



NEVER say  
NEVER

Summer/Fall 2021

# Cognitive Distortions in OCD

**H**ow do you view the things that occur in your life - what you think, feel, and believe; the things that you do and the things that happen to you? Everyone has their own particular patterns of cognition, that is, their own way of looking at things. The way we experience the world is largely affected by the quality and accuracy of our cognitions. For those of us living with OCD or other mental health struggles, the severity of our condition and our ability to benefit from the various forms of therapy designed to help us cope are directly impacted by those cognitions. Unhealthy modes of thinking that prolong our suffering and keep us stuck are known as “thinking errors,” “distorted thinking” or “cognitive distortions.” In this issue of *Never Say Never*, we discuss what cognitive distortions look like and how, with the help of knowledgeable therapists, we can learn to identify these patterns and increase cognitive flexibility, which has been shown to improve mood and decrease anxiety. As always, this presentation is meant to be informative, not diagnostic or therapeutic. If you are struggling with OCD, please do seek out the professional help you need to take back your life.

BEST WISHES OF THE SEASON



Happy  
New Year  
2022



# **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:**

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)**

# THINKING TRAPS:

## 12 Cognitive Distortions That are Hijacking Your Brain

by Alex Naoumidis

Friday, November 22, 2019

Ever just know that someone else doesn't like you without ever finding out for real? If you have, you may have been suffering from one of the many thinking traps or cognitive distortions that can hijack your brain. In 1976, psychologist Aaron Beck first proposed the theory behind cognitive distortions and in the 1980s, David Burns was responsible for popularizing it with common names and examples for the distortions.

Cognitive distortions are the ways that our mind convinces us of one thing when in reality it's completely untrue. These inaccurate thoughts are usually used to reinforce negative thinking patterns — telling ourselves things that sound rational and truthful in the moment, but in reality only serve to trigger feelings of negativity and pessimism. These thoughts are irrational or just plain wrong. In fact, it's not the event itself that causes feelings of negativity; it's your response to the event — your mindset.

Yet don't you worry, you can overcome these thinking traps by learning to notice and identify when you're using a cognitive distortion, acknowledging the negative thinking pattern, and refuting it. As you continue to dispute this negative thinking over and over again, it will slowly diminish over time and be automatically replaced by more rational, balanced thinking. Techniques like hypnosis can help you change these thinking patterns more quickly by guiding you into a suggestible state where these automatic thinking patterns become more malleable and open to change. To help you identify these thinking traps when they occur I've listed the most common ones below:

### **Mind Reading**

I'm definitely guilty of this one; this is a trap that happens when we believe that we know what others are thinking and assume that they are thinking the worst of us. The problem is that no-one can read minds and we can never really know what others are thinking! Worse still, it can become a self-fulfilling prophecy where we act as if they dislike us which makes them understandably pull away which is further evidence for the negative belief ("I knew they hated me").

Examples: "They are all making fun of me behind my back". "She's bored of hanging out with me".

### **Fortune-telling**

Similar to mind-reading, fortune-telling occurs when we predict that things will turn out bad. When we believe the future is already set in stone and negative, we often act like it is which can be a self-fulfilling prophecy once again.

*(Continued on page 5)*

Example: “I just know I’m going to fail my exam”

## **Black-and-white thinking**

This trap occurs when we only look at situations in terms of one extreme or the other. A situation is either good or bad, success or failure – there is no middle ground. And if you fall short of your expectations, you view yourself as a total failure. But, in reality, most situations are somewhere in the middle – missing the gym once doesn’t mean you have failed your exercise goals completely. You had a small setback and all you need to do is go back tomorrow.

Example: “I planned to eat only healthy foods but I ate a piece of chocolate. Now my diet is ruined forever!”

## **Filtering**

Similar to black and white thinking, filtering involves only paying attention to the negative aspects of a situation while ignoring all the positive. When you only focus on the negatives, you end up viewing the entire situation as negative and so, in your mind, everything is negative. This stops us from looking at all the aspects of a situation and drawing a more balanced conclusion.

Example: “Everyone hated my presentation because Jack looked bored even though a lot of other people looked engaged and gave me compliments”

## **Catastrophizing**

This trap involves imagining that the worst possible thing is about to happen, and predicting that you won’t be able to cope with it when in reality the worst-case scenario usually never happens and even if it did you’d probably be able to cope. This cognitive distortion is also known as magnifying, and can also emerge as its opposite, minimizing. Magnifying occurs when you exaggerate the importance of insignificant events or the possible outcomes. Minimizing occurs when you incorrectly shrink the importance of significant events or positive qualities until they seem small and insignificant.

Example: “I’m going to fail this test and be kicked out of school and disowned by my parents” or “Although I’m good at school I’m nowhere near as good as everyone else”

## **Over-Generalization**

Over-generalization is when you conclude that a single negative event is actually part of a series of unending negative events. If something bad happens, you believe it’s likely to happen again and again.

*(Continued on page 6)*

Example: If you have one bad date and then conclude you're a terrible dater who won't ever find love.

## **Labeling**

An extreme form of generalization, labeling occurs when you attach a negative label about yourself or someone else rather than acknowledge it was just a single event or mistake. Everyone makes mistakes and we're way too complex to be described by one word.

Example: "I'm a failure" instead of "I failed that time"

## **Personalization**

Personalization is a distortion where you believe that everything others do or say is some kind of direct, personal reaction to something you've said or done. You end up taking everything personally when in reality it's nothing to do with you. Additionally, you might also see yourself as the cause of some negative external event that happened even though you were definitely not responsible.

Example: "My boyfriend is upset, I must have done something wrong" when in reality he is just tired from work.

## **Should Statements**

This is when you have ironclad rules for how you, or others, should and shouldn't behave. When our expectations fall short, we feel disappointed, frustrated, anxious, even angry with ourselves. You might think that these shoulds and shouldn'ts 'rules' are helping to motivate you but in reality they end up preventing you from taking meaningful steps towards improving your life, similar to black and white thinking earlier.

Example: "I shouldn't eat any junk food again"

## **Emotional Reasoning**

One of the most common thinking traps we fall into is emotional reasoning: taking our emotions as evidence for the truth. When you use emotional reasoning, whatever you're feeling at the time is believed to be true automatically and unconditionally, regardless of the evidence. This can be really harmful because it creates a loop: you think something negative, it makes you feel bad, so you think something negative, which makes you feel even worse – it's dangerous, circular logic.

Example: If I feel stupid and boring, then I must be stupid and boring.

(Continued on page 7)

## **Control Fallacies**

This thinking trap involves two similar beliefs about being in complete control of pretty much everything in your life. The first type is called external control fallacy, where we see ourselves as victims of fate with no direct control over our lives. The second type of control fallacy, internal control, occurs when we assume we are completely responsible for the pain and happiness of everyone around us.

Example: “I can’t help that I was late, I slept through my alarm” or “Why are you unhappy? Is it something I did?”

## **Fallacy of Fairness**

If you suffer from the fallacy of fairness, you often feel resentful because you think that you know what is fair, and no one is abiding by it. It may sound obvious to say, but “life isn’t always fair.” People who go through life assessing whether something is ‘fair’ or not will often end up feeling resentful, angry, and unhappy because of it. Because life isn’t fair — things will not always work out in a person’s favor, even when they should and it’s something we all need to deal with.

Example: “Sarah got a promotion and I didn’t, that’s not fair!”

## **Always being right**

When someone falls into this trap, they tend to put other people on trial to prove that their own opinions and actions are the absolute correct ones. If you use this distortion, being wrong is unthinkable and you’ll go to any length to prove you’re right. Often being right can be more important than the feelings of other people, even close family and friends. If an oncoming car is in the wrong lane and about to hit you, do you stick to your guns and stay in your lane because you’re right and they’re wrong?

Example: “I’m right and you’re wrong Sandra just admit it!”

*Alex Naoumidis is the co-founder and CEO of Mindset Health, [www.mindsethealth.com](http://www.mindsethealth.com)  
This article can be found at [www.mindsethealth.com/matter/thinking-traps-cognitive-distortions](http://www.mindsethealth.com/matter/thinking-traps-cognitive-distortions)*



*“Never fear the shadows, they simply mean there’s  
a light shining somewhere nearby.”*

# Understanding Magical Thinking in OCD

## Part 1. What it is, how it starts, and what keeps it going

by Levi Riven, Ph.D.

from his Psychology Today blog “Demystifying OCD”, October 30, 2021

[psychologytoday.com/us/blog/demystifying-ocd/202110/understanding-magical-thinking-in-ocd](https://psychologytoday.com/us/blog/demystifying-ocd/202110/understanding-magical-thinking-in-ocd)

### KEY POINTS

- Magical thinking involves superstitious beliefs and rituals, and it is common in the general population.
- Magical thinking OCD is maintained by a cycle of rituals that provide short-term relief, but intensify OCD fear and guilt in the long-term.
- Magical thinking OCD is often driven by an inflated sense of responsibility and a desire to prevent feared outcomes.

Superstition is a natural and common phenomenon. Consider the athlete that doesn’t change underwear on a winning streak; the gambler who blows on a set of dice at the craps table; the sports fan who sits in a lucky chair to watch a game; and the countless among us who avoid the 13th floor, knock on wood, cross their fingers, or perform any number of rituals that have no causal effect on the outcomes they hope for.

Usually, a small dose of superstition has no significant bearing on one’s life. But in obsessive-compulsive disorder (OCD), superstition can be a driver of intolerable fear and an overwhelming sense of responsibility to prevent misfortune.

### UNDERSTANDING MAGICAL THINKING

At the heart of superstitious behavior is superstitious thinking—the perception that an action or ritual (like skipping over cracks in the pavement) can prevent bad things from happening to oneself or loved ones. Mental health professionals refer to this form of thinking in OCD as “magical thinking” because it involves supernatural associations of cause and effect.

For instance, an individual might have an intrusive thought: *If I use the new coffeemaker, my wife will get into a car accident.* To alleviate the fear that this thought brings, they may avoid the coffeemaker and perform a series of rituals to counteract the frightening notion. They might try to think “good” thoughts, repeat lucky phrases, or conjure up perfect positive intentions in their interactions with their wife before she leaves the house. All of this is driven by the perception that such rituals could prevent the feared accident.

(Continued on page 9)



Although a little magical thinking can be healthy—for instance, by giving one a sense of comfort during tough times—an overreliance on magical thinking causes emotional suffering and creates needless roadblocks in one's day-to-day life.

## **HOW DOES MAGICAL THINKING OCD DEVELOP?**

Magical thinking OCD (mtOCD) may begin with a single emotional trigger that causes a perceived association. Consider a child playing with a new toy when suddenly, their parents get into a terrible argument. The co-occurrence makes the child think *this happened because I played with the toy*. They are overcome with guilt, immediately drop the toy, and never play with it again.

Following a single initial association, mtOCD may begin to spread to more events and more associations. Over the natural course of time, the child's parents will get into new arguments, and other unwanted events will transpire. Maybe someone teases the child at school or the TV breaks, and Dad gets angry. Each time, the child associates the negative occurrence with something they touched, did, or thought. Before long, avoidance spreads to more and more personal belongings, and the child may begin to find comfort in new rituals designed to prevent any unwanted event.

## **RETROSPECTIVE AND PROSPECTIVE mtOCD: THE ROLES OF GUILT AND FEAR**

The previous scenario is an example of *retrospective mtOCD*, which means the association is made after the fact. The fight occurs first; the association to the toy occurs second.

Individuals experiencing mtOCD are likely to assume that *if something bad happens, it's my fault*. This belief spawns self-blame for anything that goes wrong. Individuals cannot foresee unwanted events most of the time, so the self-blame is laid after the fact. Guilt is the dominant emotion that accompanies retrospective mtOCD. *I'm to blame for what happened. I should have prevented it.*

But not all mtOCD involves looking backward at events that already transpired. *Prospective mtOCD* arises when looking *forward* in anticipation of possible catastrophes. This may be triggered by an intrusive thought or image of harm—for instance, a loved one being assaulted, murdered, or injured in a horrible accident. It may stem from experience and an expectation that a prior unwanted outcome will recur. The prominent emotion in prospective mtOCD is fear—fear of what might occur in the future and fear of being the one to blame.

## **INFLATED SENSE OF RESPONSIBILITY**

The belief that *I am to blame for anything bad that happens* is common in OCD more generally. Professionals call this an inflated sense of responsibility, and it's a significant facet of OCD.

Inflated responsibility is often what drives *checking-OCD*. For instance, someone who repeat-

(Continued on page 10)

edly checks to see whether the door is locked might think firstly that *someone could break in*, and secondly that *it would be my fault for not making sure the door was locked*.

The term “inflated” implies that the sense of responsibility and self-blame in OCD is taken too far and may be triggered by something entirely out of the person’s control. In our example of the child, only the parents can truly prevent the fight from occurring, so the child’s sense of responsibility for the fight is *inflated*. If the child did not think the fight was their fault, they would not likely try to prevent it in the future. They would continue playing with the toy and not develop superstitious rituals to manage the parents’ conflicts. The responsibility, therefore, links the unwanted event and the mtOCD reaction to it:

parents fight  $\Rightarrow$  *it’s my fault*  $\Rightarrow$  drops toy

## **THE DESIRE FOR CONTROL**

Responsibility and control go hand-in-hand. You cannot take responsibility for something you cannot control. But if you do feel responsible for something, you will likely do your best to control it.

This is a healthy instinct. In my everyday life as a therapist, for example, I am responsible for the care of my clients. I, therefore, make sure to be informed, up-to-date, and attentive. I do what I can to control the care that I provide to fulfill my duties as a professional.

Magical thinking OCD may begin with the same healthy instinct; however, due to an inflated sense of responsibility, sufferers may perceive fault in situations with little or no control. And this drives a wish to control the uncontrollable.

## **PERFORMING RITUALS**

In the heat of the moment, mtOCD sufferers may be flooded with an overwhelming urge to perform rituals that provide a sense of control. Rituals are the behavioral spine of OCD—the compulsions, the C in the acronym. Checking, cleaning, and seeking reassurance about one’s fear are all common ways sufferers cope with intrusive thoughts.

In mtOCD, the “C” comes in the form of superstitious rituals like the ones described earlier: repeating lucky phrases, thinking “good” thoughts, attempts at setting perfect intentions while performing rituals, repeating thoughts a “lucky” number of times, avoidance of unlucky objects, waiting for the clock to strike 11:11 before initiating an activity, etc. This is performed to soothe the urge to ritualize, provide a sense of control, and cope with fear and guilt.

(Continued on page 11)

## THE mtOCD CYCLE

Although mtOCD sufferers do not usually have the power to prevent feared outcomes, the rituals are sometimes capable of providing a sense of control. When this occurs, it alleviates the fear of catastrophes and fulfills the perceived obligation to prevent them. This creates an mtOCD cycle. Rituals that produce a sense of control at the moment deliver relief from anxiety.

But ritualizing is a two-sided coin. On the flip side is a growing sense of responsibility.

Why would rituals that relieve anxiety *worsen* an inflated sense of responsibility?

Because when nothing happens—when the wife comes home safe, or the parents don't fight—the person sees the ritual as effective, and they walk away with a false sense of control. When an unwanted outcome inevitably recurs, the person is more likely to experience it as a failure. This reactivates the sense of responsibility and drives the person to seek out more and more means of control, perpetuating the cycle of mtOCD.

## SUMMARY

Magical thinking is a natural phenomenon that we see in everyday life. It also appears in clinical disorders like OCD. Superstition is the defining characteristic of magical thinking. In OCD, sufferers perform superstitious rituals to prevent bad things from happening. This is driven by an inflated sense of responsibility and a desire to control outcomes. In the short term, rituals soothe feelings of fear and guilt. But over time, it makes OCD worse, intensifying the sense of blame for misfortune.

In part two of this series, you'll find seven strategies for "[Managing Magical Thinking OCD](#)"

**Levi Riven, Ph.D.**, is a Canadian clinical psychologist and founder of Riven Psychology, an online private psychology practice for adults living in Ontario. He is passionate about everything related to OCD. He wanted to start this blog to educate the public about “magical thinking” in OCD. This phenomenon is common among sufferers, yet there appears to be a lack of articles on the subject. His blog posts seek to demystify magical thinking OCD for readers. This post can be found at [www.psychologytoday.com/us/blog/demystifying-ocd/202110/understanding-magical-thinking-in-ocd](http://www.psychologytoday.com/us/blog/demystifying-ocd/202110/understanding-magical-thinking-in-ocd)

See page 12 for Part 2.

# Managing Magical Thinking OCD

Part 2: These seven strategies can help you better cope with OCD

by Levi Riven, Ph.D.

from his Psychology Today blog “Demystifying OCD”, November 4, 2021  
[psychologytoday.com/us/blog/demystifying-ocd/202111/managing-magical-thinking-ocd](https://psychologytoday.com/us/blog/demystifying-ocd/202111/managing-magical-thinking-ocd)

## KEY POINTS

- Recognizing the role of chance in unwanted events can alleviate an inflated sense of responsibility in OCD.
- Accepting what you can’t control and focusing your daily objectives on achievable outcomes can help you manage the urge to ritualize.
- Thinking skeptically about cause and effect can help you gain perspective on your magical thinking and abstain from superstitious rituals.

In my recent post, "[Understanding Magical Thinking OCD](#)," I explained how this form of OCD works, develops, and intensifies over time. I described a cycle involving the following:

1. An inflated sense of responsibility,
2. A desire to prevent bad things from happening, and
3. Superstitious rituals that provide a false sense of control.

I explained how the rituals alleviate fear and guilt in the short term but intensify the sense of responsibility in the long term.

In this post, I offer seven strategies for managing these core components of magical thinking OCD (mtOCD).

But let’s begin with a generality: Magical thinking is fundamentally a form of *thinking*.

In mtOCD, sufferers commonly experience distressing intrusive thoughts, self-blaming thoughts, and superstitious thoughts. To overcome this malady of the mind, it's important to develop new perspectives on thinking. Here’s what’s important to know.

## 1. THOUGHTS ARE NOT FACTS

Thoughts are mostly futile, baseless murmurings bouncing around in our skulls. Thoughts are not facts by default.

Thoughts can be factual sometimes—for instance, when you think something like  $2+2=4$ . But

(Continued on page 13)

most of your everyday musings are just random memory spasms of things you once heard, read, watched, or experienced. And unless you are using your conscious brain to self-inform, plan, reason, or problem-solve, your thoughts are very likely not factual.

Consider that you can think in contradictions. You can create fantasy worlds with your imagination. You can think things that you don't believe. And, of course, you can believe things that are not true.  $2+2$  does not equal 5, but that does not prevent one from thinking it if they so wish. *Try it.*

One way to deal with distressing obsessions is to remind yourself that your thoughts are not confirmed facts. You might think about a potential catastrophe, but that doesn't make it real or likely. You might think that you must do something to prevent it, but that, too, is not objectively true.

Try to gain some distance from your worrisome and self-blaming thoughts by seeing them as just content in your mind—content that has no default claim on reality. Tell yourself: *They are just thoughts. They are not facts.*

## **2. DEFLATE RESPONSIBILITY: ACKNOWLEDGE THE ROLE OF CHANCE**

Having some distance from your thoughts may enable you to develop a new perspective on responsibility. Recall that OCD is commonly driven by the belief that *I am responsible for anything bad that happens to myself or to my loved ones*. This sense of responsibility is inflated because it extends to things that you cannot control.

When you feel responsible for uncontrollable events, you are probably overlooking the role of chance. This is a natural human tendency. Our brains evolved to figure out the causes for misfortune. This is a remarkable adaptation, and it betters our lives when there's a cause that we can identify and fix. But it backfires when there isn't one.

When no one and nothing is to blame, it leaves a *responsibility vacuum* that begs to be filled. Individuals often fill the vacuum by blaming others. In mtOCD, individuals, sadly, blame themselves.

How can you deflate this sense of responsibility?

By recognizing and accepting the *vacuum*. Some things simply occur by chance, and it's nobody's fault. Encourage yourself to accept minor mishaps without laying blame. Tell yourself: *I couldn't control it. I couldn't foresee it. Bad things happen by accident. It's not my fault.*

## **3. Deflate Responsibility: Acknowledge the Role of Other Forces**

Of course, not all events occur entirely by chance. Many events are the outcome of multiple,

(Continued on page 14)

complex interacting factors. When misfortune strikes, other people, agencies, and forces likely play a role.

Let's say that someone you love lost their job during the pandemic, and you are struggling with feelings of guilt. Perhaps you are telling yourself it's because you mistreated the person that day, or it's because of something else you thought, said, or did.

How can you ease this sense of responsibility? Start by making a list of all the factors—excluding yourself—that are involved in the event. Make sure you are thinking about *involvement* and not blame. A victim of an accident is *involved* but not *responsible*.

With this in mind, begin your list with the person who suffered the calamity. In this example, that's the loved one who lost their job.

What else goes on the list? There's the pandemic, which placed pressures on the employer; the employer that made the decision to let your loved one go; regulators who enforced COVID-19 restrictions on businesses; patrons who stopped patronizing; and other aspects of infrastructure that broke down.

Don't expect the list to come easily. This works best when you can identify factors that are not initially obvious. When you see that there are many complicated components involved in unwanted events—likely more involved than you were—it can diminish the blame that you are placing on yourself.

#### **4. LET GO OF THE DESIRE FOR CONTROL**

Having worked on deflating your sense of responsibility in two ways, your desire for control may already be a bit diminished. But, in the heat of the moment, the urge to ritualize may still overwhelm you. You can counteract this urge by trying to let it go. Here's how:

- Don't judge yourself. We all desire control to varying degrees.
- Acknowledge that the ritual is comforting but that the sense of control is just an illusion.
- Think about how your life might be better if you took action only when you could control the outcome.

Set a clear mindset of acceptance and determination. *I accept that life is full of things I can't control. This urge to ritualize is strong, but I am not going to act on it.*

#### **5. REPLACE RITUALS WITH ACTIVITIES YOU CAN CONTROL**

A hallmark of OCD is avoidance of feared situations and over-engagement in obsessions and rituals. The result is a neglect of what's important in life. Maybe you've withdrawn socially, stopped exercising, or are avoiding other sources of personal growth and fulfillment.

(Continued on page 15)

Fortunately, these are things you *can* control by filling your day with practical, achievable objectives. You can start by setting long-term goals for reengaging in your life and a short-term action plan for achieving them. Many of my clients see tremendous benefits from simply keeping focused on their objectives every day.

Think about it. If your days are full, your mind is busy, and you feel a sense of purpose in accomplishing tasks, you are less likely to be consumed by obsessions and rituals.

Developing a sense of mastery over your life may also make it easier to accept what you can't control.

## **6. PRACTICE BEING A SKEPTIC**

A skeptic is someone who suspends belief. A skeptic reserves judgment until they are able to identify evidence for a claim. Studies show that when people are challenged to think like a skeptic, it reduces magical thinking.

A team of researchers from Sydney successfully treated two individuals with mtOCD by having them read mystical claims and reflect on why they don't believe in them. The claims were generic—they were unrelated to the participants' own OCD superstitions. Still, completing eight sessions of this exercise led to OCD recovery for at least three months.

Thinking skeptically is powerful.

How can you yield the power of skepticism to manage your own mtOCD? Start with an extraordinary claim you already don't believe in. You can use a common superstition, like avoiding black cats, or an unscientific belief system like astrology, reading tea leaves, or crystal balls.

Reflect on why you don't subscribe to the magic and document each point. As always, make sure to go beyond the obvious. The more time and attention you invest in this task, the more robust your reasoning will be. Spend at least 15 minutes on this exercise and aim for three to five points.

Repeat the exercise with a different superstition or supernatural belief daily for one week. As thinking skeptically becomes more and more natural, you will find it easier to let go of superstitious compulsions.

## **7. FIND A THERAPIST WHO CAN HELP YOU WITH ERP**

The ultimate strategy for managing any form of OCD is stopping rituals and safety behaviors. This is achieved through a treatment called exposure and response prevention (ERP). ERP involves going into situations that scare you (exposure) without performing rituals (response prevention). Most sufferers find ERP extremely difficult to do consistently on their own. If the strategies above are not helping you stop rituals, then you will need to go beyond the guidance of this post. Seek out

*(Continued on page 19)*

# What Is Acceptance and Commitment Therapy (ACT)?

By Deborah R. Glasofer, PhD  
Updated on September 26, 2021

Medically reviewed by Daniel B. Block, MD

## What Is Acceptance and Commitment Therapy?

Acceptance and commitment therapy (ACT) is a type of psychotherapy that emphasizes acceptance as a way to deal with negative thoughts, feelings, symptoms, or circumstances. It also encourages increased commitment to healthy, constructive activities that uphold your values or goals.

ACT therapists operate under a theory that suggests that increasing acceptance can lead to increased psychological flexibility.<sup>1</sup> This approach carries a host of benefits, and it may help people stop habitually avoiding certain thoughts or emotional experiences, which can lead to further problems.

## Techniques

Unlike cognitive behavioral therapy (CBT), the goal of ACT is not to reduce the frequency or severity of unpleasant internal experiences like upsetting cognitive distortions, emotions, or urges. Rather, the goal is to reduce your struggle to control or eliminate these experiences while simultaneously increasing your involvement in meaningful life activities (i.e., those activities that are consistent with your personal values).

This process involves six components:<sup>2</sup>

- **Acceptance:** This means allowing your inner thoughts and feelings to occur without trying to change them or ignore them. Acceptance is an active process.
- **Cognitive defusion:** Cognitive defusion is the process of separating yourself from your inner experiences. This allows you to see thoughts simply as thoughts, stripped of the importance that your mind adds to them.
- **Self as context:** This involves learning to see your thoughts about yourself as separate from your actions.
- **Being present:** ACT encourages you to stay mindful of your surroundings and learn to shift your attention away from internal thoughts and feelings.
- **Values:** These are the areas of your life that are important enough to you to motivate action.
- **Commitment:** This process involves changing your behavior based on principles covered in therapy.

During ACT, your therapist will help you learn how to apply these concepts to your life. They may teach you how to practice acceptance and cognitive defusion, or they may help you develop a different sense of yourself that's distinct from your thoughts and feelings.

*(Continued on page 17)*



***What is ACT?***  
***(Continued from page 16)***

Sessions can also include mindfulness exercises designed to foster nonjudgmental, healthy awareness of thoughts, feelings, sensations, and memories that you have otherwise avoided. Your therapist may also help highlight moments when your actions didn't fit your values while helping you understand which behaviors would fit.

Your therapist may assign homework to practice between sessions, such as mindfulness, cognitive, or values clarification exercises. The homework is agreed upon between you and your therapist and can be modified to make it as personal and useful as possible.

## **What ACT Can Help With**

ACT may be effective in treating:<sup>3</sup>

- Anxiety
- Depression
- Eating disorders
- Obsessive-compulsive disorder (OCD)<sup>4</sup>
- Stress
- Substance use
- Psychosis

Research has shown that ACT can improve symptoms for people with generalized anxiety disorder (GAD), and it may also be a particularly good fit for older adults with the condition.<sup>1</sup>

## **Benefits of ACT**

One core benefit of ACT is the impact it has on psychological flexibility. Psychological flexibility is the ability to embrace your thoughts and feelings when they are useful and to set them aside when they are not. This allows you to thoughtfully respond to your inner experience and avoid short-term, impulsive actions, focusing instead on living a meaningful life.<sup>2</sup>

Psychological flexibility can improve your ability to accept and function with symptoms of conditions like anxiety or depression. Often, those symptoms may lessen significantly as a result of this increase in psychological flexibility.<sup>2</sup>

## **Effectiveness**

ACT is sometimes referred to as a "third wave" or "new wave" psychotherapy. The term "third wave" treatment refers to a broad spectrum of psychotherapies that also includes:

- [Dialectical behavioral therapy \(DBT\)](#)
- [Schema therapy](#)
- [Mindfulness-based cognitive therapy \(MBCT\)](#)

*(Continued on page 18)*

Historically, third-wave treatments were seen as particularly appropriate for people who were not benefiting from pre-existing treatments like classical CBT. However, it is now believed that for some individuals, a third-wave therapy option may make sense as a first-line treatment.<sup>5</sup>

Research shows ACT to be effective at treating a wide range of conditions, including some that span several diagnoses. ACT also appears to improve quality of life, and it may help people deal with physical conditions and chronic pain.<sup>3</sup>

## Things to Consider

While ACT is an effective treatment for a variety of conditions, research shows that it may be about as helpful as other available forms of therapy, such as CBT.<sup>6</sup> These findings suggest that someone who benefits from ACT may have also benefited from another treatment.

ACT has also faced criticism for its similarity to other forms of therapy. Some proponents of CBT claim that ACT, like other third-wave therapies, doesn't represent a significantly different approach.<sup>7</sup>

## How to Get Started

Several types of mental health professionals may offer ACT, including psychiatrists, psychologists, social workers, or mental health counselors. If you are interested in learning more about this approach, you might ask about your treatment provider's training background with it or seek out an experienced ACT practitioner.

You may also try referral sources such as the [Association for Contextual Behavioral Science \(ACBS\)](#) or the [Association for Behavioral and Cognitive Therapies \(ABCT\)](#). The ACBS also provides [free resources about ACT](#) in the form of videos, audio clips, and mindfulness exercises.

A therapist specifically trained in ACT will be both an active, empathic listener and an active guide, encouraging deeper exploration and non-judgmental awareness during the sessions.

ACT sessions tend to be hands-on, often including psychological exercises or mindfulness training, as well as homework after the session is done. Completing these exercises is an important part of ACT, as this is the way you can learn new skills and improve your psychological flexibility.

Your therapist will also want to discuss your values and goals during therapy. This is another crucial part of treatment, as these values will inform your actions moving forward.

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2. Twohig MP, Levin ME. [Acceptance and commitment therapy as a treatment for anxiety and depression: A review](#). *Psychiatr Clin N Am.* 2017;40(4):751-770. doi:10.1016/j.psc.2017.08.009

(Continued on page 19)

*Managing Magical Thinking OCD*  
(Continued from page 15)

the support of a local therapist who can coach you through ERP.

In the meantime, practicing these seven steps on your own, and doing so consistently, may bring you measurable relief from magical thinking OCD.

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*Levi Riven, Ph.D., is a Canadian clinical psychologist and founder of Riven Psychology, an online private psychology practice for adults living in Ontario. He is passionate about everything related to OCD. He wanted to start this blog to educate the public about “magical thinking” in OCD. This phenomenon is common among sufferers, yet there appears to be a lack of articles on the subject. His blog posts seek to demystify magical thinking OCD for readers. This post can be found at [psychologytoday.com/us/blog/demystifying-ocd/202111/managing-magical-thinking-ocd](https://psychologytoday.com/us/blog/demystifying-ocd/202111/managing-magical-thinking-ocd)*

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*This article can be found at [verywellmind.com/acceptance-commitment-therapy-gad-1393175](https://verywellmind.com/acceptance-commitment-therapy-gad-1393175)*



# 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)

Demystifying OCD [psychologytoday.com/us/blog/demystifying-ocd](http://psychologytoday.com/us/blog/demystifying-ocd)

## Videos:

IOCDF [youtube.com/channel/UC3ClvnrcrC-3wr27fz\\_HIIQ](https://youtube.com/channel/UC3ClvnrcrC-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/UC3ClvnrcrC-3wr27fz\\_HIIQ](https://youtube.com/channel/UC3ClvnrcrC-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)

*(Continued on page 21)*

## Podcasts:

The OCD Stories [theocdstories.com](http://theocdstories.com) or

[youtube.com/channel/UCfdYcA62Vip6EFKKLUij-4g](https://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)

Your Anxiety Toolkit [podcasts.apple.com/us/podcast/your-anxiety-toolkit-its-a-beautiful-day-to-do-hard-things/id1098792502?mt=2](https://podcasts.apple.com/us/podcast/your-anxiety-toolkit-its-a-beautiful-day-to-do-hard-things/id1098792502?mt=2)

## 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

**“Uncertainty is the only certainty there is. Knowing how to live with insecurity is the only security.” - John Allen Paulos.**

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

*“If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it; and this you have the power to revoke at any moment.”*  
- Marcus Aurelius

*“Maybe you went through it and survived just so you could help someone else make it through.” - Toby Mac*

# 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**

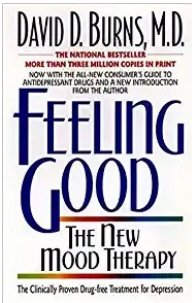
[medicine.umich.edu/dept/psychiatry/programs/adult-partial-hospitalization-program](http://medicine.umich.edu/dept/psychiatry/programs/adult-partial-hospitalization-program)

**\*\* 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

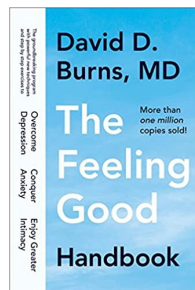


David D. Burns, MD  
*Feeling Good: The New Mood Therapy*  
 William Morrow, 1999  
 ISBN 978-0380731763

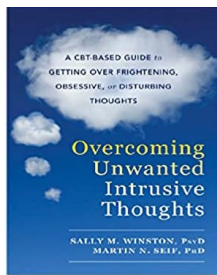
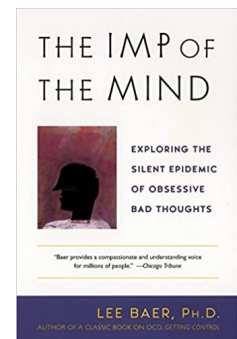


Stuart Vyse  
*Believing in Magic: The Psychology of Superstition*  
 Oxford University Press, 1997  
 ISBN 978-0195078824

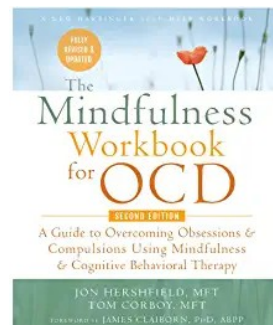
David D. Burns, MD  
*The Feeling Good Handbook*  
 Plume, 1999  
 ISBN 978-0452281325



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



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, 2017  
 ISBN 978-1626254343



Jon Hershfield MFT and  
 Tom Corboy MFT  
*The Mindfulness Workbook for OCD: A Guide to Overcoming Obsessions and Compulsions Using Mindfulness and Cognitive Behavioral Therapy*  
 New Harbinger, 2020  
 ISBN 978-1684035632

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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.

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