

**NEXT QUARTERLY  
MEETING TOPIC:  
Parenting A Child with  
OCD: A Four Step  
Approach**

We will have our next quarterly meeting at 7 p.m. on Monday, March 12, 2007, at Robert Wood Johnson Hospital in New Brunswick, NJ. Our featured speaker will be Allen H. Weg, EdD, one of the founders and Vice President on the Board of Directors of NJ OCF.

Dr. Weg is director of Stress and Anxiety Services of New Jersey, an independent multi-therapist practice in East Brunswick. He will review some guidelines in negotiating the very challenging task of raising a child or adolescent with Obsessive Compulsive Disorder. While child/adolescent OC sufferers may find this presentation interesting, it will be geared specifically towards the parents.

Where should the lines of control be drawn? Where does punishment and reward come in? How should a parent respond to a child who is actively obsessing and/or ritualizing? What should parents do when they find they have become a part of the ritualizing process? These and other typical questions will be addressed, and a four-point formula will be reviewed, geared towards helping parents structure their response to their OC-afflicted child. There will also be time for questions to be addressed.

Please join us in what is sure to be a very informative evening. As always, attendance and refreshments are free of charge.

**VOLUNTEERS NEEDED!**  
Help Share OCD Information in  
Schools in Your Town!  
See Page 8!

**Philip Lubitz, M.S.W. presented on NAMI New Jersey**

*by Rachel Strohl, Psy.D.*

On December 11, 2006, the guest speaker at the quarterly New Jersey Obsessive Compulsive Foundation meeting was Mr. Philip Lubitz. He is the Director of Advocacy Programs for NAMI New Jersey. He has more than 30 years of experience in the public mental health system as a therapist, administrator, and family advocate. He is currently the Vice Chair of the New Jersey Mental Health Planning Council, a



founding member and twice president of the New Jersey Coalition of Residential Providers, and has also served as the New Jersey Family Support Coordinator.

NAMI, National Alliance of the Mentally Ill, was formed in 1979 by family members. The NAMI New Jersey affiliate is a statewide nonprofit organization "dedicated to improving the lives of individuals and families affected by mental illness." Mr. Lubitz explained that individuals with Obsessive Compulsive Disorder (OCD), a biologically based disorder, are included in this mission.

Mr. Lubitz discussed the many services available through NAMI New Jersey. The following briefly outlines several of NAMI's resources and other statewide services:

1)SUPPORT GROUPS – Members, whether family or consumers of mental health information, assist each other to cope with the effects of mental illness. For information and referrals, he recommended contacting the NJ Self Help Clearinghouse or SPAN (Statewide Parent Advocacy Network).

2)EDUCATION – Provides information about the most recent research and treatments available. This is conveyed through a) talks and conferences, b) a 12-

week course called Family-to-Family, c) programs to educate the educators, d) training law enforcement, professionals, and government officials, and e) anti-stigma and discrimination projects, such as In Our Voice program which features individuals with mental illness talking about their experiences.

3)RESOURCES – One of the main goals of NAMI New Jersey is to provide information about services available. Mr. Lubitz explained in depth the resources offered in New Jersey: a) Division of Mental Health Services, b) Division of Child Behavioral Health Services (e.g., Value Options), c) vocational services, d) legal services, e) housing, f) obtaining medications, and g) civil rights and discrimination services.

4)ADVOCACY – NAMI New Jersey promotes legislative issues that improve mental health services, achieve parity, eliminate stigma, and increase research of brain disorders. Any person can sign up for Advocacy Alerts by email to help improve mental health services in New Jersey.

If you would like further information about any of the services provided, Mr. Lubitz encouraged audience members to contact him at [advocacy@naminj.org](mailto:advocacy@naminj.org) or by phone at (732) 940-0991.



*Dr. Rachel Strohl is a temporary permit holder in the practice of psychology and conducts therapy under the supervision of Dr. Allen Weg at Stress and Anxiety Services of NJ in East Brunswick. She may be reached at 732-390-6694 x3.*

## PRESIDENT'S MESSAGE



Those of you who attended our December meeting realize how vitally important the organization NAMI (National Association of Mental Illness) is in our state. NAMI was a great force behind the passing of Mental Health Parity in the NJ Senate and it has since moved to the Assembly.

Please become a member of NAMI, which will entitle you to their informative newsletter. You can contact them via e-mail at [naminj@optonline.net](mailto:naminj@optonline.net) or visit their website at [www.naminj.org](http://www.naminj.org).

Also, if you are interested in more advocacy information, you may e-mail NAMI at [advocacy@naminj.org](mailto:advocacy@naminj.org) or phone Phil Lubitz at (732) 940-0991.

Looking forward to welcoming all of you at our March meeting.

*President Ina Spero*

## MANY THANK YOUS!

- To our many friends who have included a donation to the NJ Affiliate along with their newsletter subscription renewals.
- To Joseph and Roz Westheimer for their generous gift in honor of Ina and Julian Spero's 50th Anniversary.

## NATIONAL OCD FOUNDATION CONTACTS

OCF  
PO Box 9573  
New Haven, CT 06535

Phone: (203) 401-2070  
Fax: (203) 315-2196

E-mail: [info@ocfoundation.org](mailto:info@ocfoundation.org)  
Internet: [www.ocfoundation.org](http://www.ocfoundation.org)

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### **YOU CAN HELP...**

With production cost and postage rates climbing and our mailing list growing rapidly, we would like to mention that any voluntary contribution would aid us to keep this NJ Affiliate Newsletter going.

- Board of Directors

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### **Any Comments?????**

The staff of the Newsletter encourages all comments on our published articles. Also, any letters and articles, which you wish to submit for our quarterly publications, are welcome. Please submit them to, Ina Spero, NJ OCF, 60 MacAfee Road, Somerset, NJ 08873.

### **Disclaimer**

The information in this Newsletter should not be taken in lieu of proper medical and/or mental health professional services. The Board of Directors of the New Jersey Affiliate of the Obsessive Compulsion Foundation, as well as all other volunteers involved in the development and distribution of this Newsletter, do not endorse any particular viewpoint or information presented here. Again, nothing takes the place of proper medical/mental health professional services.

### **NJ OCF MISSION**

The Affiliate is a community of those who have an interest in Obsessive Compulsive Disorder and whose goals are:

- To educate the public and professional communities about the disorder.
- To support individuals afflicted and their significant others.
- To support research into the causes and treatments of this disorder.

### **NJ OCF OFFICERS**

Ina Spero - President  
Dr. Allen Weg - Vice President, Newsletter Editor  
Judy Cohen - Secretary  
Dr. Rachel Strohl - Recording Secretary  
Julian Spero - Treasurer  
Nicole Torella - Newsletter Editor  
Steven I. Dyckman, M.D. - Advisory Board member

# Experiences with OCD

By Sujoy Gayen

*[The following article is written by a young man who experienced a very unusual presentation of OCD symptoms. The cyclical way in which his OC symptoms literally turned on and off depending on the time of the month was particularly curious, and stumped many professionals that he went to. The suggestions made in this article would probably not be appropriate for most OC sufferers, but we wanted to include the article in the newsletter, because it demonstrates first that OC symptoms can present within a context of a variety of other disorders, including medical ones, and second, to encourage people to always investigate different options if they find limited help with their current treatment protocol. As always, NJOCF does not necessarily promote or approve of any particular interventions or treatment protocols described in our articles. It is always best to discuss questions or concerns with your mental health/medical professional.- Allen H. Weg, EdD]*

I am 16 year old now and I started suffering from anxiety, obsessive thoughts, and nervousness in the summer of 2002. I was 12, had just finished the sixth grade, and was about to enter middle school. I experienced some very disturbing and harrowing thoughts that made me cry on end, and I would continuously rush to my parents for reassurance. I was not able to do anything; I could not study, carry out normal conversations, or even watch television without choking up. I suffered like this until February of 2006; by that time I was in the tenth grade. The peculiar thing, however, was that these periods of extreme anxiety and depression came and went in monthly cycles. For four to five weeks, I would be normal, and then all of a sudden, I'd start feeling miserable. I'd feel miserable for about a week. Then my misery would ease. After another four to five weeks, I'd start feeling horrible, and this cycle would continue. No one knew what was causing these cyclical attacks.

In an attempt to improve my condition, my parents took me to several psychologists and psychiatrists. In the fall of 2003, a psychiatrist diagnosed me with obsessive-compulsive disorder (OCD). I was prescribed Prozac, Lexapro, Zoloft and Risperdal over the next two years. In addition, I went to two reputed psychiatrists for exposure and response therapy. Nothing worked. During the normal period I would understand the principles of exposure and response therapy very well. But during the episode, I would be too overwhelmed to apply those principles. While the medication and counseling were trying to treat the symptoms, my parents took me to experts in leading medical institutions in New York and Philadelphia to see if the cause behind my suffering could be identified. No one could explain why the episodes occur in such a cyclic and predictable way. At the end of two years of medications and therapies, I was worse off than where I had started. With my doctor's consent, I was taken off from all the psychiatric medications and I did feel better for a while, but the episodes kept reappearing with due regularity.

My mother all along had the hunch that a physical, not a psychiatric, problem was causing these cyclical attacks. After doing extensive Internet research, she found that a medical institute in Chicago treats OCD, depression, bipolar disorder and autism using dietary supplements, such as, vitamins, minerals and amino acids. They try to find out the source that causes these problems and try to fix the source instead of treating the symptoms. The doctors there believe that many of these ailments result from deficiencies in diet, and reaction to different food items. They specialize in correcting ailments with vitamins and dietary changes. My mother took me to the institute in the summer of 2005. They ran blood, urine, hair and stool tests on me. Blood results showed that I was zinc deficient, and the stool test showed that I had candida infection in my intestine. Candida is a yeast that thrives in the intestines when people eat too much sugary foods and foods that they're allergic to. If too

many harmful foods are eaten, the Candida becomes an insidious fungus that can cause a host of ailments, including mental disorders such as depression and anxiety disorders.

The doctor prescribed vitamin and zinc supplements to be taken daily, as well as, Nystatin and Samento (a Peruvian Herbal medicine) to treat candida. In addition, he advised me to eliminate wheat and milk from my diet. Within two weeks of starting Nystatin and Samento, my skin condition was better, and my next two episodes were much milder. I could go to school and do most of the work, except that I did my work slowly. After two episodes, I was symptom-free for 6 months. During that 6-month period I went through blood, urine and stool tests, and candida infection was no longer existent. My vitamins were modified and Nystatin and Samento were discontinued. Within two months of discontinuing Nystatin and Samento the anxiety and depressive episodes came back in August of 2006. As a result, I was again put on Samento and Nystatin. I got two episodes after that – one in September and another in November. During both of these episodes, I could work and go to school, but it took me much longer to finish any task than the time it would normally take me.

In addition, my mom learned about a psychiatrist who specialized in healing mental diseases by eliminating harmful toxins from one's body. We took an appointment with him in November of 2005. He advised me to eliminate foods containing processed sugars from my diet in addition to the wheat and milk that were already removed. Once I removed these foods from my diet and took the vitamins and candida medications, my condition improved significantly. Currently, my cyclical suffering is less intense, and some months, I don't even experience the attacks.

My mom started researching as to why Nystatin and Samento were working better than many psychiatric medications and therapies that I was given. She found that Samento, the Peruvian herb, is used as an alternative medicine to treat Lyme disease. With that clue, she started reading on Lyme disease and found that Lyme is very difficult to diagnose. Even though my blood work came negative for Lyme two years back, with the help of my primary care physician she sent my blood to a Research lab where they used a more accurate test. Test result came positive for me. Then my mom took me to a lyme specialist who did further blood work, and the test came out to be positive as well. So, officially I have been diagnosed with OCD, Candida, and Lyme disease. Soon my Lyme treatment will start, and we are all hoping that with that my OCD symptoms will go away.

I am very grateful to my mom for her tireless research that led to a treatment plan that improved my condition. However, my mom had to spend an enormous amount of time to find the institute in Chicago, different psychologists, and the Lyme specialist. It should not be that way; that is why I wanted to write about my experiences in this newsletter so that it can be helpful to others. If you're finding it hard to fight your OCD, I suggest trying other options and that is what we did. I have provided some of the web sites that have more detailed info that were helpful for me. If you need further information you can contact me and my mom at [sujoy1@optonline.net](mailto:sujoy1@optonline.net).

Relevant WEB sites:

Pfeiffer Institute: <http://www.hriptic.org>

<http://www.thehealingpartnership.org/>

Lyme Disease Association: <http://www.lymediseaseassociation.org/>

# Fighting OCD with “Attitude”

By Allen H. Weg, EdD

Most of you who have done general reading on OCD in the past, or have read my articles in previous NJOCF newsletters, are familiar with the concept of thinking of the disorder as a living, thinking, breathing entity. If you can imagine the OCD as an enemy with a thought process of its own, it becomes easier to battle against it. With my younger clients (and sometimes even my older ones) we “anthropomorphize” the OCD, that is, give it a life of its own, by envisioning what it might look like, drawing pictures of it, and giving it a name.

During the course of Exposure and Response Prevention (ERP) work, we not only focus on “showing” the OCD who is “boss” by doing things OCD tells us not to do, or not doing things OCD tells us that we need to do, but we also “tell” OCD directly that we are not going to listen to it.

For example, I had a young girl in my office just the other day who had an “evenness” form of OCD, where anything done with one hand had to then be done with the other hand to help her feel “balanced.” This made things like writing or eating particularly challenging, because she had to keep switching hands, or engage in the task by using both hands at the same time.

Therapy involved not only having her “show” the OCD who is boss by using only one hand, and resisting using the other hand, but “telling” the OCD who is boss by literally yelling out loud to the OCD and saying such statements as, “I’m the boss! You can’t make me do anything I don’t want to do! When you tell me that I have to use both hands or you’ll make me feel terrible forever, I know that you are just trying to scare me! My bad feelings will go away in a short while on their own if I just do it my way and don’t listen to you!”

This “show and tell” form of OCD, a phrase that I first heard used by Dr. Tamar Chansky, is a very effective way of combating the disorder, because you are not only challenging the OCD behaviorally with what you do, but cognitively with what you think. Still, I have found that some of my clients who utilize this “double barreled” approach to ERP struggle long and hard with their exposure work, and for them the ERP process seems more drawn out and more painful than for other clients that I have worked with. It was by closely observing how these clients talk back to their OCD that I began to notice what was missing: Attitude.

Those clients that are truly intimidated by their OCD, who experience themselves as victims, and really feel like the kid in the playground that is being bullied by someone bigger, stronger and threatening, may go through the motions of talking back to their OCD as well as behaviorally refusing to do what OCD tells them to, but they lack a subtle something; Attitude. That is to say, their primary experience is of fear, even as they are talking back to the OCD, and it shows. As they say the words, they are thinking of how

OCD will “get back” at them for standing up to it, and there is that sense of dread in their voices. It is as if they are acting, but do not really believe the words that they themselves are saying.

Keeping with the idea of anthropomorphizing the OCD, if you talk back to OCD, but your sense of fear and intimidation is apparent, the OCD will “see through” you, won’t buy what you are saying, will continue to challenge you, and will not back down so quickly or easily. What you need is attitude. A sense of irreverence, of defiance, even of hatred. The way to get this attitude is to think about all the ways that OCD gets in your way, all the losses that you have engendered because of it, all the pain you have experienced as a result of its bullying. Get angry with it. Really angry. And incorporate these feelings into your verbal bossing back of the OCD.

Applying this idea to the young girl I mentioned earlier, her verbal bossing back would include statements like “I HATE you! I HATE the way you make dinner time miserable for me! I HATE the way I have to worry that the kids in class will think I’m weird because I have to keep switching hands when I write! You stink! Go jump in a lake! You’re a LIAR! I don’t believe anything you say!”

These statements are not only self-protecting, but they are aggressive. Whereas the flavor of the earlier statements focus only on setting boundaries with the OCD, these additional statements actually ATTACK the OCD. Believing what you say to the OCD is essential, as OCD is very good at reading the most subtle cues as to how you are feeling (it does, after all, live in your own brain). So you can’t act angry, you have to be angry. You have to feel it. The feelings of anger and fear are somewhat incompatible, and so the more of your anger you get in touch with, the less you will be overwhelmed by your own fear. When the OCD gets that you really mean it, and you are not just grandstanding or acting a part, it will do the thing you want it to do easier and faster than you would ever anticipate- it will back down.



*Dr. Weg, Vice President of the OCF New Jersey Affiliate, runs an independent practice called Stress and Anxiety Services of New Jersey in the East Brunswick area. He can be reached at 732-390-6694, or see his website at [www.StressAndAnxiety.com](http://www.StressAndAnxiety.com).*

**SUPPORT GROUPS BEING FORMED FOR KIDS!**

**IN HIGHLAND PARK, NJ**

**FOR CHILDREN AGES 6 - ADOLESCENT**

Facilitated by Dr. Elizabeth Roberts

Dr. Elizabeth Roberts is a clinical neuropsychologist and psychotherapist. She earned her doctorate in clinical psychology from Hahnemann University in Philadelphia in 1987 and completed a postdoctoral fellowship in clinical neuropsychology from Hahnemann University Hospital in 1989. Dr. Roberts has a private practice in Highland Park, NJ in which she offers cognitive behavior therapy and neuropsychological evaluation for individuals with OCD, Tourette's syndrome, selective mutism, trichotillomania, autism spectrum disorders, social anxiety disorder, and others.

Her address is: 328 Dennison Street, Highland Park  
For more information, please call: (732) 418-0707

**IN BRIDGEWATER, NJ**

**FOR CHILDREN, ADOLESCENTS AND THEIR PARENTS AND FAMILY MEMBERS!**

**When:** Quarterly: Jan., April, July, and Oct.  
from 7:00 to 8:30 p.m.

**Where:** Richard Hall Community Mental Health Center  
500 North Bridge Street, Bridgewater, NJ  
(Across from the Somerset County Library)  
● Meet in Richard Hall Conference Room, First Floor

**Cost:** FREE! Please call ahead of attending.

**Call:** (908) 229-1367

**For Information:**  
**E-mail:** ocdhelp4kids@yahoo.com

**NJ OCF Newsletter Has a Subscription Fee!**

After careful budget review, the NJ OCF has come to realize that in order to continue the production and mailing of the quarterly newsletter, we are going to need to charge a minimal annual Subscription Fee. This fee will directly cover the printing and mailing of each quarterly newsletter.

**The Subscription Fee for 2007 is \$5.00.**

In order to continue receiving the newsletter, please either bring payment to the next meeting or return the form below with payment by cash, check, or money order to:  
CNJAOCF, 60 MacAfee Road, Somerset, NJ 08873-2951

**However, if you would like to receive the newsletter by e-mail for FREE, please e-mail Nicole Torella at [torellani@aol.com](mailto:torellani@aol.com) and you will receive a pdf file each time we produce the newsletter!**

We at the NJ OCF appreciate your continued support and interest in OCD.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## OCD on the Web

By Christopher J. Dunn

[This article was printed only in part in the last newsletter. Here it is in full.]

After a 3+ years' hiatus to attend law school, I have returned with a new column of information, tidbits, and eclectica on obsessive-compulsive disorder on the web. For those of you new to the column, and as a reminder to past readers, I was a former patient of Dr. Allen Weg, so far the finest doctor I have encountered for dealing with OCD. Four or five years ago he asked me to start writing a column spotlighting websites on which patients and family members could learn new things about this monster we deal with on a daily basis. My articles were few and sometimes far between in the past, but I hope to make this a more regular contribution to the OCD Newsletter.



Today I highlight two websites. The first is from the BBC Online, featuring an article from 2002 on OCD's genetic link. The second discusses research by the Johns Hopkins Department of Psychiatry and Behavioral Sciences on the treatment of OCD all the way up to extreme levels, including the ominous sounding "gamma knife capsulotomy," which I guarantee will not turn you into the Incredible Hulk.

The first article, "Gene for Obsessive Behaviour" (note the British spelling), appears on the BBC News World Edition website at <http://news.bbc.co.uk/2/hi/health/2234315.stm>. What's notable about findings that OCD may be genetic? When parents with OCD have children, they might be able to seek treatment for them far earlier than they were able to seek treatment for themselves. The article provides an overview of the disorder with which most readers of this newsletter are no doubt familiar. Two inset boxes provide a list of common obsessions such as fear of contamination and fear of causing harm to another and a list of compulsions such as hand washing and ordering, respectively.

A key genetic component passed down in families with OCD is a malfunction in serotonin receptors in the brain. The proper balance of serotonin, a neurotransmitter which regulates mood, allows non-OCD-sufferers to dismiss irrational thoughts in the brain far more easily than someone with the disorder. For them, the thoughts become stuck and repeat themselves over and over, causing anxiety. This biological cause for mental disorders such as OCD is often overlooked by insurance carriers who will not provide the same coverage for mental illnesses that they do for physical ones.

Next the article discusses the debate between researchers as to the degree to which OCD is biological and the degree it may be triggered or even caused by one's environment. Each seems to agree that a combination of genetic and environmental factors contributes to the development of OCD, as with the development of any behavior. But this article adds strength to the idea that OCD may be more in the genes than was previously thought.

The second website, <http://www.hopkinsmedicine.org/ocd/treatment.html>, discusses various kinds of treatments for OCD, including a section on the most recent developments in drug treatment. What I found most interesting was the subsection entitled, "Promising New Treatments for Severe OCD." Please note that, as the site says, "[t]hese surgical procedures are for individuals who have been unsuccessful in their previous treatment with medication and behavioral therapy." They are extreme treatments that should only be considered by those patients who have extremely limited ability to live normal lives because of their OCD. The first, deep brain stimulation, involves the insertion of two electrical stimulators on either side of the brain to help control the electrical impulses sending false messages to the brain. The second, gamma knife capsulotomy, actually makes incisions in the areas of the brain which involve OCD symptoms. The site provides statistics on the success rates of these treatments. But remember, though some days our OCD is so bad that the idea of having it virtually physically removed from our heads might seem wonderful, these are extreme treatments, the second of which is irreversible. And any surgery poses a risk, especially brain surgery.

Please check out the articles and send me your questions and comments at [dunmranoldo@hotmail.com](mailto:dunmranoldo@hotmail.com), with RE: OCD on the Web column in the subject line. See you next issue!

## Therapy Groups for OCD, Panic Disorder, & Social Phobia

**Short-term, intensive learning, change-focused experiences led by Drs. Rachel Strohl and Allen H. Weg**  
*Groups for Children as well as Adults*

Monday or Tuesday evenings in East Brunswick  
Dates to be announced

**GO TO [www.StressAndAnxiety.com](http://www.StressAndAnxiety.com) for more information**

**If interested, phone Dr. Strohl immediately at 732-390-6694 x3**

**Or email us your information as instructed on our website**

This is a paid advertisement

## SAVE THE DATE!

### FOR THE 2007 MEETINGS!

The New Jersey Affiliate of the Obsessive Compulsive Foundation will have its quarterly meetings on the following Monday evenings:

**FREE! FREE! FREE!**

**March 12, June 11**

**September 10, December 10**

Please plan to join us! Our meetings begin at 7:00 p.m. and will be held at Robert Wood Johnson Hospital in New Brunswick, NJ. We hope to see you there!

## Presenting At Your Local School

Whether layperson or professional, if you have an interest in presenting to a faculty meeting at your local school on the topic of OCD in the school environment, please contact Dr. Allen Weg at 732-390-6694 x1. You will make the contact and arrange for the presentation. We will provide you with a very specific script that you can read from and handouts which you can leave with the school staff. We will give you very specific instructions on what to say and how to share the handouts. The presentation takes less than 10 minutes.

This is being done as a way of fulfilling the National Obsessive Compulsive Foundation's mission of educating the general public about the disorder and encouraging early identification and treatment of OCD in school-age children. Please consider helping us out in this very worthwhile project.

# WANT TO HAVE A SUPPORT GROUP IN YOUR AREA? WE CAN HELP!

If you look at the back of this Newsletter, you will see that there is only a small handful of support groups for OCD around the state. It is one of the goals of NJ OCF to help create more of these groups. We at NJ OCF receive several phone calls every month asking for support groups in areas of New Jersey where there are none. Northern counties and southern counties are especially devoid of groups.

If you are interested in having a group in your area, we can help. Here's how:

- 1) If you want to have a group, you need to find a place to meet. Local churches, synagogues, libraries, high schools, hospitals, and community mental health centers are good places to find free rooms. If you say you will be working with the NJ Affiliate of the OC Foundation, it might also give you some "clout."
- 2) Determine the day and time- this will in part be determined by room space availability- no more than twice a month is needed, and once a month is often a good place to start. An hour and 15 minutes or an hour and a half is usually the length.
- 3) Contact us. Call Ina Spero at 732-828-0099. We can put your name and contact number on our website and in our Newsletter. We will announce the formation of your group at our quarterly meetings. We will help to put out the word. You can also do your part by letting local mental health professionals and facilities know about the group (sometimes this means going door to door with a flyer). Decide whether this is a group only for adults, only for sufferers, or open to everybody- we recommend the latter- friends, family, and children with OCD.
- 4) Once you have a minimum number of people- 5 is enough to get started, let us know. We will give you some guidelines about how to run the group, provide you with handouts that you can give to members of the group, and answer questions that you may have regarding the mechanics of how to facilitate group discussion.- Don't worry if you've never done anything like this before. We will "hold your hand" in the early phases of the group until you feel more comfortable. WE ARE HERE TO HELP!
- 5) If you have any questions of a clinical nature regarding running or forming a group, you can phone Dr. Allen Weg at 732-390-6694.

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## ***New Support Group for Adolescents***

My name is Laura and I am now 18 years old, but I was diagnosed with OCD when I was fourteen. My mom and I searched for support groups in the area but could not find a single one. I had been going to therapy, which helped a great deal, however, I was looking for support from kids my own age as well. I was told that OCD was not as uncommon and that I wasn't as abnormal as I once thought. I still felt pretty alone, however, and wanted to meet other people my age who were experiencing what I was. This is why I am putting together, with help from the New Jersey OCF, a support group for adolescents ages 13-19, with OCD. This is an opportunity for teens to share their stories with one another, support each other, and realize that they're not alone. Meetings will be held on Wednesdays at 3:00 p.m. at the Hazlet Library. If you, or anyone you know that suffers from OCD, is interested please contact me at Jerseygr116@hotmail.com or 908-461-5530.

## ***NEW SUPPORT GROUP BEING FORMED IN BRICK TOWNSHIP***

The NJ OCF is pleased to announce that a member of the Howell meeting is starting a new group in Brick Township. The group meets every Friday evening from 8:00 p.m. to 9:30 p.m. at St. Paul's United Methodist Church, 714 Herbertsville Road, Room # 6, Brick, NJ 08724. For more information on the group, call John M. at (732) 691-3200. The group launched their first meeting on June 2nd, so if you live in the area and are looking for some OCD support, be sure to stop by and check it out!

**Starting a group?  
Want it included here?  
Call Ina at (732) 828-0099  
and let her know the  
details so it can be added  
to the newsletter!**

## ***PRINCETON GROUP WANTS PARTICIPANTS***

I would like to put together a support group for parents of children with OCD, one that would meet in the Princeton area. Interested parents should e-mail griffith@princeton.edu.

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## ***GROUP FORMING IN BASKING RIDGE***

A new support group is in the process of being formed in Basking Ridge, NJ. For more information on this group, please call Carol Durso at (908) 350-3440.

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## ***SUPPORT GROUP IN BERGEN COUNTY***

A new support group is forming in Bergen County and those of all ages are welcome to attend. For more information, call Evan Wechman at (845) 709-7065.

## **NJ OCF DVDS NOW AVAILABLE!**

We videotape our annual conferences and the speakers from our quarterly meetings, and provide copies of them to anyone interested. All moneys charged are pumped back into NJ OCF to help defray the costs of the organization. The following are now available in DVD format. We still have some videotapes available for purchase and they are on sale buy 1, get 1 free! Also note that on our website, [www.njocf.org](http://www.njocf.org), a full description of each DVD is available.

|   |         |
|---|---------|
| "Red Flags, Relapse, and Recovery," Jonathan Grayson, PhD   | \$15.00 |
| Families and OCD: How to Coexist," Elna Yadin, PhD  | \$15.00 |
| "Flying Towards the Darkness", NJ OCF First Annual Conference:Parts 1 & 2                           | \$25.00 |
| "Flying Towards the Darkness"- Part 1 only, Allen H. Weg, Ed.D. NJ OCF 1st Annual Conference        | \$15.00 |
| "Flying Towards the Darkness"- Part 2 only: The OCD Panel, NJ OCF 1st Annual Conference             | \$15.00 |
| "Generalized Anxiety Disorder and OCD", David Raush, Ph.D.  | \$15.00 |
| "OCD Spectrum Disorders", Nancy Soleymani, Ph.D.  | \$15.00 |
| "Living With Someone With OCD...", Fred Penzel, Ph.D., Part I - NJ OCF 2nd Annual Conference        | \$15.00 |
| "The OCD Kids Panel", Part II- NJ COF 2nd Annual Conference   | \$15.00 |
| NJ OCF- 2nd Annual Conference, Parts I and II (combined discount price)                             | \$25.00 |
| "Panic and OCD", Allen H. Weg, Ed.D.  | \$15.00 |
| "Medications and OCD", Dr. Rita Newman  | \$15.00 |
| "OCD", Dr. William Gordon   | \$15.00 |
| "You, Me, and OCD: Improving Couple Relationships.", Harriet Raynes Thaler, MSW, ACSW               | \$15.00 |
| "Freeing Your Child from OCD", Dr. Tamar Chansky, Part I - NJ OCF 3rd Annual Conference             | \$15.00 |
| "The Parents Panel of Kids with OCD" Part II- NJ OCF 3rd Annual Conference                          | \$15.00 |
| NJ OCF - 3rd Annual Conference, Parts I and II  | \$25.00 |
| "Neurobiology of OCD," Dr. Jessice Page   | \$15.00 |
| "Getting Past Go," Dr. Allen H. Weg, Ed.D.  | \$15.00 |
| "Hoarding", Dr. Dena Rabinowitz   | \$15.00 |
| "Improving Outcomes in Treatment for OCD", Deborah Roth Ledley, Ph.D.                               | \$15.00 |
| "Using Scripts to Counter the Voice of OCD" Jonathan Grayson, Ph.D., Part I - 5th Annual Conference | \$15.00 |
| "Panels of Drs. Grayson, Springer, & Weg" Part II - NJ OCF 5th Annual Conference                    | \$15.00 |
| NJ OCF - 5th Annual Conference, Parts I and II  | \$25.00 |
| "Flying Into the Darkness - Revisited", Allen Weg, Ed.D.  | \$15.00 |
| "Beyond Exposure and Response Prevention", Milton Spett, Ph.D.                                      | \$15.00 |
| "Incorporating Mindfulness Into Treatment of OCD", Jessica Page, Psy.D.                             | \$15.00 |
| "Potholes in the Road to Recovery...", Fred Penzel, Ph.D. - Part I - NJ OCF 6th Annual Conference   | \$15.00 |
| "Living with OCD" Panel, Part II - NJ OCF 6th Annual Conference                                     | \$15.00 |
| NJ OCF - 6th Annual Conference - Parts I and II   | \$25.00 |
| "OCD and the Family." Dr. Julia Turovsky, Psy.D   | \$15.00 |
| "Obsessive Compulsive Disorder, A Survival Guide for Family and Friends." Roy C.                    | \$15.00 |
| "New and Experimental Pharmacological Treatments for OCD." William Greenberg, MD.                   | \$15.00 |
| "Cognitive Behavioral Therapy for OCD & Related Disorders..." Dr. Martin Franklin (7th Conference)  | \$15.00 |
| "Living with OCD" Panel, Part II - NJ OCF 7th Annual Conference                                     | \$15.00 |
| NJ OCF - 7th Annual Conference, Parts I and II  | \$25.00 |
| "NAMI" Mr. Philip Lubitz  | \$15.00 |

Add \$3.95 each for S & H: \_\_\_\_\_ @ \$3.95 ea \_\_\_\_\_ Your Total cost: \_\_\_\_\_

**Send check or money order, made out CNJAOCF, and mail to: NJ OCF, 60 MacAfee Rd, Somerset, New Jersey 08873. Be sure to include your Name, Address, Town, State, and Zip Code so the DVDs can be shipped! Questions? Call Ina Spero at 732-828-0099**



# DIRECTIONS TO OUR MEETING LOCATION!

Our next quarterly meeting, which will take place on *Monday evening, March 12, at 7:00 p.m.* The location is: **Robert Wood Johnson University Hospital, New Brunswick, NJ, in the Medical Education Building, Room 108A.**

## **From the New Jersey Turnpike:**

Take Exit #9 (New Brunswick) and proceed on Route 18 North, approximately 2 miles to the exit Route 27 South (Princeton Exit). Follow Route 27 South (Albany Street) to the 4th light (New Brunswick train station on left). Make a right onto Easton Avenue. Proceed one block and make a left at the next light onto Somerset Street. Proceed one block to the first light and make a left onto Little Albany Street. The hospital is on the right side and the NJ Cancer Institute is on the left side. Pass the Emergency Room entrance and the hospital's Parking Deck on your right hand side. (Parking Deck fee: \$1 per hour). To get to the meeting, in Room 108A, follow the directions under Medical Education Building.

## **From Southern New Jersey:**

Take Route 18 North to Route 27 South (Princeton exit). Follow Route 27 South (Albany Street) for 4 lights (New Brunswick train station on left). Make a right onto Easton Avenue. Proceed one block and make a left at the next light onto Somerset Street. Proceed one block to the first light and make a left onto Little Albany Street. The hospital is on the right side and the NJ Cancer Institute is on the left side. Pass the Emergency Room entrance and the hospital's Parking Deck on your right hand side. (Parking Deck fee: \$1 per hour). To get to the meeting, in Room 108A, follow the directions under Medical Education Building.

## **From Route 1 (North or South):**

Take Route 18 North to Route 27 South (Princeton Exit). Follow the Route 27 South (Albany Street) directions above. To get to the meeting, in Room 108A, follow the directions under Medical Education Building.

## **From Route 287:**

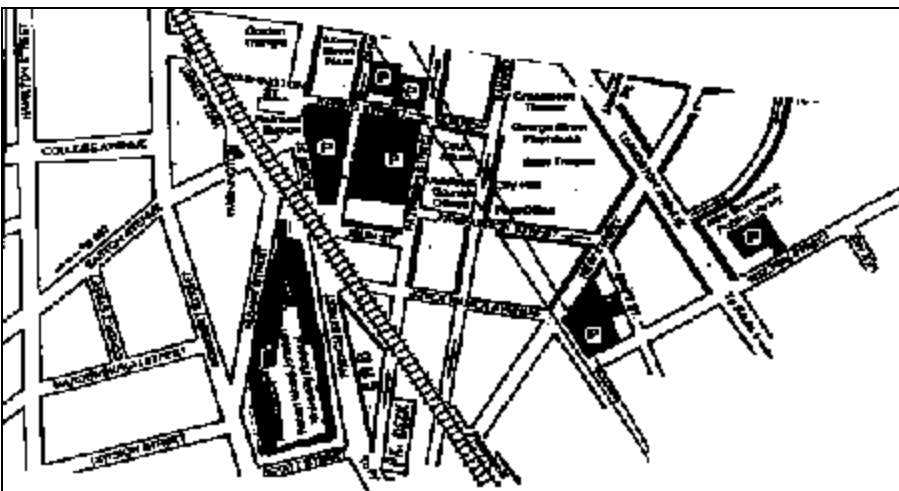
Take Exit #10 (formerly Exit #6) "Route 527/Easton Ave./New Brunswick" and continue on Easton Avenue for approximately 6 miles. Make a right onto Somerset Street. The hospital is on the right side and the NJ Cancer Institute is on the left side. Pass the Emergency Room entrance and the hospital's Parking Deck on your right hand side. To get to the meeting, in Room 108A, follow the directions under Medical Education Building.

## **From the Garden State Parkway:**

Exit Route 1 South. Proceed approximately 9 miles to Route 18 North. Take Route 18 North to Route 27 South (Princeton Exit). Follow Route 27 South (Albany Street) to the 4th light (New Brunswick train station on left). Make a right onto Easton Avenue. Proceed one block and make a left at the next light onto Somerset Street. Proceed one block to the first light and make a left onto Little Albany Street. The hospital is on the right side and the NJ Cancer Institute is on the left side. Pass the Emergency Room entrance and the hospital's Parking Deck on your right hand side. To get to the meeting, in Room 108A, follow the directions under Medical Education Building.

## **Medical Education Building (MEB):**

Take the hospital's parking deck elevator to the first floor and upon exiting make a right. Walk across the Arline & Henry Schwartzman Courtyard to the double glass doors; the sign above will read "Medical Education Building". For Room #108-A, make an immediate right and the room is on your left-hand side.



## **Parking is also available by the Clinical Academic Building (CAB)!**

Parking at the CAB is provided by the New Brunswick Parking Authority in the Paterson St. Parking Deck (across from the CAB). To park in this deck you have to access it via Paterson St. From Rt. 287N, make right onto Paterson St. From Rt. 287S, make a left onto Paterson. From the Turnpike, take exit 9 to Rt. 18N, exit at Rt. 27S (towards Princeton), pass the train station and CAB is on left. After it, make sharp left onto Paterson St. Parking deck is on right. For Rt. 1N or S follow directions above from Rt. 18. For Garden State Parkway, follow directions above from Turnpike.

**NOTICE NOTICE NOTICE NOTICE**

**Obsessive-Compulsive Disorder Support Groups**

|                           |  |
|---------------------------|--|
| Berkeley Heights (O.C.A.) | (973) 571-9563 (Diamond Hill United Methodist) |
| Boonton                   | (862) 268-6397                                 |
| Brick                     | (732) 691-3200                                 |
| Bridgewater               | (908) 229-1367                                 |
| Marlton                   | (856) 751-1957                                 |
| Piscataway                | (732) 445-5384                                 |
| Somerville                | (908) 725-5595                                 |
| Montclair                 | (973) 472-8215                                 |
| Howell                    | (848) 702-5044                                 |
| Matawan                   | (732) 331-6494                                 |

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