



Newsletter

OBSESSIVE COMPULSIVE FOUNDATION

Every Meeting is a Learning Experience

Harriet Raynes-Thaler, MSW, ACSW Presents at Quarterly Meeting

On September 9, 2002 Harriet Raynes-Thaler, MSW, ACSW presented the topic entitled, "You, Me, and OCD: Improving Couple Relationships." This presentation was an overview of couples therapy within the context of one partner having the diagnosis of OCD.

Ms. Raynes-Thaler began by explaining that each person goes into a relationship with his or her own personal baggage, or "sack," and that OCD may be something that an individual has in that sack. While conflict in relationships is normal, how you deal with that conflict is what is important. The focus, according to couples therapists, is the proper use of listening skills and being empathic with your partner.

Three problems typical in relationship communication were reviewed; Silence, Avoidance, and Procrastination, or SAP. To illustrate these difficulties, audience volunteers were called up to role-play a certain script, and the remaining audience members offered input, feedback,

and assistance in the role-play communication exercise. They answered questions put forth by Ms. Raynes-Thaler about how each person in the role-play could better respond to the other utilizing active listening.

The importance of validation and respecting each other's boundaries were also reviewed. In addition, the basic cognitive therapy precepts of irrational beliefs were reviewed, and how they influence couple relationships in general, and in those where OCD exists in particular.

Finally, Ms. Raynes-Thaler discussed the basic active listening skills in detail, including the use of eye contact, body language, paraphrasing, and the reflection of feelings. She concluded with a review of a list of things to avoid in intimate interactions, including being defensive, changing the subject, being judgmental, and minimizing the other's feelings.

NEXT QUARTERLY MEETING TO FEATURE DR. JESSICA PAGE

Our next quarterly meeting, which will be held for the first time at Robert Wood Johnson Hospital in New Brunswick (see accompanying article in this newsletter referring to our venue change) will feature Jessica Page as our speaker. The meeting will be held at 7 PM on Monday, December 9.

Jessica Page, Psy.D., will be speaking about the biological mechanisms of OCD, addressing current imaging research, differences in brain structure and function in individuals who have OCD, and future directions of OCD research.

Dr. Page is a clinical psychologist at the New York State Psychiatric Institute and Columbia University. She graduated from the Virginia Consortium Program in Clinical Psychology and completed her internship at Eastern Virginia Medical School, concentrating in clinical neuropsychology. She is the site director of an NIMH-funded genetic study of obsessive-compulsive disorder, a collaborative project that is based at Johns Hopkins University and includes Columbia University, Brown University, UCLA and Harvard University. Dr. Page has a long-standing interest in obsessive-compulsive disorder and she has conducted research in the neuropsychology of OCD as well as the relationship between attention-deficit/hyperactivity disorder (ADHD) and OCD. Please join us for what is sure to be an extremely interesting and informative presentation!

**NEXT MEETING AT
NEW LOCATION!
SEE INSIDE FOR
DIRECTIONS!**

Check out the
Success of Our Third
Annual Conference!

**ENTERTAINMENT
BOOKS
ON SALE NOW!!
MAKE A GREAT
HOLIDAY GIFT!**

PRESIDENT'S MESSAGE

“It was Great!” “It was most informative!”
“Glad we came!”

These were just some of the many comments which I received at our recent Annual Conference which was held on Sunday, October 20, 2002, at the Somerset Marriott Hotel.

Attendees came from as far as Houston, Texas, to hear our keynote speaker, Dr. Tamar Chansky of Pennsylvania. Her presentation, including slides, was most informative in recognizing the malady and treatment of the disorder in children. Thank you Dr. Chansky for being with us.

The attendance was most gratifying and our thanks to Pfizer Pharmaceuticals for co-sponsoring the event.

Our panelists, Lisa Brown, Daniel Cohen, Kathleen Hellstern, and Adrienne Peloso, all parents of children with OCD, were wonderful in sharing their experiences with their offspring. they responded to questions from the audience. Thank you all.

Last, but certainly not least, my thanks to our volunteers of the day, without whom this Conference could not have come about. They are: Nadine Weg, Nicole Torella, Bev Roberts, Harriet Thaler, Warren Thaler, Nina Cohen, Janet Di Paolo, Judith Cohen, Barbara Nicholls, Dr. Karen Landesman, and Rachel Spilken.

I hope to see you all on Monday, December 9, 2002, at our NEW meeting location in the Robert Wood Johnson Hospital in New Brunswick, NJ.

SPECIAL THANKS

Ms. Judith Cohen for her generous donation.

Once again we would like to extend our thanks to COSTCO of Bridgewater for their donation.

CONTACTS

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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 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 their significant others.
- 3) To support research into the causes and treatments of this disorder.

NJAOCF OFFICERS

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

Highlights from the NJ Affiliate of the Obsessive Compulsive Foundation Third Annual Conference on October 20, 2002 at Somerset Marriott

“Freeing Your Child From OCD: Finding Your Way on the Road to Recovery”

by Tamar Chansky, PhD

plus

Parents of OCD Kids Panel

OUR PRESENTER

Tamar Chansky, PhD, is Director of the Children’s Center for OCD and Anxiety in Plymouth Meeting, PA. Previous to this position, she was the Director of the Children’s Program at the Agoraphobia and Anxiety Treatment Center in Bala Cynwyd, PA. Dr. Chansky has presented at dozens of workshops, many at the national level. She is the author of *Freeing Your Child From Obsessive Compulsive Disorder: A Powerful, Practical Program for Parents of Children and Adolescents*, (Random House, New York, 2000).



Bev Roberts and Nicole Torella at the Registration Desk.



Having a brunch fit for royalty!



Dr. Allen Weg makes the introductions!



Dr. Tamar Chansky, our featured speaker.



What a crowd!



The Parent Panel answers audience questions.



Lisa, Cathy, Danny, and Adrianne from our “Parents of Kids with OCD Panel”.



The Parent Panel present their stories.



An excited 50/50 winner runs up to claim her prize.

Conference Focuses on Helping Children and Youths with OCD

by Beverly Roberts

The featured speaker at the Third Annual Conference of the NJ Affiliate of the OC Foundation was Tamar Chansky, Ph.D., author of the book, *Freeing Your Child from Obsessive Compulsive Disorder: A Powerful, Practical Program for Parents of Children and Adolescents* (2000). This highly informative and extremely successful conference was held at the Somerset Marriott on Sunday, October 20, 2002. Dr. Chansky's presentation led the program, followed by a panel of four parents whose children have OCD. In addition to parents of OC sufferers, there were also social workers, educators, psychologists, nurses, and other professionals in attendance at this conference.

Dr. Chansky covered a wide range of topics that are important to everyone who is concerned about helping children and adolescents who have OCD. Dr. Chansky emphasized that in treating children with this disorder, the parents are an integral component of the treatment approach, often serving as "co-therapists." Parents should be aware that – with proper treatment -- the prognosis for kids with OCD is very good. The key to helping a child or adolescent with OCD is to find a therapist who has expertise in treating this population. (Note: If readers of this article are looking for an OCD treatment specialist, the NJ Affiliate of the OC Foundation can help. Call Ina Spero at (732) 828-0099)

Dr. Chansky discussed four themes of OCD symptoms:

Obsessions

- Contamination. This is the most common obsession, and it can take many different forms.
- Doubts and fears of making mistakes.
- Symmetry (things being "just right")
- Intrusive "bad" thoughts or impulses; This can encompass thoughts of a Sexual, violent, or blasphemous nature

Examples of Compulsions

- Repeated washing
- Repeated checking
- Repeating the task, striving for "perfection"
- Repeated apologizing, praying, and avoiding

The following is a brief summary of several key topics from Dr. Chansky's terrific presentation:

- Guidance for parents: If the child sees that the parents are hopeless and overwhelmed by the child's OCD, the child will also feel hopeless. Parents should learn (with help from the child's therapist) to balance the seriousness of the OCD with some levity and to help the child to not be afraid.

- OCD sufferers often seek continual reassurance. In our daily lives, all of us confront big, medium and small risks, but for a child with OCD everything appears to be a huge risk. A parent's natural instinct is to rescue the child from pain, including the pain of OCD. However, through therapy with an OCD specialist, parents learn that it is necessary for the child to interact with the feared situations.

- Dr. Chansky described two "brain tricks" that she teaches her patients. First, when a child says, "I need to pay attention to the obsessive thought," Dr. Chansky teaches the child to say, "No! OCD is just junk mail from the brain!" Second, when the child says, "I will feel terrible if I don't do the compulsions," Dr. Chansky advises the child to say, "No, The anxiety will pass on its own without doing the compulsions." The psychologist's message to the child is that "uncomfortable" does not equal "unbearable."

- Ritual-busting: These are a few of Dr. Chansky's suggestions for stopping the rituals:

- Refrain from doing the ritual for 10 minutes.
- Do the ritual the "wrong" way, i.e., differently from the way it was previously done.
- Shorten the time spent on the ritual.
- Purposely do exactly what OCD is warning the child not to do, (e.g., if the OCD message is that the socks are

not

clean enough to wear, the child learns to fight back by wearing those socks).

- Dr. Chansky encourages parents to be flexible in implementing the exposure activity at home that had been discussed with the therapist. It is okay to lower the requirement to meet the kid's readiness level. The goal is for the child to have some level of accomplishment, even if it is not exactly the same improvement that was planned during the therapy session.

- Dr. Chansky's "Nuts and Bolts" of behavior therapy with children and adolescents:

- Relabel the OCD as the bad guy bossing you around.
- Do the opposite of the OCD warnings.
- Boss back the OCD.
- Refocus on what you want to be doing instead of having OCD symptoms.
- The motivation for treatment is what you hate about OCD.

Finally, the therapist needs to determine the parents' role in the treatment process.

- Should medication be used with children? Generally, with milder OCD symptoms, cognitive behavioral therapy

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Becoming an Athlete

by Allen H. Weg, EdD

Let's consider two adolescent boys, Johnny and Bill. Both are 14, high school freshman, do well in class, and have a good circle of friends. They are both the same height and weight, and in the same physical shape.

Johnny is an avid team sports player. He has played basketball and baseball since he was in grade school, started playing volleyball in middle school, and is presently on the high school football team. Bill, on the other hand, hikes and bicycles, but has never played organized team sports of any kind.

Let's say we take the two boys, both who never have played a game of soccer, and begin to instruct them in the game. We soon have them join teams and play competitively against other teams. Which of the two boys, all else being equal, will catch on more quickly to the game of soccer, and will do better as a player in the team games?

While there is no guarantee of this, the more logical conclusion would be to bet on Johnny. Why? Because Johnny has been trained in team sports, Bill hasn't. Even though Johnny has never played soccer, he has lots of experience getting a sense of his body relative to a ball, and having a sense of his space relative to other team players. We would say in psychology that his athletic skills were more able to "generalize" to soccer compared to Bill, who, while athletic in his own way, has less experience with teams and with team ball playing.

Sometimes at the start of therapy, when OCD clients learn about Exposure and Response Prevention (ERP), they become disheartened. They say, "There are SO many symptoms that I have, even if ERP works, it will take me FOREVER to get to a normal level of functioning!" Even if the symptom presentation is limited to one area of OCD, say, contamination obsessions

with washing compulsions, the client may feel that s/he is finding so many things in daily life to be contaminated, that significant recovery seems very far away. But to assume this would be a mistake.

In practice, application of ERP skills to a client's compulsive behavior may be very difficult and stressful at first, but very often, as the person applies ERP to challenge more of his or her compulsions, the recovery rate and the length of time of discomfort tends to decrease. For instance, let's assume that the levels of perceived contamination of the furniture in a living room are all equal, so that on a scale of 1-10, the sofa is a 5, as is the recliner, the coffee table, and the floor lamp.

If the OCD afflicted person touches the couch, and then goes and "spreads" that contamination to another (less contaminated) section of the house repeatedly over a period of time, he will find that his anxiety level will drop down, and that the 5 eventually becomes a 2 or less. If he then touches the recliner, and spreads it to another section of the house, and then later on he does the same with the coffee table to yet another section of the house, he will find that when he goes to touch the floor lamp and then spreads it to still another section of the house, the contamination may not be as high as 5 this time around, and that the level 2 is reached much more quickly.

This occurs because of the concept of "generalization." Even though the person is touching the lamp for the first time in the exposure exercise, and is spreading it to an as of yet "uncontaminated" section of the house, ERP will be less painful and go more quickly, because the person is becoming desensitized, not only to the individual items that are being touched, but to the whole exercise of ERP.

One would expect this to happen, because, as the person uses ERP more and more for different contaminated items, he is learning through experience that the initial anxiety wanes after exposure. It thus becomes easier to trust that the anxiety generated by the next thing that is touched will also lessen over time. This expectation, the trust that the fear response to touching the next contaminated object will soon dissipate, helps the person to "move through" the fear more quickly.

ERP, if done properly, is always a challenge. However, as a person becomes experienced using ERP to successfully challenge and control OCD symptoms, trust in the technique builds, and it becomes less difficult and requires less time to challenge the next set of symptoms. Like Johnny, there is a sense of competence that transfers to different, but similar situations.

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.

Overthrowing A Tyrant

by Karen J. Landsman, Ph.D.

In the treatment of OCD, different types of Obsessive-Compulsive Disorder (OCD) sufferers have come through my office. Behavioral therapy [i.e., exposure/response prevention (EXP/RP)] involves great struggles for the sufferer. Combating OCD requires much energy; therefore, motivation to change is essential to a successful outcome.

As a sufferer of OCD, your life may be controlled by your OCD, that is, the fearful thoughts and ritualizing behaviors or avoidance tactics may control it. Other people in your life may wonder: What's driving the compulsions? Why can't you just stop the ritualizing?

Among the many metaphors that help people to get a grip on their illness, I have found that a certain metaphor has been very helpful in EXP/RP treatment. **OCD IS ESSENTIALLY A TYRANT RULING OVER YOUR LIFE.** Life under the rule of a tyrant is difficult and painful for anyone. OCD is a tyrant that threatens that your ultimate fears will come true unless you do what he says. For a sufferer of OCD, doing what the tyrant commands can manifest in different compulsions, commonly checking, washing, undoing, repeating, and so on.

Many people might better understand the suffering you endure if they experienced the ruling tyrant that overpowers and overwhelms you. Let's understand that one does not plan for a leader to become a tyrant. We do the best we can under any leader. A leader often becomes a tyrant through a slow, insidious process. We don't choose the tyrant to rule our life. But now the tyrant is in power and he dictates that you should "Be afraid" or "Check again or else..." and so on. He commands you to do things that outside of your OC World you know are not rational or logical, nevertheless they are real commands when you are stuck in the OC World living under this tyranny.

The "tyrant" metaphor works well in thinking about treatment, such as the need to engage in breaking rules through exposure work. This tyrant

scares you enough to make you stick to his rules. Courage and taking risks are necessary to overthrow a tyrant. Think about times in history when a tyrant was overthrown, the degree of valor and risk-taking was tremendous. When strategizing to win back power from the tyrant, you have to risk breaking the rules. You have to do what angers the OC tyrant and experience the fear that comes with this risk. You have to think the thoughts that you fear the most and chase them down, rather than avoiding them or making up for them with a ritual as the OC tyrant dictates. By feeling the fear and breaking the rules, you can win the war against this tyrant that rules your life.

Overthrowing this tyrant can be an arduous process involving strategy and sneakiness with a ruler that has been in power for too long. You cannot make concessions when trying to overthrow a ruler. OCD is very sneaky and powerful, a dangerous combination for anyone with power. Thus, this metaphor of the tyrant helps explain the need to separate the OCD tyrant from you as a person. The idea of the tyrant helps one battle this insidious tyrant that takes over your thoughts and seems to force you to do things, over and over again.

Too much power is not healthy for anyone. OCD has its undivided rule over you. By choosing to do exposures and response prevention, you are choosing to rebel against the tyrant in power. Challenging the tyrant is a risky matter not to be taken lightly, and great courage is necessary. So, when an OC sufferer reveals "I ate meat" or "I touched a toilet" or "I didn't wash my hands after using the bathroom," this is not a simple feat. This may not sound like a big deal to an outsider, but you and I know differently - it can be a very big deal.

After all of the struggle and courageous acts, who comes into power next? Well, that is some of the uncertainty of life.

Karen J. Landsman, Ph.D.

Permit #021-A126

Dr. Landsman has offices in both Westfield and Chatham, NJ, and can be reached at (908) 822-1477.

Conference - Continued

by Beverly Roberts

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(CBT) should be tried first. However, after 4 to 6 weeks of therapy with a therapist who specializes in OCD treatment, if the symptoms of the disorder have not shown any improvement, then medication may be needed. With more severe OCD symptoms, medication may be particularly helpful, along with CBT.

● Particularly touching was the advice that Dr. Chansky's young patients have given her, regarding what she should tell other families about this disorder. First, the kids have asked Dr. Chansky to tell other parents that when a kid has OCD it is going to be difficult for the parents as well, and second that the kids don't really want to be doing these things.

During the second portion of the conference, four parents of children with OCD spoke about their family's experiences. The parents talked about the many difficulties their child and the entire family had endured. They emphasized that the treatment process had been extremely difficult, and when the child's symptoms were starting to improve, there were often some rapid changes in the OC manifestations -- one OC problem ended but then a new problem began. However, as a result of the hard work from the children, and with the assistance of an experienced OCD therapist (and medication, in most cases) all of the children have shown outstanding improvement!

If you were not able to attend this excellent conference, do not despair! The conference was videotaped and the tape can be purchased from the NJ Affiliate.

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 NJAOCF to help create more of these groups. We at NJAOCF 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 732-329-1378.

OCD SUPPORT GROUP ATLANTIC COUNTY AREA

To all who suffer from Obsessive Compulsive Disorder, you are invited to attend a meeting once per month on the last Thursday night at 7:30 p.m. We will meet at the Bacharach Institute for Rehabilitation Conference Room in Pomona, NJ. The Institute is located in the same building as the Atlantic City Medical Center, Mainland Division, which is at 61 W. Jimmie Leeds Road and can easily be found by following the blue "H" signs (Hospital) on the White Horse Pike, which is also Route 30. Use the main entrance to the hospital and take the right corridor to the end. Make a right and then the 2nd left. The Conference Room is about 50 feet ahead on the right. We expect to have guest speakers from time to time, but mostly it will be a gathering of people who, like you, suffer from OCD. The dress is casual, the format is informal,

and no one is expected to share if they choose not to do so. You may come and just listen to others, if you wish, and you may bring a relative, if desired. Please contact Wayne at (609) 266-3666 with any questions.

LIVE NEAR ASBURY PARK? READ BELOW!

A woman in Asbury Park is interested in starting a new OCD support group. Her name is Amy and she is trying to gather enough interested OCD sufferers to start having regular meetings. If you are interested in joining Amy in establishing a support group in the Asbury Park area, please call (732) 897-9114 any evening between 6:00 p.m. and 9:00 p.m.

OCD SUPPORT GROUP NOW IN MARLTON, NJ

The Marlton, New Jersey, Obsessive Compulsive Support Group meets on the **second** and **fourth Mondays** of each month from 7:00 to 9:00 p.m. It meets in the Scarborough Room, Virtua-West Jersey Hospital, Marlton, 90 Brick Road, Marlton, New Jersey.

This group is for those with OCD and OCD spectrum disorders and their families. There is no fee to attend.

For more information on this Support Group, please contact Betty Beach at (856) 751-1957.

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	\$15.00_____
"Families and OCD: How to Coexist", Elna Yadin, PhD	\$15.00_____
"Flying Towards the Darkness", NJAOCF First Annual Conference: Parts 1 & 2 (combined discount price)	\$25.00_____
"Flying Towards the Darkness" - Part 1 only, Allen H. Weg, EdD, NJAOCF 1st Annual Conference	\$15.00_____
"Flying Towards the Darkness" - Part 2 only: The OCD Panel NJAOCF 1st Annual Conference	\$15.00_____
"Generalized Anxiety Disorder and OCD", David Raush, PhD	\$15.00_____
"OCD Spectrum Disorders", Nancy Soleymani, PhD	\$15.00_____
"Living With Someone With OCD...", Fred Penzel, PhD Part I- NJAOCF 2nd Annual Conference	\$15.00_____
"The OCD Kids Panel" Part II- NJAOCF 2nd Annual Conference	\$15.00_____
NJAOCF- 2nd Annual Conference Parts I and II (combined discount price)	\$25.00_____
"Panic and OCD", Allen H. Weg, EdD	\$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 - NJOCF 3rd Annual Conference	\$15.00_____
"The Parents Panel of Kids with OCD" Part II - NJOCF 3rd Annual Conference	\$15.00_____
NJOCF - 3rd Annual Conference Parts I and II (combined discount price)	\$25.00_____
Add \$3.95 each for S & H: _____@ \$3.95 ea _____	
Your Total cost: _____	

Send check or money order, made out CNJAOCF, and mail to:
CNJAOCF, 60 Mac Afee Rd, Somerset, New Jersey 08873-2951
Questions? Call Ina Spero at 732-828-0099

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2003 Entertainment Books will be available for purchase at our Third Brunch/Conference, but to purchase one right now, 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.

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NORTH JERSEY #26 - \$20

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

NORTH JERSEY #93 - \$20

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.

DIRECTIONS TO OUR NEW MEETING LOCATION!

Our next quarterly meeting, which will take place on *Monday evening, Dec. 9th, 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.

SAVE THE DATES FOR THE 2003 MEETINGS!

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

March 10, 2003

June 9, 2003

September 8, 2003

December 8, 2003

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!

Letter to the President

From time to time we receive letters from our readers and would like to share them with you.

Dear Mrs. Spero:

Thank you for adding me to the mailing list of the NJ OCF newsletter. I hope this donation will help with its operational costs. I'm sure you and others give a lot of free time and energy to this cause, and I deeply appreciate it.

