUNDATION OF MICHIGAN**

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

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

E-mail: [OCDmich@aol.com](mailto:OCDmich@aol.com)

Web: [www.ocdmich.org](http://www.ocdmich.org)

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## **NEVER say NEVER**

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

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

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

## ***LIST OF SELF-HELP GROUPS***

### **ANN ARBOR:**

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

### **DEARBORN:**

2<sup>nd</sup> Thursday, 7-9 PM  
First United Methodist Church  
22124 Garrison Street (at Mason)  
In the Choir Room (enter under back stairs)  
Call Bobbie at (734) 652-8907  
E-mail [OCDmich@aol.com](mailto:OCDmich@aol.com)

### **FARMINGTON HILLS:**

1<sup>st</sup> and 3<sup>rd</sup> Sundays, 1-3 PM  
BFRB Support Group  
Body-Focused Repetitive Behaviors  
Trichotillomania and Dermatillomania  
(Hair-pulling and Skin-picking)  
Beaumont Hospital Botsford Campus  
Administration & Education Center, Classroom C  
28050 Grand River Ave. (North of 8 Mile)  
Call Bobbie at (734) 652-8907  
E-mail [rlade9627@aol.com](mailto:rlade9627@aol.com)

### **GRAND RAPIDS:**

Old Firehouse #6  
312 Grandville SE  
Call the Anxiety Resource Center  
(616) 356-1614  
[www.anxietyresourcecenter.org](http://www.anxietyresourcecenter.org)

#### **Anxiety Disorders**

Meets every Wednesday, 4:30 to 5:30 pm and  
7 to 8:30 pm (two groups offered at this time to keep  
group size smaller)  
A weekly support group open to anyone who has an  
anxiety problem (including trichotillomania and  
Obsessive-Compulsive Disorder).

#### **Teen Anxiety Disorders**

Meets every Wednesday, 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](mailto:jvogler75@comcast.net)

### **ROYAL OAK:**

1<sup>st</sup> and 3<sup>rd</sup> 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](mailto:kevinkuhn2015@gmail.com)

### **ZOOM ONLY:**

2nd and 4th Wednesdays, 7-9 PM  
OCD Loved Ones Support Group  
Call Kevin at (248) 302-9569  
E-mail [kevinkuhn2015@gmail.com](mailto:kevinkuhn2015@gmail.com)

**DUE TO COVID-19, GROUPS ARE  
NOT MEETING LIVE**

**MANY OF OUR GROUPS ARE  
MEETING REMOTELY ON ZOOM**

**For connection information,  
contact the group leaders or  
e-mail [OCDmich@aol.com](mailto:OCDmich@aol.com)**



# FIND IT ON THE INTERNET

The Internet is, as we all know by now, a treasure-trove of information for, basically, anything and everything. Here, we give you some of the many helpful resources for OCD that you can find there.

## Blogs:

IOCDF [iocdf.org/blog](http://iocdf.org/blog)

Reid Wilson [anxieties.com/blog](http://anxieties.com/blog)

Morgan [myocdvoice.com](http://myocdvoice.com)

Beyond the Doubt [psychologytoday.com/us/blog/beyond-the-doubt](http://psychologytoday.com/us/blog/beyond-the-doubt)

nOCD [treatmyocd.com/learn/blog](http://treatmyocd.com/learn/blog)

Yeah OCD [yeahocd.com](http://yeahocd.com) and [yeahocd.com/top-ocd-blogs](http://yeahocd.com/top-ocd-blogs)

Shala Nicely [shalanicely.com/aha-moments](http://shalanicely.com/aha-moments)

OCDtalk [ocdtalk.wordpress.com](http://ocdtalk.wordpress.com)

OCD Center of Los Angeles [ocdla.com/blog-ocd](http://ocdla.com/blog-ocd)

Jonathan Grayson [laocdtreatment.com/blog](http://laocdtreatment.com/blog)

OCD in the Family [ocdinthefamily.wordpress.com](http://ocdinthefamily.wordpress.com)

Steven Seay [steveseay.com/psychoeducation](http://steveseay.com/psychoeducation)

## VIDEOS:

IOCDF [youtube.com/channel/UC3ClvrC-3wr27fz\\_HIIQ](https://youtube.com/channel/UC3ClvrC-3wr27fz_HIIQ)

James Callner [ocdcoachingvideos.com/ocd-coaching-videos](http://ocdcoachingvideos.com/ocd-coaching-videos)

Reid Wilson [youtube.com/user/ReidWilsonPhD](https://youtube.com/user/ReidWilsonPhD)

Natasha Daniels [youtube.com/c/AnxiousToddlers78](https://youtube.com/c/AnxiousToddlers78)

Nathan Peterson [youtube.com/channel/UC3ClvrC-3wr27fz\\_HIIQ](https://youtube.com/channel/UC3ClvrC-3wr27fz_HIIQ)

Jeffrey Schwartz [youtube.com/results?search\\_query=jeffrey+schwartz+ocd](https://youtube.com/results?search_query=jeffrey+schwartz+ocd)

OCD The Bug in my Brain [youtube.com/c/OCDTheBugInMyBrain/videos](https://youtube.com/c/OCDTheBugInMyBrain/videos)

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## PODCASTS:

The OCD Stories [theocdstories.com](http://theocdstories.com) or  
[youtube.com/channel/UCfdYcA62Vip6EFKKLUij-4g](https://www.youtube.com/channel/UCfdYcA62Vip6EFKKLUij-4g)  
The Invisible Wheelchair [invisiblewheelchair.com](http://invisiblewheelchair.com)  
Natasha Daniels [anxioustoddlers.com/category/podcast](http://anxioustoddlers.com/category/podcast)  
Sooo OCD [soooocdpodcast.com](http://soooocdpodcast.com)  
FearCast [fearcastpodcast.com](http://fearcastpodcast.com)

## ARTICLES:

IOCDF <https://iocdf.org/expert-opinions/>  
Fred Penzel [wsps.info/ocd-and-related-subjects](http://wsps.info/ocd-and-related-subjects)  
Steven Phillipson [ocdonline.com/dr-phillipson-s-writings](http://ocdonline.com/dr-phillipson-s-writings)  
Jon Hershfield [anxiety.org/authors/jon-hershfield-mft](http://anxiety.org/authors/jon-hershfield-mft)  
Beyond OCD [beyondocd.org/archives](http://beyondocd.org/archives)

## Words of Wisdom

*"Do not go where the path may lead, go instead where there is no path and leave a trail." - Ralph Waldo Emerson*

*"Go confidently in the direction of your dreams! Live the life you've imagined."  
- Henry David Thoreau*

*"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*

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

*"When the Japanese mend broken objects, they aggrandize the damage by filling the cracks with gold. They believe that when something's suffered damage and has a history it becomes more beautiful."  
- Barbara Bloom*

# FROM THE NEVER SAY NEVER ARCHIVES:

(This article appeared in the Fall 2016 issue of  
*Never Say Never*)

## Fight For Your Rights: Getting Your Insurance Company To Pay For OCD Treatment

**By Fred Penzel, Ph.D.**

Over the years, I have written a number of articles about the treatment and acceptance of OCD and related disorders. These are all very practical issues, to be sure; however, another practical issue I would like to inform you about has to do with getting your insurance company to cover the cost of treatment. If you are lucky enough to be able to pay for your treatment out-of-pocket, then this article will probably not be of much interest to you. If, however, you rely on health insurance to pay for treatment, then read on.

There is a little secret that your insurance doesn't want you to know about. The rules say that your company is responsible for providing you with adequate treatment by properly trained practitioners. This is particularly so if you belong to an HMO, are required to see doctors who are a part of your plan, and are not covered for the services of professionals outside of your plan. OCD specialists are, unfortunately, in short supply, and chances are good that you will not find one within your company's list of providers. The plain truth is that many specialists do not work for insurance plans anymore. This is also true of most OCD specialists.

You will most likely start by calling your insurance company to ask someone in customer service whether or not they have any practitioners who treat OCD. Before you make this first call, there is one word of caution. Always be sure to take notes of every conversation you have with anyone there, and always get the full name of each person you talk to. Insurance companies have a nasty habit of for-

getting things they have promised or information they have given out. When you call a customer service representative at your plan, and ask for the name of someone local who treats OCD, you may be given several names. Depending upon where you live, your company representative may say, "Oh, we have many OCD specialists." Find out where they are located, as there may be rules about how far your company can require you to travel to see someone. Usually, you cannot be required to see someone outside a certain radius.

In the former case, if you call the professionals whose names and numbers they give you, you will most likely find (unless you are particularly lucky) that they are not taking new patients, or do not treat your problem and cannot fathom why the company gave you their name. If they say they do treat OCD, grill them on how many cases they've treated, what methods they use (Exposure & Response Prevention should be the answer), and what kind of training they have had to be able to do this. In most cases, they will not have the right answers and will probably get a bit cagey with you. If none of the company's professionals pan out, you graduate to the next step, and are now in a position to make your plan give you permission to see the therapist of your choice. If they actually have the honesty to admit they have no one, this is even better, as you will certainly be able to force them to let you see whom you want, even if that therapist is not officially a part of your plan.

What you do next, in either case, is to inform your insurance company that you have found someone who is considered competent to treat what you have. I should add, at this point, that to make all this work, you obviously need find that competent professional before you set all of this in motion. Also, you need to make sure they are properly licensed, either as a psychologist or a social worker.

If your company admits that they have no one, they will go on to contact the practitioner and negotiate what is commonly known as an "ad hoc," "out-of-network," or "single case agreement." This will

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enable the professional to be paid their full fee, without your having to pay more than your usual copayment. In effect, you will be covered on an in-network basis, not out-of-network.

If they decide to put up a fight and get difficult about it, they will start by either telling you they simply do not cover out-of-network providers, or, if you have out-of-network coverage, that you are free to see someone outside their list, but that they will only pay out-of-network rates usually 50 percent of a fee that they think the practitioner should be charging (generally a whole lot lower than the going rate). At this point, you have to get more assertive and say something like, "I'm afraid you don't understand the situation. You have no one in your network who is qualified to treat me (or my child), and since you are obligated to provide me with care under the terms of my contract, you must now allow me to see someone out-of-network, but on an in-network basis, and you will have to negotiate a fee with them." If they now realize you know your rights, they will ask for the name and phone number of the practitioner, and will call him or her to negotiate a fee.

Before you show up for your first visit, make sure the practitioner has received a contract or statement of agreement in writing from the company. The paperwork should state how many visits have been initially approved with the practitioner, and the rate your company has agreed to pay this professional for various services. The standard insurance service code for a first visit is 90801, and for regular office visits of 45 minutes is 90806, and the contract should clearly state how much will be paid for each. You will also need to know if you will be required to pay your standard copayment at each visit.

If the insurance company still resists, you must then ask to talk to a supervisor, and again, assertively explain the situation one more time. If they insist that they really do have a practitioner, ask for that person's name and credentials. Also ask if they are known specialists, and have specific training in treating OCD. Also ask how many people with the disorder they have treated. Since you have already called a whole list of people, you may be able to inform them that the professional they have in mind for you, a) really isn't qualified, b) isn't taking new patients, or c) didn't know what proper treatment for

OCD was, etc. Hopefully, at this point, they will recognize they are now in a no-win situation and will give in. Most companies do at this point. If you have an unusually stubborn company that can't tell when they have no case, you may have to contact the state agency that regulates insurance companies. As I mentioned earlier, always be sure to get the full names of everyone you speak to at the insurance company, as you may need them if you file a complaint. The only exceptions that I have ever encountered to all of the above have been special contracts negotiated by employers with insurance companies. These agreements may forbid an insurance company from negotiating fees above set levels. In such a case, the employer has tied the insurance company's hands, and there is nothing they can do. Fortunately, these types of setups tend to be rare.

Overall, be assertive, speak firmly, don't lose your cool, and indicate that you know your rights as a consumer. If you get angry, you will be labeled as difficult, and will undercut your own position. Just remember that the insurance company isn't doing you a favor if they let you go out-of-network. You (and/or your employer) are paying good money for your benefits and you are entitled to them. Don't be bullied, put off, or take "no" for an answer. Persistence pays off; so don't let them double-talk you. Never forget that you are dealing with a profit-making business with stockholders, and not a humanitarian organization. They are dedicated to paying out as little as possible and will use every ploy they can in order to do this.

I have negotiated many out-of-network provider contracts over the years, and can tell you that this can be done, and is being done by savvy consumers all the time.

*Dr. Fred Penzel is a licensed psychologist who has specialized in the treatment of OCD and related disorders since 1982. He is the executive director of Western Suffolk Psychological Services in Huntington, New York. Dr. Penzel is the author of "Obsessive-Compulsive Disorders," (Oxford University Press, 2000), a self-help book for OCD sufferers, and "The Hair-Pulling Problem," (Oxford University Press, 2003), a self-help book for those suffering from trichotillomania. He can be reached at [penzel85@yahoo.com](mailto:penzel85@yahoo.com) or through the phone number on his website, [www.wsps.info](http://www.wsps.info).*



# Negative Thoughts Are Unwanted Guests



An unexpected guest walks into your house. Delighted to have some company, you invite them in, usher them to the most comfortable sofa and offer a cup of tea. The guest is flattered by your hospitality. As they sip the tea, you entertain them with funny anecdotes that have them roaring with laughter. Seconds, minutes and then an hour passes by. The guest is now so comfortable that he/she shows no signs of leaving. You then invite them to stay for dinner. They agree. Another few hours roll by.

By now, you are uncomfortable because you have all those chores piling up but how do you simply ask your guest to leave? Therefore, you half-heartedly offer dessert. Moreover, of course, your guest says “yes”. Another hour later, unable to take it anymore, you start giving subtle hints that they have overstayed their welcome. Finally, you request your guest to leave. Why do I tell this little story? Because that is exactly what we do with the negative thoughts that arrive at our mind's doorstep without warning.

Let us say, bang in the middle of the day, it suddenly occurs to you that you are a complete failure, that your entire life has been meaningless, that you have achieved nothing, and that none of your dreams has come true. That is the doorbell announcing your unexpected guest.

You welcome the thought in because it gives your mind something to do. You start feeding the thought with tea/snacks/dinner/dessert. That is, you start finding all the different reasons why you are indeed a failure. Proof after proof that nothing good has ever happened to you. Like your unwanted guest who was delighted by your generous hospitality, your negative thought puffs up with all the attention you shower on it. It leads you, cunningly, down memory lane into all the nooks and crannies of your life, pointing out your most humiliating, embarrassing, defeating moments.

You get more and more dejected, wallowing in self-pity. You know your time is being wasted by these futile thoughts, but by now, you are paralyzed and unable to banish your no-longer-welcome guest. By the time you've finished crying and cursing your luck, the precious hours when you could've been productive have gone....disappeared forever. In addition, you are left with a sense of emptiness and self-loathing. What could have been a beautiful and positive day boiled down to nothing more than a colossal waste of time.

The next time a negative thought comes knocking at your door, take a moment to recognize it. As soon as you recognize the thought, visualize the damage it has the power to unleash. Tell it firmly and politely that today you cannot play host as you have other things to do. Stay at your front-door waving goodbye and do not turn your back on it until its well and truly out of sight. Then get started with the first positive thing you can think of that will move you forward.

Negative thoughts are floating around us 24 hours a day. They really have no agenda in life and have all the time in the world to keep you company. If you show the slightest encouragement, they will settle down, never to leave.

These thoughts do not disappear by magic. **YOU** must lead them **OUT** yourself and then put a '**Do not Disturb**' sign on your door.

**Your time is precious.** The sooner you let unwelcome guests know that, the more liberated you will be.

*This piece of writing was posted on Facebook without an author's name or source. That's too bad, because we certainly would have liked to thank the writer for his or her insight into a problem faced by so many of us.*



# My Worry: Is It a Signal or Noise?

*Differentiating between helpful and unhelpful worries*

by Reid Wilson, PhD

You're 19 years old, wrapping up your sophomore year of college. That term paper you're writing, the one that must be hand-delivered to your professor's mailbox by end of day, is about a dozen pages short. So far you've got today's date at the top and a title you're unhappy with. And the reason you're stalling and surfing Facebook is that you didn't read two of the three texts required to actually write this term paper. And you skimmed the third.

I think we can all agree that this is a legitimate worry, so we're going to call this type of worry a signal.

## **SIGNAL**

"I have a final paper due before dinner on two texts I haven't read... and I haven't started!"

Why a "signal?" Because the knocking knees, the knot in your throat, cold sweats, affected breathing—all the physical manifestations of your worry—are prompting you to put out effort. Your body is signaling you to take action. Move it! DO something! You must own up to the difficult situation you've put yourself in, acknowledge the worry, and develop a plan of attack.

## **TAKE ACTION!**

Accept the mediocre title, get off Facebook, and start writing. Call a classmate who's read the assigned texts and invite her over for breakfast. Call your professor (commence sobbing) and beg for an extension. Or call your professor (still sobbing) and invent a semi-plausible story about a computer virus... or an unpleasant breakup... or a dormitory fire that destroyed the hard drive on which your paper was saved—and thank God you weren't in the building at the time!

Whatever you choose, the signal is still TAKE ACTION. Move, work, write, create, call, plead, invent, or lie—really anything except stay still, sulk, stare, stall, succumb. Anything worth worrying about is worth problem solving. Either the worry pops up and it's a signal that we have some problem solving to do... or it's just plain old noise.

"Noise" is what its name suggests. Buzzing. Nuisance. Interference. It's irrelevant. It's repetitive. It's downright irritating at times. It's not productive or useful or worth listening to. Noise is static.

## **NOISE**

You have OCD, and unnecessary "checking" is your thing. As you pull into your office parking lot, you think to yourself, "Did I lock the front door when I left home this morning?"

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Here's a more in-depth example of noise:

You, overachieving 19-year-old sophomore, completed your term paper days in advance of the due date. To say you were comfortable with the assigned texts would be an understatement; you could probably recite them from memory. Rather than handing in the paper early, you used that spare time to review your essay response, making minor changes and correcting some overlooked grammatical errors. You deliver the final draft hours before the deadline and email your professor a copy as well.

You awaken at 3AM, panicking. "Wait—what if I totally missed the point of the assignment? What if I misread the prompt or forgot to include a bibliography? What if I get a D on this paper?! That would really bring down my final grade and my GPA. My parents would be really disappointed."

What tells us that this is noise as opposed to a signal? First, it's 3AM. You (like most of us) have declared 3AM as sleep time. Pursuing the worry now brings you no benefits, even if it is a valid concern.

Second, you are not the procrastinating, underprepared college freshman. You are the bright, diligent student who is mindful of the deadline and goes above and beyond as opposed to doing just enough. There's nothing tangible to substantiate your worry, nothing to legitimize the fear that you've "blown it." Earning a D is not impossible, sure, but it's unlikely.

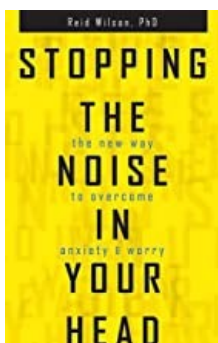
Mark this one as "noise" and go back to bed.

Either a worry represents a valid concern and therefore becomes the first step in your problem-solving process, or that worry is irrelevant, distress-provoking noise that you should not address. So when a worried thought pops up, take a step back and disengage from your upset about the specifics. Examine the worry, and then decide if it's a signal or if it's noise. If you conclude that it's a signal, that's wonderful! You can do something about a signal. Signals come with solutions. Signals we can handle.

On the other hand, if that worry sounds like noise, you can't solve it. No solution exists. The paper's been handed in (twice!). Getting out of bed at 3AM and stressing over it is caving in to the noise. Your easy-listening station is picking up static, and you're turning up the volume, trying to decipher the lyrics to a song you can barely make out beneath all the noise. It's time to change the station

*Text adapted from **Stopping the Noise in Your Head: The New Way to Overcome Anxiety and Worry**. This article can be found at [www.psychologytoday.com/us/blog/all-about-anxiety/201701/my-worry-is-it-signal-or-noise](http://www.psychologytoday.com/us/blog/all-about-anxiety/201701/my-worry-is-it-signal-or-noise).*

*See our review of this book starting on page 11.*



# Stopping the Noise in Your Head

## The New Way to Overcome Anxiety & Worry

By Reid Wilson, Ph.D.

Reviewed by Roberta Warren Slade

According to Dr. Reid Wilson, “Worry is a game. Anxiety’s best strategy is to convince you to spend most of your energy worrying about how to protect yourself or someone else from harm.” Starting with this view of worry, anxiety, fear, and OCD, Dr. Wilson presents his own approach for countering their impact on our lives: redefine your relationship with these foes. Approach your interactions with Anxiety as a competition (and he capitalizes Anxiety throughout to emphasize its role as the living embodiment of your challenger). You need to find and develop strategies and tactics that can help you win the competition.

First, we need to alter our perception of “worry.” We tend to think that if we just worry *enough*, we can prevent bad things from happening. But we have it wrong. Worry isn’t supposed to solve problems. Instead, it acts to *generate* problems in the front of our minds so we know what we need to fix. However, worry can appear in one of two forms. It can legitimately present as an issue or question that is worth problem solving. It is a *signal* that we are facing something that needs to be addressed, something that can, in fact, be resolved with thoughtful, purposeful *action*. OR, the worry that has taken over our attention is just irrelevant *noise*, trying to hijack our mind with frantic thoughts that there is something serious going on that demands immediate and prolonged rumination.

So, how can we tell the difference? We can begin by understanding that the *content* of our worrying thought is irrelevant. As an example, in OCD, contamination might be the *topic* of your obsession, but contamination isn’t the issue. The issue is that Anxiety has you treating noise as though it’s a signal. Therefore, our job is to learn to distinguish signal and noise so that we attend to the one and ignore the other. Signals require action, noise requires nothing.

Dr. Wilson writes in a comfortable, conversational style, rich with examples and metaphors to aid our understanding. In keeping with his characterization of our interaction with Anxiety, he asserts that you win any competition by applying the best tactics that implement the cleverest of strategies. When you are troubled by worries and anxieties, Anxiety (with a capital A) has been winning the game because it has an ingenious set of strategies. It scores points by capitalizing on your fear, getting you to step back from the situation instead of stepping forward into action. If you always organize your response around a defensive strategy, you will continue to lose. You cannot win a competition by only playing defense. If you are *reacting* to your symptoms, trying to *quiet* your worries and attempting to *get rid of* any threats that show up, you are at a great disadvantage. Winning this competition requires that you change at the level of your *attitude*, not your

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*Stopping the Noise in Your Head*  
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behavior, to voluntarily *choose to seek out* uncertainty and distress, to move purposefully into that unknown territory that is under Anxiety's control. Einstein said "Problems cannot be solved by thinking within the framework in which they were created." Since Anxiety *thrives* on worry and avoidance, your job is to act in the opposite manner. Your paradoxical, unexpected behavior will disrupt its pattern and throw it off balance.

Dr. Wilson suggests that we apply Newton's Third Law of Motion, "For every action there is an equal and opposite reaction." Physics tells us that the only way to get any work done is to apply effort to overcome resistance. In this case, our task is to activate our determination and willpower to push back against Anxiety.

Specifically, Anxiety needs you to operate in the world while holding on to one or more of these points of view:

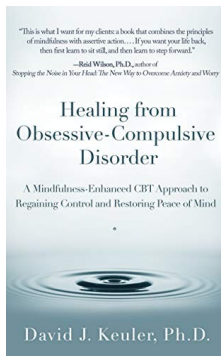
- Be sure everything is OK,
- Get back to feeling comfortable,
- Treat all fearful thoughts seriously,
- Stay safe,
- Feel confident before acting.

Your job, therefore, is to detach from these whenever they get in your way. Flip the above script by courageously stepping forward and taking a risk:

- Seek out doubt,
- Provoke your discomfort,
- Treat fearful thoughts absurdly,
- Aggress into new territory,
- Scare yourself.

To this end, then, the bulk of Dr. Wilson's book very specifically tells you how to do this, *how* to talk back to Anxiety, exactly what words to use to empower yourself and throw your competitor off balance. It is your intention to move *through* Anxiety, not around it, *toward* your positive goals. See your positive future as more important than escaping your current discomfort.

*Reid Wilson, Ph.D., is the director of the Anxiety Disorders Treatment Center in North Carolina and teaches at the University of North Carolina School of Medicine. His website, [anxieties.com](http://anxieties.com), and his YouTube channel, [youtube.com/user/ReidWilsonPhD](https://www.youtube.com/user/ReidWilsonPhD), are incredible resources for all things anxiety- and OCD-related.*



# Healing from Obsessive-Compulsive Disorder:

## A Mindfulness-Enhanced CBT Approach to Regaining Control and Restoring Peace of Mind

By David Keuler, Ph.D.

Reviewed by Kevin Kuhn

Are you suffering from involuntary, intrusive, repetitive thoughts, images, urges or physical sensations (obsessions)? Have your attempts (compulsions) to avoid or escape this torment failed to produce lasting relief but instead made your symptoms worse? *Healing from Obsessive-Compulsive Disorder* teaches a game-changing strategy by seamlessly integrating Eastern influenced mindfulness-based interventions with state-of-the-art Western, exposure-based tactics in a self-help format. If you are looking for something new, unique, and most of all effective then I highly encourage you to read this book and begin employing the steps to wellness as I did to recover.

The author, David Keuler, Ph.D. is a licensed psychologist with more than 20 years of experience working exclusively with individuals suffering from obsessive-compulsive disorder. In addition to his many years of experience as an OCD therapist Dr. Keuler also “had” OCD and used these techniques to overcome the disorder himself.

The introduction offers an initial insightful journey into the inner workings of a mind overrun by OCD. Then a 3-step process is laid out that consists of 1) learning what mindfulness is and beginning a daily meditation practice, 2) merging mindful meditation and exposure techniques, 3) and finally performing more traditional exposure and response prevention (ERP) while maintaining mindfulness. Throughout the book Dr. Keuler highlights two distinct concepts or skills that he wants the reader to develop over time and to use as ballasts against the forces of OCD: the ability to find “stillness” in the mind and to stay “fluid” in the face of obsessions.

In the first step, sufferers learn to pause, turn their attention inward, and develop calculated responses that promote healing. Multiple mindfulness tactics are discussed, and readers learn to tap into millennia-old Eastern wisdom and philosophy.

Mindfulness tactics include:

- Opening to all inner experiences, (especially unpleasant ones)
- Generating curiosity and wonder with all experiences
- Observing experience in an uncritical and nonjudgmental manner
- Stepping down from old familiar ways of responding
- Letting go of resistance and internal battles
- Embracing silence “stillness” in response to thoughts, images, and sensations
- Accepting the presence of OCD by cultivating a non-reactive stance
- Integrating essential meditative practices

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- Bringing determination and patience
- Tapping into courage
- Exercising self-compassion
- Learning to trust

In the second step of the book, Dr. Keuler combines the Eastern mindfulness wisdom and philosophy with rigorously researched Western cognitive-behavioral interventions.

Cognitive-Behavioral Tactics include:

- Self-guided exposure and response prevention (ERP)
- “Meditative Exposure”: How to sit quietly and face OCD head on

In this phase the reader is introduced to a hybrid type of meditation called “Meditative Exposure” that begins to incorporate traditional ERP into the meditation session. In meditative exposure an individual can turn any meditation into an extremely effective exposure session in two different ways. First, they can decide in the moment to transition from formal meditation (if one feels strong enough and feels that the presence of intrusive thoughts should be experienced) or secondly on purpose from the moment of first sitting by intentionally designating that time to be used in meditative exposure. Remember, anytime an OCD sufferer is presented with an obsession and they refrain from a compulsion it is a *form* of ERP. The beauty of this type of ERP, is that the amount of exposure can be controlled and modulated by the meditator/sufferer simply by moving their attention back and forth from their object of meditation (the breath for example) or their source of anxiety (memorized script, trigger words, images,) depending upon their tolerance level at the time. The session can lead towards more exposure or more towards meditation. Over time the sufferer, as he or she gains confidence in “sitting” with uncomfortable sensations and feelings, can perform more intense and longer meditative exposure sessions.

This technique may be extremely beneficial for those sufferers who have been resisting traditional ERP out of fear, or who have had poor experiences due to starting too high on their hierarchy for example. The sufferer will learn how to remain completely open to the “catastrophic” thoughts, feelings, and accompanying sensations without performing rituals. Once sufferers learn that all they must do is tolerate this transient and irrelevant feeling they are well on their way. By being in a relaxed body, and in full control of the experience sufferers will find their ability to tolerate anxiety improve dramatically.

Finally in this section Dr. Keuler introduces the concept of curiosity as a kind of super-power against OCD. As one becomes more comfortable with tolerating anxiety and the associated unpleasant feelings one can start to become curious about those feelings. Where in the body am I feeling this? How would I describe this feeling to someone? Does this feeling come and go? Is this feeling stronger on the left side or the right side of my chest? All those types of questions turn the tables on OCD by having the sufferer “move into the OCD” rather than run from it.

The final step in the process is what many readers will already be familiar with, and this is traditional ERP (always with a mindful approach) which Dr. Keuler calls “Mindful Exposure”. This is where the sufferer will learn how to win back avoided activities and situations by engaging in those activities

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mindfully, and without compulsions. There are many excellent examples in the book of actual case histories so the reader can more fully orient to the program.

I have personally used this approach to get well and I find that Dr. Keuler does a fantastic job of marrying the East and West in a truly effective program for OCD. I hope that if you are still struggling with gaining peace of mind that you will give it a try.

*David J. Keuler, PhD, brings a wealth of clinical insights and practical solutions based on over 20 years of psychotherapy work dedicated to individuals with OCD. He is the Assistant Director of the Behavior Therapy Center of Greater Washington and Co-Director of Training.*

*Kevin Kuhn is the leader of our Royal Oak OCD support group, and co-leader of our OCD Loved Ones support group. He inspires us with his story of his own journey to healing from severe OCD using exposure and response prevention (ERP) and embracing mindfulness and meditation. Kevin is Vice-President of The OCD Foundation of Michigan..*

## One more point to ponder:

There is a new documentary, just released, entitled “Breaking the Silence,” which is available to view on YouTube at [youtube.com/watch?v=BIKdo4xPAN0](https://www.youtube.com/watch?v=BIKdo4xPAN0). It is one man’s experience with diagnoses of bipolar disorder and psychosis, and his journey to recovery and a life of accomplishment. No, it does not concern itself with OCD and it does not provide any particular insight into that particular spectrum of disorders. However, there was one observation that is absolutely relevant to the challenges faced in the OCD experience. The speaker was Josh Kellman, MD, on the faculty in the University of Chicago’s Department of Psychiatry. At 49:18 of the video, he states:

“I like to think of what happens in therapy when it goes well is not eradication of our problems or our issues or our tendencies. What happens is that instead, you get what I call “mastery.” What mastery means and what it allows you is to be aware of yourself and your tendencies, to know something about why you have these tendencies and what they look like, and to be aware of when you’re enacting them, and that knowledge, that understanding of yourself empowers you to decide to override those tendencies when it would be adaptive to do that.”

# 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 anxiety or depression.\*\* Partial Hospitalization Programs (PHP) are intensive programs offered by hospitals and clinics, and can benefit those who need more help than traditional outpatient settings can provide. They typically run five days a week, from 8 or 9 am to 3 or 4 pm, and can include group therapy, private time with a psychiatrist, art or music therapy or other activity time, and education programs. They usually include lunch, and some include transportation. Here, we list some of these programs for your information.

## **St. Joseph Mercy Hospital, Ann Arbor, MI**

Adult Partial Hospitalization Program, 734-712-5850

[www.stjoesannarbor.org/AdultPartialHospitalizationProgram](http://www.stjoesannarbor.org/AdultPartialHospitalizationProgram)

Adolescent Partial Hospitalization Program, 734-712-5750

[www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram](http://www.stjoesannarbor.org/AdolescentPartialHospitalizationProgram)

## **Beaumont Hospital, Royal Oak, MI, 248-898-2222**

[www.beaumont.org/services/psychiatry](http://www.beaumont.org/services/psychiatry)

## **Henry Ford Health System, 313-640-2637**

[www.henryford.com/services/behavioral-health/mental-health/outpatient/partial-hospitalization](http://www.henryford.com/services/behavioral-health/mental-health/outpatient/partial-hospitalization)

## **New Oakland Family Centers, 800-395-3223**

[newoakland.org/programs/face-to-face-php](http://newoakland.org/programs/face-to-face-php)

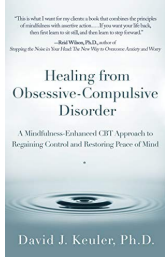
## **University of Michigan Department of Psychiatry, 734-764-6880**

[medicine.umich.edu/dept/psychiatry/programs/adult-partial-hospitalization-program](http://medicine.umich.edu/dept/psychiatry/programs/adult-partial-hospitalization-program)

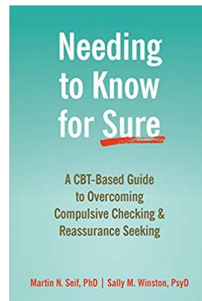
**\*\* PLEASE NOTE: These programs can provide extended support and skills building, but they are not specifically designed to treat OCD. They might not have OCD specialists and they don't do ERP.**

Updated 9/15/20

## SUGGESTED READING

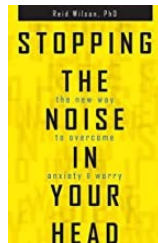


David Keuler, PhD  
*Healing from Obsessive-Compulsive Disorder: A Mindfulness-Enhanced CBT Approach to Regaining Control and Restoring Peace of Mind*  
 Guillon Press, 2019  
 ISBN 978-1734344806

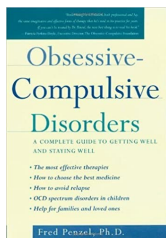
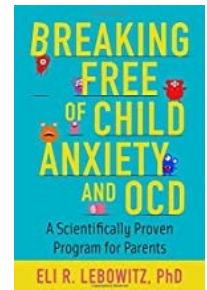


Martin N. Seif, PhD and Sally M. Winston, PsyD  
*Needing to Know for Sure: A CBT-Based Guide to Overcoming Compulsive Checking and Reassurance Seeking*  
 New Harbinger, 2019  
 ISBN 978-1684033706

Reid Wilson, PhD  
*Stopping the Noise in Your Head: The New Way to Overcome Anxiety and Worry*  
 HCI, 2016  
 ISBN 978-0757319068

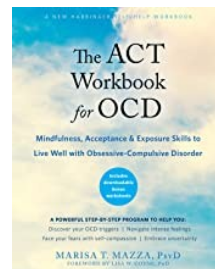
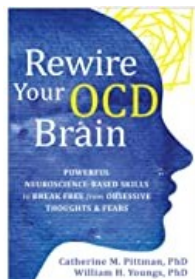


Eli R. Lebowitz, PhD  
*Breaking Free of Child Anxiety and OCD: A Scientifically Proven Program for Parents*  
 Oxford University Press, 2021  
 ISBN 978-0190883522



Fred Penzel, PhD  
*Obsessive-Compulsive Disorders: A Complete Guide to Getting Well and Staying Well*  
 Oxford University Press, 2000  
 ISBN 978-0195140927

Catherine M. Pittman, PhD and William H. Youngs, PhD  
*Rewire Your OCD Brain: Powerful Neuroscience-Based Skills to Break Free from Obsessive Thoughts and Fears*  
 New Harbinger, 2021  
 ISBN 978-1684037186



Marisa T. Mazza, PsyD  
*The ACT Workbook for OCD: Mindfulness, Acceptance, and Exposure Skills to Live Well with Obsessive-Compulsive Disorder*  
 New Harbinger, 2020  
 ISBN 978-1684032891

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# PROFESSIONAL DIRECTORY

Antonia Caretto, Ph.D., PLLC

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

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

P.O. Box 2265  
Dearborn, MI 48123

James A. Gall, Ph.D., L.P.  
Founder/President



EXCELSIOR  
PSYCHOLOGICAL SERVICES, PLC

11111 Hall Road, Suite 105  
Utica, Michigan 48317-5799  
P: 248.656.5003 F: 248.656.5004 C: 810.543.1050  
excelsiorpsych@gmail.com  
www.excelsiorpsych.com

Laurie Krauth

MA, PLC  
Psychotherapist



2002 Hogback Road, Suite 15  
Ann Arbor, MI 48105

(734) 973-3100  
LKrauth@comcast.net

Jessica Purtan Harrell, Ph.D.

Licensed Clinical Psychologist  
(248) 767-5985

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

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

Laura G. Nisenson, Ph.D.  
Licensed Psychologist

425 E. Washington  
Suite 101D  
Ann Arbor, MI 48104

(734) 623-0895

Tricia Lothamer MA, LSC, LPC, NCC

Behavioral and Mental Health  
Counselor

734.447.6530

464 N. Main St. Plymouth, MI 48170

**THERAPISTS!!**

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Updated 9/15/20



## PLEASE HELP

The OCD Foundation of Michigan is funded solely by your annual membership fees and additional donations. We have no paid staff. All work is lovingly performed by a dedicated group of volunteers. **WHY NOT VOLUNTEER YOUR TIME?** Call 734-466-3105 or e-mail [OCDmich@aol.com](mailto:OCDmich@aol.com).

### *The OCD Foundation of Michigan Membership Application*

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6/2021

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It's technology that allows instant access to an app or web-site. Now, you can donate to The OCD Foundation of Michigan simply by scanning this code with your smart phone. No smart phone? No problem. Use this link in your browser to access our payment site:

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## 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