

OCF

Newsletter

OBSESSIVE COMPULSIVE FOUNDATION

*Every Meeting is a Learning Experience*

## Dr. David Raush Presents Some Unorthodox Views

David Raush, PhD, a licensed psychologist who works at The Anxiety and Agoraphobic Treatment Center in Bala Cynwyd, PA, and also runs an independent practice in Stratford, NJ, spoke with us at our quarterly meeting on June 11, 2001. His topic, "Generalized Anxiety Disorder (GAD) and OCD" looked at these two disorders and how they relate to each other.

First, Dr. Raush reviewed several ways in which the two disorders are similar, in that they both involve worry about uncertainties in life which create anxiety, and often take the form of "what if"s. There are also attempts in both these disorders to self-reassure as a way of attempting to eliminate, or "neutralize" the anxiety.

Dr. Raush then discussed some of the differences between these disorders. In GAD, the person worries about everyday things that are seen by most people as "reasonable" things to worry about, such as finances, health, or relationships. Also, the way in which one "neutralizes" the anxiety is more subtle in GAD, such as checking price tags more closely when shopping. Concerns for persons with OCD, on the other hand, are more often bizarre, or at the very least are more gross exaggerations of "normal" types of worry. The compulsions or rituals associated with OCD are also often much more observable and more specific.

In GAD, Dr. Raush continued, the focus of your concerns is more "fluid," that is to say,

it changes more from day to day, depending on what's going on in a person's life. OCD, on the other hand, is more static.

While it does change in its expression from time to time, over periods of time, OCD typically tends to stay pretty much focused on one or two symptoms, such as avoiding a perceived contaminant, or engaging in certain checking behaviors.

In spite of this, Dr. Raush proposes that two disorders are more related to each other than is often viewed in the general professional clinical community. He essentially states that they function the same way, and are essentially variations of a single disorder. This idea has implications for treatment. For instance, for both of these disorders, treatment involves, not "chasing" the worry by trying to reassure, but in helping the person accept the ambiguities and uncertainties of life.

Dr. Raush also emphasizes behavioral therapy (more specifically, Exposure with Response Prevention) and de-emphasizes cognitive therapy (which has typically been employed with GAD, but much less so with OCD) for both disorders. He maintains that the two disorders are merely different reflections of the same dynamic and learning principles, and that the treatment for the two are also essentially the same. The last part of the presentation involved taking questions from the others present, and several provocative ideas were presented and discussed.

- Allen H. Weg, EdD



Dr. David Raush and Dr. Allen Weg smiling for the camera at the quarterly meeting held in June 2001.

## Dr. Nancy Soleymani to Speak at next NJAOCF Meeting, September 10th

Dr. Nancy Soleymani will be speaking to us at our next quarterly meeting. Her presentation is entitled, "Cognitive-Behavioral Treatment of OC Spectrum Disorders." OC Spectrum Disorders refer to a collection of psychological disorders that are seen by many mental health professionals as related to OCD. These disorders include, but are not limited to Trichotillomania, Tourette's syndrome, anorexia nervosa, skin picking, and other behavioral/neurological disorders.

Dr. Soleymani is a licensed clinical psychologist who specializes in the treatment of anxiety disorders. She received a PhD in Combined Clinical and School Psychology from Hofstra University. She is currently on the staff at the Bio-Behavioral Institute in Great Neck, NY, where she provides individual, couples, family, and group therapy, and conducts research on Trichotillomania (Compulsive Hair Pulling). Dr. Soleymani has appeared as an expert discussant on various media programs focusing on anxiety and depression, and has presented lectures, seminars, and workshops for many universities and organizations, including the Obsessive Compulsive Foundation and the Trichotillomania Learning Center.

Come join us for what is sure to be a very informative evening, and stick around to shmooz and have coffee and snacks afterwards!

## NEW LOCATION FOR OUR NEXT QUARTERLY MEETING!

Our next quarterly meeting, which will take place on *Monday evening, September 10, at 7:00PM, will take place at a new location.* The location is: **University Behavioral Healthcare Center (UBHC), Room D205 on the Rutgers University Busch Campus in Piscataway, New Jersey.** The actual address is **671 Hoes Lane.** Directions are inside!!!

NJAOCF presents our *Second Annual Conference...*

*"Living with Someone with OCD, Who is In or Out of Treatment"*  
by Fred Penzel, PhD

plus, an *OCD Kids Panel*

*Sunday, September 23, 2001*  
Somerset Marriott, Somerset, NJ

## PRESIDENT'S MESSAGE

We, Julian and I, just returned from the 8th Annual National OCF Conference in Denver, CO. It was well attended (considering the location!) by approximately 700 people, not only from mainland U.S., but from Canada, Alaska, Hawaii, England, Puerto Rico, Ecuador, Panama, and as distant as Australia.

Workshops covered "OCD in Children" to "Help for Parents" and "Caregivers of Adult Children."

On Saturday evening, July 21, 2001, we were privileged to preview the latest film on OCD, entitled, "Extreme Conditions: OCD." The director, John Metherell, discussed the making of the film, which was most interesting and he conducted a discussion at the conclusion of the evening. It was produced for the Discovery Channel and aired formally on July 25, 2001. (Hopefully you all had a chance to view it!)

Most satisfying for us was observing the children with OCD, ranging in ages from approximately nine years old through the late teens. They learned, dined, swam, and spent many hours of fun time with each other through the entire weekend.

In a forum moderated by Dr. Michael Jenike, we were informed that Pfizer Pharmaceuticals will soon be producing another medication specifically for OCD. This was very encouraging information.

"The City of Brotherly Love," also known as Philadelphia, will be hosting the 2002 Conference next summer. We hope to see you all there and of course, certainly before!



*OCF National Annual Conference in Denver, CO. Ina & Julian Spero with Dr. Michael Jenike, MD, Board of Directors, Obsessive Compulsive Foundation.*



*Some attendees from the NJ Affiliate at the National OCF Conference in Denver, CO.*



*At the Conference were (left to right): Millie Court, a Puerto Rico Affiliate, Patricia Perkins-Doyle, Executive Director, Obsessive Compulsive Foundation, and Julian and Ina Spero, NJ Affiliates.*

## CONTACTS

OCF  
PO Box 9573  
New Haven, CT 06535

Phone: (203) 315-2190  
Fax: (203) 315-2196

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

\$

### ***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 Central NJ Affiliate newsletter going.

- Board of Directors

\$

### **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 publications, are welcome.

### **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.

### **NJAOCF MISSION**

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

- 1) To educate the public and professional communities about the disorder.
- 2) To support individuals afflicted and the family members.
- 3) To support research into the causes and treatments of this disorder.

### **NJAOCF OFFICERS**

Ina Spero - President  
Dr. Allen Weg - Vice President  
Jeanne Yarrow - Secretary  
Julian Spero - Treasurer  
Nicole Torella - Newsletter Editor

## A Call For Articles- Please Contribute!

As we begin our third year as an affiliate, I am finding that, while I am so very excited and proud about the many things that we have accomplished as a fledgling organization, and am greatly anticipating so many other activities and accomplishments yet to come, I remain very frustrated in one area of our work- member participation.

It is wonderful that close to fifty people attend each of our quarterly meetings, and that a few members have given of their time to help out at such functions as the First Annual Conference last September and manning the NJA-OCF information booth at the New Jersey Psychological Association last November. As you have read yourselves, some wonderful articles have also been written by members and published in this newsletter every quarter.

But we need much more participation. This is YOUR organization. How much more wonderful it would be, how much more we could offer, if we had more people volunteer to help out!

Where to start? How about right here! We never get as many articles for the newsletter as we would like. We want to open up this invitation to EVERYBODY: adults and children, sufferers and friends/family members, professionals and lay people. Contributions can take the form of testimonials, short stories, poems, artwork- anything, as long as it is related to living with and/or understanding OCD. You need not sign your name to the contribution if anonymity is a concern. Our circulation is now over ONE THOUSAND! Surely, many of you have so much to say, so much that you can contribute, to share of yourselves and/or your experience and knowledge. Has something in a past newsletter given you cause to think? Are you angry or frustrated with your insurance coverage for mental health treatment? Are you at a loss as to how to respond to a family member or loved one who is an OCD sufferer? Are you a mental health professional with some insight or helpful ideas? There are SO MANY issues to bring up!

So right now, as you are reviewing this quarter's newsletter, make a resolution- take the challenge and write something for the next newsletter. A review of an article or book, comments on something you read in this newsletter, your experience at one of our meetings or a support group, dealing with OCD in your life, anything relevant will be accepted! Remember- spelling and grammar are not our concerns- just sincere sharing. Don't wait for someone else to be the one who becomes proactive!

Writing, especially in a public forum like our newsletter, can often be a very therapeutic endeavor. So please consider this challenge. But don't consider it too long- the deadline for the next newsletter is just a few weeks away!!!

- Allen H. Weg, EdD

## Readers Comments

*The following is a response to an article written by "D" in our last newsletter (Summer, 2001, Vo.3, No.2, article entitled, "A Daily Entry") in which D talks about her struggle with choosing medication as part of her treatment regime.- Allen H. Weg, EdD*

Dear D:

I can understand and relate to all your concerns and reservations (both the rational and OCD induced) regarding medication. I too suffer from OCD, and went through a similar debate in my head of whether I should or should not start medication. When my symptoms first appeared (of course I had no idea what was going on), I rushed to my doctor who immediately put me on Zoloft and Xanax. After about a week of throwing up and slurring on these drugs (that's right, slurring), I decided I did not want to be on medication and needed to find an alternative.

I met with a local herbalist that put me on a strict regiment of specially made teas. I spent a fortune on these teas, but if they were going to make me better as promised, it was worth it. Six times a day I drank these horrid tasting teas. I had such hope. One month went by...nothing. The second month went by...nada. The third month came...now I was just pissed. Needless to say I realized I needed to use my "trump card" (as you put it) and confront medication again. I, unlike you, was seeing a psychotherapist instead of a behavioral therapist (my other "trump card") at the time of my decision.

I met with a psychiatrist who diagnosed me with having OCD and put me on Luvox. My fear was immense. What if this didn't work, then what? What if it controls my brain and I become the equivalent of a piece of machinery with no thoughts of my own? What if it works, and I like it so much that when I have to go off it I won't want to and then...blah, blah, blah. You get the picture.

So I started the Luvox. It took some time, but I gradually started to feel better. My OCD was still there, but it felt less intrusive than before. It helped me gain insight that what I was experiencing was the OCD and not my own thoughts. In fact, after taking the medication I had the courage to break away from the therapist I was seeing and start behavioral therapy.

I sometimes wonder if I would have needed to go on medication if I started behavioral therapy immediately, and I do have some regrets. However, when I think back to how intrusive my thoughts were before taking medication, I am not sure that I

would have had the concentration level to learn the techniques that have been such a huge part of my recovery.

As far as the real concerns you might have regarding medication, such as the side effects and becoming addicted, think of it this way- the long-term side effects of medication cannot be any worse than the long-term side effects that OCD has on your mental and physical health. As far as becoming addicted, medications used for OCD are not characteristically addictive. The only thing addictive about the medication is that you will feel more like yourself and your OCD will not be as strong. If that makes me an addict, so be it.

Now to the most frightening concern of all- what if it doesn't work? What hope do I have then? This is a legitimate concern, so I will indulge you with some reassurance (against your therapist's better judgment I'm sure). If one medication does not work for you (and it might not) there are approximately five other brands of medication. And if none of those work, and that will take you years to find out, I guarantee that they will have five new pills for you to try by then. So technically there will always be some "trump card" available.

Every decision made surrounding OCD (especially when it your own) is delicate and never easy. Just because you decide to take medication or go to a behavioral therapist does not mean it will necessarily work. If it works it does not mean that you will be completely free of your OCD. Since taking Luvox I've had to change medication several times because the Luvox was no longer working for me. Like others, I fear what will happen if I ever need to go off the medication (if I ever become pregnant this will be a reality). However, in response to that fear, before taking medication the idea of having a relationship or having children did not even seem like an option. So in that way, I feel lucky that I can even imagine having those things in my future.

In conclusion, the above are merely my own thoughts on OCD and medication. It is a very personal decision based on ones' own personal experiences. Ultimately you are the one that will have to choose what is best for you. I hope I have been somewhat helpful. Good luck and do not lose hope!

-J

## An OCD Saga

*Donna is a member of the G.O.A.L. group in Philadelphia. She can be reached by email at [traveler1219@webtv.net](mailto:traveler1219@webtv.net), or you can contact her through the NJOCF.*

I'm writing to all OC sufferers because after years of searching for deliverance, I've found that there is help out there for those with this disorder. It's taken me a very long time to find the right kind of help, but I can look back now and say it was all worth it.

The following is the story of my years of terror.

In 1947 I was five years old. An only child, I lived in Philadelphia in a row house with a basement. I kept my toys down there but never played with them. I wanted them to stay perfect. I played with the other kids' toys.

As the years went on, I was given the responsibility of tidying up the house for spending money. I did a good job- so good, in fact, that the house looked like one in Better Homes and Gardens. This meticulous housework went on for a very long time, and I was not aware of what was happening to me. I had become like the girl in "Here We Go Round the Mulberry Bush." On Monday, I washed the clothes, Tuesday I sewed, on Wednesday I baked, and so on. It was pure hell. If I didn't do everything in order, I felt terrified. The tension and anxiety were unbearable.

I became a teenager and was getting worse. If my hair was not parted straight, I felt as if I were going crazy. I had to be just perfect. I wasn't able to do any after-school activities because I had to get home and put my house in order. For all the work I did, my parents just thought I was a good kid and were proud of me.

Leaving my parents' house, I married young and started a family. I never thought I could get worse, but I did. I washed the paint off the walls. The doors became marked from scouring them with Ajax. If the laundry did not seem clean in my mind, I washed all the clothes again. My hands became sore and cracked open, and bled from all this washing. I went to bed with Vaseline and white gloves on. In the morning it took forever to wash the Vaseline off.

Washing wasn't the only ritual. I lined up clothes in the closet. I stacked canned goods. If they didn't seem right, I'd stack them all over again- sometimes in alphabetical order.

In these days of the 1960s, no one knew about OCD. By myself I tried so hard not to do the things I was doing, but my attempts never worked. I was getting so bad that when I woke up in the morning, I started shaking all over because I knew what I was in for. Some days were so bad that I banged my head against the wall. I was trying to get my brain stop me from doing all these hideous rituals. Nothing seemed to work.

By now I had a baby. I was on such a strict OC schedule that I made him wait for things he shouldn't have had to wait for. It never hurt him- thank God for that, but I wish I could go back because I'd do more things with him as he grew up. I'd read to him or go to the park more. Instead I was always fixing up the house. This OCD took up all of my son's childhood.

My family used to say that I was too hard on myself. I used to say to my husband, "I wish I could run away from myself." I couldn't stand myself. I don't know how my husband was able to stand me. He said he stayed because he loved me.

Time moved on, and now it was 1970. One day as I was doing all my OCD rituals, I started to hear numbers. I thought, "This is different." It was the beginning of a terrible ordeal. These numbers drove me crazy. In everything I did I heard or saw numbers.

My husband's job changed and we moved to New Jersey. I tried so hard to convince myself to start anew, to be normal in another state. My efforts did not help. My condition got worse. Fixing the new house and trying to get our son into another school and make new friends took a toll on me.

Then I became pregnant again. I had another son. Becoming a mother for the second time was so hard. When the baby was six months old, I went to see a doctor. He had no knowledge of OCD. He thought I was post-partum depression and put me on an antidepressant. Now I had OCD and side effects from the medicine.

By 1980 the boys were growing up well, but I was still a mess. I went to another doctor who wanted to try another medicine. From the next drug I broke out in hives. Then I went to another one. Its side effects were also bad. One doctor had me sit in a chair and listen to music. I was going to so many places, yet arriving nowhere. The counting all the time, the senseless clean-

ing, and the medications not working just did me in. I begged God, "Please make it all just stop!"

Then I thought of suicide.

Our new home had a basement. Though I really did not want to die, I planned on hanging myself there. Yet my hands were so sore at this time that I couldn't have tied the rope even if I had tried. While I was in the basement, the telephone rang and I went back upstairs. It was my doctor calling to change my appointment. Thank God for that call! Later that year I heard OCD mentioned on the Phil Donahue Show. It was then that I put a name to these things that I was doing.

In the 1980s I went to a hospital in Philadelphia to participate in a drug treatment program. Though I had side effects, the drug seemed to help for a while. The OCD was a little under control, but now I started to overeat.

As I started reading about diets, I came across a paper on the OCD Foundation in Connecticut. I joined this organization, and the people there helped me greatly. From them I found out about a support group meeting in Philadelphia. Though two hours away, I did call to find out more about this group. I just had to have help. The anxiety was more than I can put into words.

I needed help from other OCD people. I e-mailed a doctor associated with the Philadelphia support group. He knew a great deal about OCD and told me about the therapy of exposure and medication. The thought of exposure was very frightening to me. I thought very hard about it and came to realize that it's the only way to get better. And so in May 1998 I started attending the Philadelphia group, which encourages people to try exposure. In the first year my achievement was fair. Then in April 1999 I went back on medication. The side effects have been nearly negligible.

And so it took me from 1947 to 1999 to learn that OCD can be controlled by exposure and medication. Yes I have anxiety, but the doctor showed me how to control it. I now have both my OCD and my weight under control. I feel 95% better- thank God, my doctor, and my support group. I will never, never go back to the way I was.

I have an e-mail address. If anyone would like to write me I'd like to hear from him or her.

-Donna Connolly

## Fishing

by Allen H. Weg, EdD

I used to go fishing a lot when I was a kid. Nothing fancy, your standard "worm on a hook and red and white bobber" kind of fishing. I'd cast my line out, let it settle in the water, reel in the slack, and sit with an intense gaze on that bobber, wishing for it to vibrate and create concentric circles in the water.

When the fish that took my bait was a small one, it was fairly straightforward- set the hook by giving a good tug on the line, and then reel'er in as fast as I could, thinking that if I waited too long my catch might somehow break free. With Sunnies and other smaller fish, this technique worked every time. But this strategy would often fail me when the fish was a larger one. With larger fish, the line would go out further before I even had the chance to pick up my fishing pole, requiring me to reel in more line before bringing the fish home.

The fish, being larger, would better match my strength, and, as I tried to use my standard strategy of reeling the fish in as quickly as possible, would often interrupt this process and stop me dead in my tracks. In those seconds, the fish would be pulling in one direction, and I would be pulling with all my might in the other, and the line would not move at all.

Sometimes I would prevail, the fish would tire, and I would once again continue my relentless efforts to reel the fish in, ultimately making the catch. Sometimes, however, the fish held out, and the stalemate continued until, all of a sudden, the line went limp. Thinking naively that I must have tired the fish out, I would then once again furiously reel in, ultimately to be terribly disappointed- the fish had gotten away.

On one occasion when this particular drama played itself out, I was with a friend and his older cousin, who witnessed the entire scene. He sat me down and taught me that when the fish was a bigger one, an alternative strategy was required.

Essentially, the art of catching the big fish is to "play" with it. You reel it in until you hit that "stalemate" point, the point when it is pulling away with all its strength. At that moment, you let up, allowing the fish to pull away a bit, using up more of its strength. When it begins to tire, and the pull on your line lightens up a bit, you once again reel in with all of your might.

The bottom line is, you don't try to land the fish completely in one try. You let it "win" a

little bit every now and then, allowing it to swim a little further out for a while, with the understanding that, in the big picture, you are tiring him out, so that that when all is said and done, you catch him.

When it comes to OCD, the "big fish" strategy tends to be the strategy of choice. Often, when I see OCD clients in treatment, they are very "charged up" about doing battle with their OCD. They want to completely eradicate it, and want to immediately eliminate it from every aspect of their lives. While having strong motivation and feeling powerful is a plus, this kind of very black and white thinking has its drawbacks.

These clients want to "reel in" the OCD at every opportunity, right from the start, without ever giving in to it. In essence, they are using the "small fish" strategy. The problem is, invariably the OCD does win out on occasion, and the person gives in to the compulsion to check, or wash, or whatever behavior the OCD demands. In these cases, the OC client will often become devastated, feel guilty, depressed, and weak, devalue the behavioral treatment intervention, and may even give up trying, letting the OCD continue to dominate. The big fish gets away when you use a "small fish" strategy.

It is preferable to recognize that you need to "play" with the OCD, choose your battles, letting the OCD have its way every now and then. As long as you pace yourself, and fight the OCD on your own terms, you will ultimately win out, reeling in the big fish.

You may also find that as you beat down the OCD for a particular symptom, it may re-emerge with a different symptom, or come back as the same symptom at a later time. This, too, can be disheartening to the OCD sufferer. What is helpful to remember here is that each time you beat down the OCD you make IT weaker, and you strengthen YOUR own battle skills against it. Because of this, beating it down for a second or third time, or beating it down the second or third kind of symptom, may go more quickly and require less effort.

While this is not always the case, it often is. Each time the OC comes back, whether in its original form or as a new symptom, it is like the big fish pulling out a little extra line. Don't get alarmed. Patiently reel it in again, tiring it out a little more each time. Ultimately, you have a better chance of

landing the big fish.

-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 732-329-1378, or see his website at [www.StressAndAnxiety.com](http://www.StressAndAnxiety.com).

---

### HERE'S HOW YOU CAN VOLUNTEER...

Pictured below are dedicated volunteers who helped "man" the NJA-OCF booth at the New Jersey Psychological Association Semi-Annual Conference held on April 21, 2001. Thanks for your time and support!



*Pictured above is Alisa Maron next to the NJA-OCF booth.*



*Pictured above are Nina Cohen and Jill Arbietel who were also at the booth with Alisa.*

---

### A SPECIAL THANKS....

The delicious baked treats that were served at the June meeting were supplied by the COSTCO of Bridgewater!

**The New Jersey Affiliate of the Obsessive Compulsive Foundation**  
*presents our Second Annual Conference...*

***"Living with Someone with OCD, Who is In or Out of Treatment"***  
**by Fred Penzel, PhD**

plus  
*an OCD Kids Panel*

**Sunday, September 23, 2001**  
Somerset Marriott, Somerset, NJ



*This program is being sponsored by Pfizer, a leader in the pharmaceutical industry. Their generosity has allowed us to keep registration fees low. All monies generated will go directly to fund the operating costs of our all-volunteer, non-profit organization.*

**SCHEDULE**

10-10:30	Registration and Brunch
10:30-10:45	Welcoming Remarks, Ina Spero, President, NJ OCF
10:45-12:45	Dr. Penzel's Presentation (includes break time)
12:45-1:45	OCD Kids Panel, Dr. Weg, moderator
1:45-2:00	Closing Remarks, Ina Spero, and Dr. Weg

**OUR PRESENTER**

Fred Penzel, PhD, is the Executive Director of Western Suffolk Psychological Services in Huntington, New York. He is a frequent contributor to the newsletters of both the Obsessive Compulsive Foundation and the Trichotillomania Learning Center, and is on the Science Advisory Boards of both organizations. Dr. Penzel has authored dozens of articles on OCD, and has recently written one of the most comprehensive texts on OCD; "Obsessive Compulsive Disorders: A Complete Guide to Getting Well and Staying Well," (Oxford University Press, New York, 2000).

**PROGRAM**

This program is designed for both professionals and non-professionals. Following a full brunch, the program will be divided into two parts. First, Dr. Penzel will present, "Living With Someone With OCD Who Is In Or Out of Treatment." This presentation is designed to help significant others to define their roles in their relationship with OCD sufferers. Methods will be reviewed wherein a balance is struck between providing appropriate support and assistance to the OC sufferer, while maintaining one's own boundaries and the integrity of the living situation. Professionals will learn how to use this information in their work with OCD sufferers and their significant others.

The second part of the program will consist of a panel of children and adolescent OCD sufferers, who will each briefly speak about their experience and then take questions from conference attendees. This will be moderated by Allen H. Weg, EdD, VP of NJ OCF.

**CEH Credits for Social Workers**

Continuing Education Hours (CEHs) will be provided to clinical social workers who complete this program, pending approval of the New Jersey State Board of Social Work Examiners.

**REGISTRATION FORM**

Advance Registration (before 9/14/01) - \$25  
Late/On-Site Registration - \$30  
CEH Credits - Advance Registration - \$35  
CEH Credits - Late/On-Site Registration - \$40  
(Includes full brunch and refreshments)

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime phone: ( ) \_\_\_\_\_

Mail checks payable to:

CNJAOCF

60 Mac Afee Road, Somerset, NJ 08873-2951

Questions: Call Ina Spero (732) 828-0099

**DIRECTIONS**

Somerset Marriott

11 Davidson Ave., Somerset, NJ 08873

Phone: (732) 560-0500

**From Route 287 - Traveling North:**

Take exit 10 (Rte. 527). Follow Route 527 North to the first traffic light and make a left onto Davidson Avenue. Hotel is 2nd building on the left, second driveway entrance. Hotel is adjacent to Garden State Exhibit Center.

**From Route 287 - Traveling South:**

Take exit 10 (Rte. 527). At the bottom of the exit ramp, get immediately into the left lane, and make a left hand turn. Once you have turned left, go straight (bearing to your right - 527 North) to the first traffic light, and make a left onto Davidson Avenue. Follow above directions at this point.

**From NJ Turnpike:**

Take Exit 10 to Route 287 North directions above.

**From Garden State Parkway:**

Take Exit 129 to Route 287 North directions above.

# KID'S CORNER

## An OCD Story

*The following is a story written by a 14 year old girl with OCD. We encourage younger members of our OCD community to contribute to this newsletter. If you are a child or adolescent with OCD, please take her lead, and let's hear from you, too!*

Renee and Tom were relaxing on the couch. Tom glanced at the clock. It read 6:30 PM. He hopped up and traveled from the sitting room into his room. Renee' and her brother shared this sitting room on either side of which was their rooms. One room as well as one year separated them. They shared the moments where freckles turned to pimples and cooties turned to crushes. That was the problem. Tom's friend, Larry, who was one year older than Renee', had asked her out that day. Tom was not comfortable with this, and counted on her rejecting Larry.

Tom kept on thinking about Larry and Renee'. He would fantasize that they would run off and get married. For three months Tom couldn't think about anything but this fantasy, this betrayal of himself by Larry and Renee'. Tom would often think that if he didn't wear a sports Jersey of a certain kind on Mondays they would be married. And now Larry had actually asked her out- it was as if the fantasy was becoming reality.

The next day Renee' was emptying the trash can in Tom's room. She had noticed that he had a garbage can full of tissues. Renee' called to Tom. He had seen that Renee' had walked on his carpet with her red Sketchers, and yelled, "Get out!"

"What did I do?" she asked. "You just ruined your life!" he screamed back. Tom began to call her names and attack her in her weak spots with insults. Renee' was hurt. She felt vulnerable and cheap. She couldn't understand how red shoes could affect everything so.

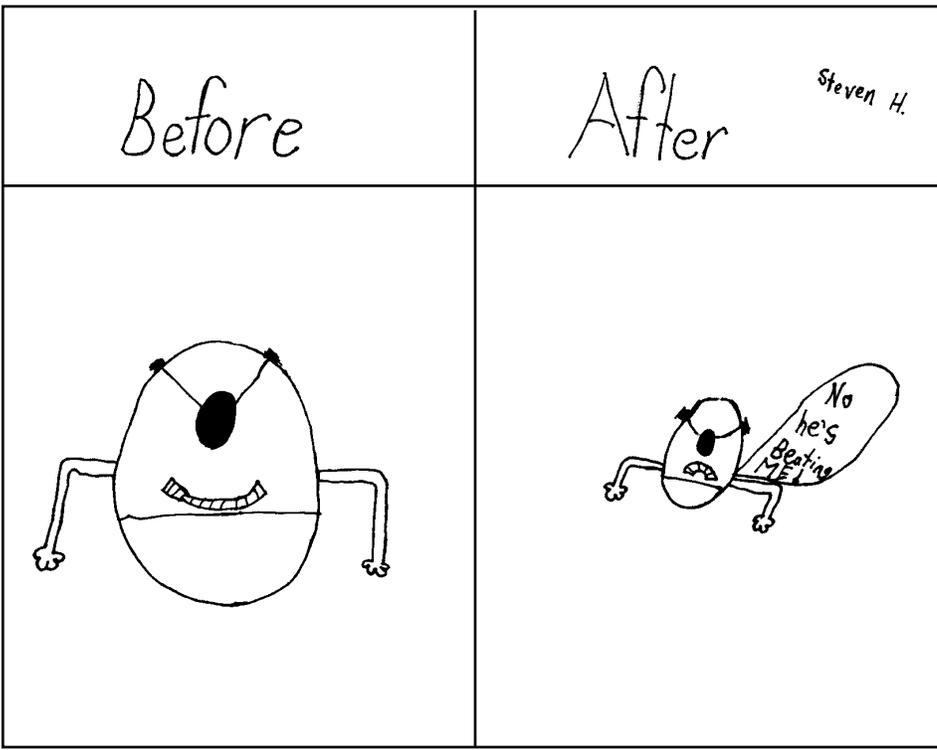
That night Tom came into the room to talk with Renee'. He explained, "You and I are close, right Renee'?" He continued, "Well, ever since you and Larry have been going out I have had weird thoughts. I feel that if any red enters my room you will marry Larry right away." "That's crazy!" she said.

The next day Tom and Renee' went to a psychologist, Dr. A. Dr. A explained that Tom wasn't crazy, but that he had a disorder, OCD. From then on Tom was able to identify and what was going on. He knew that these feelings of about his sister and friend were merely symptoms of his OCD. His fight to get better had begun.

Sometimes there is no good choice and you instead must choose the lesser of the evils. example - labels like "mentally ill" make me crazier than the OCD (or whatever it really is) on the other hand, they won't help or even try to help unless they know you're broken and need to be fixed. I can't tell you how many doctors MD, PhD, Whatever, got it Wrong... one said allergies 4x adult dose at age 7 before they considered a mistake possible I'm twice that, and still not sure What's wrong. Even the psych people aren't sure they call me a "picker" like trich with bits of skin how many of you have heard of it? how many of you have it? is anyone listening? I'm here! I'm real! I want to heal, to feel the sensation of an impenetrable scar. even those can be removed with practice I've got 10 years of that unlearning... maybe 10 weeks not even how many of you think I'll make it? I don't I want to, but I don't. Too many confused experts to trust anyone's word at least they're honest and don't promise anything now I want to lead a relatively normal life... do I scare you in my lack of control? If I loved you, could you love me? I want to ask him that, the boy I can't say this to; teenage romance never dies, and rarely lies. who's being protected, him or me? it does hurt a little afterwards when I can feel again. I would love him if he dared to take a chance. and if not I still do. Red ink, I like to write in color. but not with blood.

-- "Tsornin"

*"Tsornin" is the pen name of a 14 year old girl who suffers from OCD and severe skin picking problems.*



*Steven H. is a 9 year old client with OCD. His OCD, whom he calls "Brussel Sprouts," is depicted here, before and after Steven went through behavioral therapy.*

## WAYS TO SUPPORT NJAOCF

### NJAOCF VIDEOTAPES

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 NJAOCF to help defray the costs of the organization. The following are videotapes now available for purchase and pickup, or delivery:

"Red Flags, Relapse, and Recovery,"  
Jonathan Grayson, PhD 9-11-00 \$12.00 \_\_\_\_\_

"Families and OCD: How to Coexist,"  
Elna Yadin, PhD 12-11-00 \$12.00 \_\_\_\_\_

"Flying Towards the Darkness"-  
NJAOCF First Annual Conference:  
Parts 1 & 2 discount \$20.00 \_\_\_\_\_  
(add shipping costs for 2 tapes)

"Flying Towards the Darkness"- Part 1 only :  
Allen H. Weg, EdD  
NJAOCF 1st Annual Conference, 9-17-00 \$12.00 \_\_\_\_\_

"Flying Towards the Darkness"- Part 2 only :  
The OCD Panel  
NJAOCF 1st Annual Conference, 9-17-00 \$12.00 \_\_\_\_\_

"Generalized Anxiety Disorder and OCD"  
David Raush, PhD, 6-11-01 \$12.00 \_\_\_\_\_

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

Your Total cost: \_\_\_\_\_

Send check or money order (sorry, no credit cards accepted yet!) made out CNJAOCF and mail to:

CNJAOCF  
c/o Spero  
60 Mac Afee Rd  
Somerset, New Jersey 08873-2951

Questions? Phone Ina Spero at 732-828-0099

### 2002 ENTERTAINMENT BOOKS ARE ON SALE NOW!

The NJAOCF is now taking orders for the new 2002 Entertainment Book, which makes the perfect holiday gift. You will save with "Two-for-one" and 50% off discounts at hundreds of great names you know in your area.

Restaurants	Travel
Shopping	Hotels
Attractions	Golf
Movies	Car Rentals

**UP TO 50% SAVINGS** on all the things you do!  
**All for only \$30!**

***"Entertainment" - The book that pays for itself!***

To receive your copy of the Entertainment 2002 Book, please contact Ina Spero at (732) 828-0099.

No matter where you live in NJ, there is an Entertainment Book just for you! They're specifically designed to give you the most convenient opportunities to save on dining, sports, theater, movies, travel, and more -- right in your area.

#### **NORTH JERSEY #52 - \$20**

Bergen and Passaic Counties, the Hudson County and Waterfront, and surrounding areas.

#### **NORTH JERSEY #26 - \$20**

Essex, Hudson, and Union Counties, highlighting eastern Morris County and surrounding areas.

#### **NORTH JERSEY #93 - \$30**

Morris, Sussex, Warren, Northern Hunterdon, Northern Somerset Counties and surrounding areas.

#### **CENTRAL NEW JERSEY #48 - \$30**

Middlesex, Somerset, Hunterdon, and Southern Union Counties and surrounding areas.

#### **CENTRAL NEW JERSEY #94 - \$30**

Monmouth, Ocean, Mercer, Southern Middlesex Counties and surrounding areas.

#### **SOUTH JERSEY #76 - \$30**

Cape May, Atlantic, Burlington, Camden, Gloucester, Salem, and Cumberland counties.

## Coping With a Son's OCD

Lately, my son's OCD has been like a cloud hanging over my head. I feel in a fog; I guess a little depressed. I want my son to be all that he can be. I want him to show the world all his gifts. But it's not that way.

He was such a great looking kid, with a strong lean build, silky hair, and velvety smooth skin. Now he's an overweight adolescent with scabs in his hands, legs, and face from compulsive picking. He's extremely bright. He's tested maybe in the genius rangedependent on how you define it. But he won't put the time in to complete homework assignments, study for tests, do projects. He sees all of these things as intrusions on "his" time- his time playing computer and video games, away from the pressures of school. Not the academic pressures- he says school's boring and stupid. I believe it's the pressures of trying to fit in, to make it in a world in which he hasn't found his place. A world that causes him more anxiety than the kids sitting next to him in class.

I don't know for sure because he won't talk about it. He has always loved to laugh. His early elementary education teachers told me how he brightened their day with his jokes

and sense of humor, and how they'd occasionally have to hide their faces while they secretly cracked up behind an admonishment like, "OK, Everyone, settle down." Now he seeks attention from his peers and family with bathroom humor and other distasteful talk.

Lately, he's been in trouble twice at school for stupid pranks. He put on a false brava-do typical of young adolescent boys. But is it covering up just the normal insecurities of a boy his age, or is it more? He'll never tell. I feel a need to have him talk to someone, a therapist who can help him face the OCD, maybe reduce the picking, maybe focus his attention on doing well in school. But when I bring him to therapists, he is uncooperative and insists the only problem he's got is being dragged to these "weirdo" doctors. So...what should my next step be? - K's Mom

*Please remember that this newsletter may also serve as a forum for discussion about struggling with OCD issues. If you have a reaction to the article above, we encourage you to write a response article, which would be featured in the next newsletter.- Allen H. Weg, EdD*

## Shared Thoughts From Someone With OCD

I know that I have OCD because my doctor recognized it in my behaviors. Those rituals and repetitions I performed were quite obvious. I agreed to attend his OCD groups and realized I was definitely not alone in my problem.

At first I claimed an unabashed passion for my OCD. I believed that OCD was the basis of me, my personality, of who I was. Scary to imagine, but I wanted my OCD to help me stay in control and organized. The concept that OCD controlled me was not evident to me at the time.

I used the excuse that I needed to clean in order to maintain my household. After all, I have six children, I needed to wash the floor over and over again. Slowly I realized that my rituals were interfering with my social life and the stronger they got the more isolated I became. I could not allow myself any rewards until I performed my OC tasks. This encouraged my fears to rule my behaviors and my ED (eating disorder) to maintain itself.

One day I hope to break away from my disorders. I hope to define myself without OCD and without an ED. But it has been a lifetime of learned, safe behavior, and it is so hard to trust life without my disorders.

Once again I feel courageous enough to ask for help. I do believe that behavioral therapy and medication can work. I will once again try harder and maybe leave a dish in the sink as my doctor tried to make me do. Then for a while I can be me, without OCD.- Pam

### **NEW LOCATION FOR NEXT QUARTERLY MEETING!!!**

Our next quarterly meeting, which will take place on **Monday evening, September 10, at 7:00PM, will take place at a new location.**

The location is: **University Behavioral Healthcare Center (UBHC), Room D205 on the Rutgers University Busch Campus in Piscataway, New Jersey.** The actual address is **671 Hoes Lane.**

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

Take exit 9- New Brunswick/Rutgers University to Route 18 North. Follow past New Brunswick, and across the Raritan River. As you cross the bridge, stay in the left lane to make a left onto River Road. Go ½ mile to second light, and turn right onto Hoes Lane. Follow directions from Hoes Lane below.

#### **From Route 1, traveling North or South:**

Take Route 1 to Route 18 North, follow directions above.

#### **From Route 130, traveling from the**

**South:** Take Route 130 North to Route 1 North- follow directions above.

#### **From the Garden State Parkway North and South, and from the north taking the NJ Turnpike:**

Take the GSP North to exit 127, or GSP South to exit 129, and get off for I-287 North. Or, take the New Jersey Turnpike,

traveling South to exit 10 and get off for I-287 North. Take I-287 North to the Bound Brook/Highland Park Exit, turn left at the end of the exit onto River Road. At the third traffic light (about 3 miles), turn left onto Hoes Lane. Follow Hoes Lane directions below.

#### **From 287 Northbound:**

From the Bound Brook/Highland Park Exit, turn left at the end of the exit onto River Road. At the third traffic light (about 3 miles), turn left onto Hoes Lane. Follow Hoes Lane directions below.

#### **From 287 Southbound:**

From exit 9, Bound Brook/Highland Park exit, turn right onto River Road. At the third traffic light (about 3 miles) turn left onto Hoes Lane. Follow directions for Hoes Lane below.

#### **From Hoes Lane:**

Go about a mile to a sign for UMDNJ: a short distance later is a sign for Robert Wood Johnson Medical School. Continue about 500 feet more. UBHC will be on your right, but turn left and enter Parking Lot B. Walk back across the street to UBHC, pass the small glass door entrances, and proceed to the main double glass door entrance; ask the receptionist how to get to Room D205.

### **Website Update**

The website name has changed- it is now [www.NJOCF.org](http://www.NJOCF.org) (we dropped the "A"). Most of this newsletter will be posted at the site, as is the previous newsletter. You can also find information about the upcoming NJ Associate annual conference, videos for sale, and general information about the organization. A chat room is now operational, and you can email us from the website.

