

**David Rosmarin, Ph.D.**  
Presented on  
“Sex, Violence, Blasphemy &  
Sin: Treatment for ‘Bad  
Thoughts’ in OCD”

by Rachel Strohl, Psy.D.

On Monday September 10, 2012, David Rosmarin, Ph.D. presented at the quarterly meeting of OCD New Jersey (OCD NJ). Dr. Rosmarin is an Instructor at Harvard Medical School and Assistant Psychologist at McLean Hospital, and Director of the Center for Anxiety in Manhattan ([www.centerforanxiety.org](http://www.centerforanxiety.org)). Dr. Rosmarin received training in Cognitive Behavioral Therapy (CBT) at the Center for Anxiety and Related Disorders at Boston University, and the Anxiety Treatment & Research Center in Hamilton, Ontario (Canada’s top anxiety treatment facility). He has published over 20 peer-reviewed publications, delivered over 40 scientific presentations, and is an active member of the Association for Behavioral and Cognitive Therapies.

Dr. Rosmarin’s presentation focused on “Bad Thoughts” OCD, a subtype of Obsessive Compulsive Disorder (OCD). He conceptualizes OCD as a “thought phobia,” so similar to people who have a phobia of snakes or heights, people with OCD do “whatever they can to get rid of the thoughts.” The treatment of phobias involves: 1) demarcating a line between what is and not dangerous and 2) approaching up to the line of danger and then stopping. This is the same approach with “Bad Thoughts” OCD;



continued on page 9

**Next Quarterly Meeting:**  
“Pharmacological Treatment of OCD: The Very Latest  
Developments in Exploring Options”

Our next quarterly meeting is Monday, December 10, 2012, at 730 PM in our usual meeting room at RWJ hospital in New Brunswick. Steven Poskar, MD, will be the presenter.

Dr. Steven Poskar is a certified Diplomate in Psychiatry by the American Board of Psychiatry and Neurology. He specializes in psychopharmacology and cognitive behavioral therapy at the Spectrum Neuroscience and Treatment Institute in New York City. He completed his psychiatric training at Montefiore Medical Center where he went on to complete a research fellowship at the Compulsive, Impulsive, and Autism Spectrum Disorder Program.



Dr. Poskar is a co-founder and current Vice President of OCDNY, the NY affiliate of International OCD Foundation. He is a member of the International OCD Foundation’s Body Dysmorphic Disorder, Hoarding and Autism Spectrum Disorder Special Interest Group. Dr. Poskar recently authored the chapter “Subtypes and Spectrum Issues” in the World Psychiatric Associations book “Obsessive Compulsive Disorder: Current Science and Clinical Practice,” and was one of the headline speakers at the OCDNY/NJ OCD Awareness Conference in NYC in October of this year.

Dr. Poskar’s presentation is entitled, “Pharmacological Treatment of OCD: The very latest developments in exploring options.” This presentation is an exhaustive review of the many medication options now available for those struggling with OCD and those treating them. His presentation will include the very latest information on approaching the psychopharmacological treatment of OCD, not only by targeting serotonin and dopamine sites, but glutamate abnormalities as well. This presentation will benefit psychiatrists experienced with treating OCD, as well as the lay person who wants to learn more about OCD because it is presented in an organized fashion. We hope that you will join us!

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**Barbara Van Noppen, Ph.D., LCSW Presented on**  
“The Role of Family in OCD: Current Trends in Research and  
Treatment Implications”

by Rachel Strohl, Psy.D.

On Sunday, October 21, 2012, Barbara Van Noppen, Ph.D., LCSW was the keynote speaker at the OCD New Jersey thirteenth annual conference. She is an Assistant Professor at the University of Southern California, Keck School of Medicine, Department of Psychiatry and Human Behavior. She is a member on the Scientific Advisory Board of the International OCD Foundation (IOCDF), and a frequent presenter at the IOCDF annual conference.

Dr. Van Noppen began the presentation by identifying recurrent themes in families dealing with OCD: 1) Why can’t you just stop? 2) anger and frustration, 3) isolation and stigma, and 4) How can we help? She emphasized the importance of a key concept, expressed emotion (EE). EE is “the degree to which relatives express critical, hostile or emotionally overinvolved attitudes toward the patient.”

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**Correction from Last Newsletter: Welcome Dr. Marla Deibler**

OCD NJ would like to apologize to Dr. Marla Deibler, our newest board member. In the last edition of the newsletter, Dr. Deibler’s first name was published as Maria, which was incorrect.

## PRESIDENT'S MESSAGE



Dear Friends:

I hope this newsletter finds you all doing well as we enter into the holiday season. As well, I hope that everyone is ok after Hurricane Sandy.

OCD NJ is glad to report that we had a very successful conference a little more than a week before Hurricane Sandy swept through NJ. Dr. Van Noppen gave a very informative presentation and as always, the afternoon panel discussion was enlightening.

I hope that you will all be able to join us at our December 10 meeting, the last one for 2012. We are pleased to be hosting Dr. Poskar.

Sincerely,  
*President Ina Spero*

## NATIONAL OCD FOUNDATION CONTACTS

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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, OCD New Jersey, 60 MacAfee Road, Somerset, NJ 08873.

**The OCD New Jersey telephone hours are 9:00 a.m. to 9:00 p.m. - Feel free to call (732) 828-0099**

### Disclaimer

The information presented in this Newsletter should not be taken in lieu of proper medical and/or mental health professional services. The Board of Directors of OCD New Jersey, 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, and are not liable for any damages resulting from any misrepresentations made by the readership of this newsletter or treatment by any organization member, newsletter advertiser, or article author.



*Above: Dr. Rob Zambrano captures the conference on video.*



*Above: Wilson Garcia is our audio-visual professional.  
Below: President of OCD NJ, Ina Spero, enjoys some dessert.*



*Below: Barbara Nicholls mans our DVD sales table.*



## OCD New Jersey 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.

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## OCD NJ Conference and Dr. Van Noppen - continued

The components of EE are: 1) Criticism – statements of disapproval or dislike, and the critical comment is “situation specific,” 2) Hostility – generalized negative, angry feeling that is “critical of the patient,” 3) Emotional Over-Involvement (EOI) – emotionally exaggerated response to OCD that reflects overprotection and self-sacrifice, 4) Warmth, and 5) Positive Comments.

The EE predictors of outcome for OCD therapy are 1) hostility: six times more likely to drop out of treatment, 2) EOI: higher risk for drop out, whereas 3) the patient’s perception of criticism led to a better outcome of therapy. The latter was explained since “perceived criticism” relates to the OCD specific behavior, not the person him/ herself. Dr. Van Noppen reported that findings from the EE studies suggest that treatment outcome may be improved by attention to patients’ reactions to their interpersonal environment and family reactions to OCD.

Dr. Van Noppen went on to define family accommodation (FA) as “uniquely defined behavioral responses in families dealing with a loved one’s OCD in an effort to cope with the symptoms.” Family accommodations include: 1) providing reassurance, 2) participating, 3) assist, e.g., help patient avoid, 4) facilitate, e.g., buy patient soap, 5) modify family routines, and 6) interference in work functioning. Research indicates that this is a unique phenomenon in OCD, and at least 90% of families engage in accommodating behaviors. However, FA is linked to a poorer treatment outcome and more family stress. Dr. Van Noppen outlined the Family Accommodation Scale (FAS) for OCD, which is a self report measure that family members can rate their level of FA.

She advocated that people with OCD may benefit from including family members in cognitive behavioral therapy (CBT) and exposure and response prevention (ERP) treatment. This allows for the development of specific interventions for different types of family members’ responses (EE or FA).

Family guidelines were presented for family members living with OCD, such as 1) recognize signals, 2) modify expectations,

3) recognize small improvements, 4) create a supportive environment, 5) set limits, 6) keep communication clear, and 7) watch out for accommodations. Family interventions aim to reduce hostile criticism with communication training and problem-solving skill training (such as behavioral contracting). Family accommodations for OCD are reduced by limiting reassurance, re-establishing normal family routines, reducing involvement in rituals, increasing patient independence, and tolerating patient’s anxiety.

Dr. Van Noppen engaged the audience throughout the presentation with lively questions and answers, and showing several DVDs of people with OCD and their families struggling and improving through family behavioral treatment.

The conference continued with an emotional highlight: the Living with OCD panel moderated by Dr. Allen Weg, Vice President on the Board of Directors at OCD NJ, and Executive Director of Stress and Anxiety Services of New Jersey. The panel consisted of a 18 year old male with intrusive thoughts, images and perfectionistic obsessions, and compulsions "to do school work over and over." A 14 year old female who said her OCD symptoms started at 6 years old and explained her rituals were for "just right" obsessions. She discussed her residential treatment and said "you can control OCD, not OCD of you." A 28 year old female with contamination fears when she was younger, currently the compulsion of "honesty," and proudly stated that with the help of CBT therapy, she is happily married, pregnant, and working with children. And a 12 year old female who was "washing my hands all day." She realized that her OCD got louder when she was tired or stressed, so she manages her stress and recommends "a good night's sleep."

Each shared their valiant experiences living with OCD, and then audience members asked the panel questions about various topics. As in previous years, the panel members encouraged, educated, and offered hopefulness to the individuals with OCD, their loved ones, and the professionals that treat them.

*Dr. Rachel Strohl is a licensed psychologist at Stress and Anxiety Services of NJ in East Brunswick. She is on the Board of Directors at OCD New Jersey. She may be reached at 732-390-6694.*

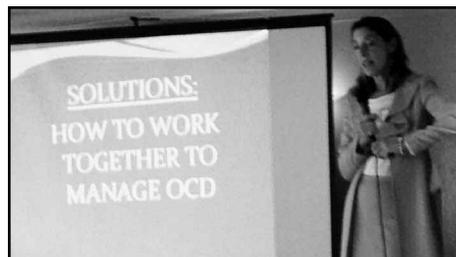


*OCD NJ Board - Back Row: Dr. Allen H. Weg, Vice President; Nicole Torella, Newsletter Editor; Adrienne Friedman, Recording Secretary; Dr. Rachel Strohl, Trustee; and Dr. Marla Deibler, Secretary. Front Row: Julian Spero, Treasurer and Ina Spero, President.*



*Amy, James, Katherine, and Mary Elizabeth share on the “Living with OCD” Panel*

*Board member Adrienne Friedman sells our new OCD NJ t-shirts*



*Dr. Barbara Van Noppen presents on families and OCD*

## How technology is reshaping ERP treatment for OCD patients

by Dr. Kristen Mulcahy, submitted, June 27, 2012

I realized that I wanted to work with people with OCD when I was in graduate school. My roommate was working at the Bio-Behavioral Institute, a world renowned treatment center for OCD in New York and would come home with most fascinating stories of the types of issues she was working with and the very interesting things she would do to treat them. I was hooked. When it came time to interview for internships, I knew I had to train and work there. The only problem was they were looking for an intern who was Spanish-speaking, which I was not. Not to be deterred, however, I went on the interview and convinced my future boss, Dr. Fugen Neziroglu that I was indeed the best candidate. Even though I was not fluent in Spanish, I assured her that I would learn and that I had even purchased the books to do so. Okay, I embellished a little. Fortunately, she was taken by my sheer determination and hired me. To this day, whenever I see her, she asks how my Spanish is coming along. I tell her, "Bueno."

Throughout the past 15 years, I can positively say my work has been exceptionally rewarding and never dull. I feel so incredibly fortunate to have received the training I did and, as a result, to be able to offer a form of treatment (Cognitive Behavior therapy, most specifically Exposure and Response Prevention) that can have such a profound effect on people's lives. However, knowing there are so many OCD sufferers not getting the right type of help or any help at all has always bothered me and made me wonder how I could help in some bigger way. I can see only so many people in my Cape Cod, Massachusetts practice.

About two years ago, I got my answer... an OCD app.

The fact that I had an idea to create an OCD app is really pretty funny if you know me at all. I am fairly technologically challenged. In fact, prior to my iPhone, I could not even figure out how to retrieve my voicemail. However, once again I set out undeterred by my shortcomings, certain that these sophisticated mobile devices could be transformed into effective and powerful treatment tools for OCD sufferers.

When I boil down the reasons why OCD sufferers are not overcoming their OCD, I come up with two main issues: 1) they do not have access to the right type of treatment or 2) they are in treatment, but are not consistent enough with it to get results. I saw the app as being able to help with both of these issues. If one does not have access to an OCD specialist, this could be the next best thing, an interactive application that will guide the sufferer through the appropriate treatment. The second issue, consistency of treatment, is something I am passionate about. I really hate when people do not comply with treatment and, therefore, do not get results. I know if I could be there with them all the time, guiding them in what to do and what not to do they would get better. Unfortunately, it is not possible for me to provide that type of 24-hour service. But, the app can be a sort of "pocket therapist" on call 24/7.

And so the ideas for Live OCD Free poured forth. The now completed app can help users set up their exposure hierarchy, which is the first step in any good OCD treatment plan. It guides users in how to practice their ERP and what to do if they are struggling with an obsession or have just given in to a compulsion. It allows them to set reminders to practice, establish goals for resisting compulsions, and obtain rewards for meeting their goals. It also provides an extensive toolbox for users to access when they are practicing an exposure or need help managing their anxiety or staying consistent with treatment.

From a therapist's perspective, my favorite aspects of the

app are the audio record function and the progress reports it creates. With the record function, I can record specific things I want my patients to listen to. This could be something for exposure purposes or it could be one of the many brilliant things I say (wink, wink) during a session that I think would help during a time of struggle. Patients often tell me they hear my voice in their heads when they are about to give in to a compulsion. Well, now they really can hear me as annoying as that may be. The progress reports allow me to see exactly what my patient is doing or not doing when they are on their own. As a result, I can better figure out what is working and what is not, making treatment much more efficient.

And, of course, the children's version is super cool. Knowing how much of a difference ERP can make in a child's life, I felt very strongly about providing a specific version for kids that could motivate them to fight their fears. The Worry Wizard does just that. By mastering their challenges, kids get closer and closer to revealing the wizard's true identity. And if they are struggling, they can just shake their mobile device and their pal, Sage the owl, will come to their aid. As a therapist, it is a dream to have a young patient be not just willing, but genuinely excited to engage in treatment.

With Live OCD Free now available on iTunes, it is wonderful to hear the stories of how this app is helping people with OCD. Anoop Kumar is using the app to combat his OCD as there are virtually no resources for help in his hometown of New Delhi, India. Twelve-year-old Alexandra Douglas has struggled with debilitating OCD symptoms since the age of four. Unable to afford treatment with a specialist, she has courageously battled her OCD using the app. Her mom reports that her symptoms are significantly diminished and she is able to do things she never dreamed possible. Stories like these are why I created the OCD App. Knowing Live OCD Free can bring treatment into the hands of people who otherwise might not get help is the most rewarding.

For more information, please visit [www.LiveOCDFree.com](http://www.LiveOCDFree.com) or contact Dr. Kristen Mulcahy at [info@LiveOCDFree.com](mailto:info@LiveOCDFree.com) or 508-457-0440.

### About Dr. Kristen Mulcahy

*Dr. Kristen Mulcahy is an expert in the use of Exposure and Response Prevention (ERP) therapy to treat children and adults suffering from obsessive compulsive disorder. She is the director of the Cognitive Behavioral Institute in Cape Cod, Massachusetts. Dr. Mulcahy received her Ph.D. in clinical school psychology from Hofstra University. She developed a specialty in OCD spectrum disorders through research and clinical work at the Bio-Behavioral Institute, an internationally renowned treatment and research center in New York. She is also the founder of Pocket Therapist LLC and the creator of the Live OCD Free, a mobile therapy application. In addition to treating patients, Dr. Mulcahy runs support groups for OCD sufferers. Dr. Mulcahy lives in Falmouth, MA, with her husband and three children.*

## **Professional Directory (continued on pages 6 & 7)**

The professionals included in this Directory have expressed an interest in treating individuals with OCD. This Affiliate has not investigated these individuals, nor does it have the facilities to evaluate their competence in treating OCD. This Affiliate does not recommend or endorse the competence or expertise of anyone listed. This Directory of treatment providers is not an endorsement, but merely a source of individuals who have indicated that they treat OCD. **If you are interested in advertising in our Professional Directory, please contact Ina Spero at (732) 828-0099 from 9 a.m. to 9 p.m.**

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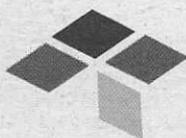
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## NEUROBEHAVIORAL TASKS IN OCD

Do you have OCD? Are you currently not taking any psychiatric medications?

We are looking for individuals with OCD to participate in a research study comparing patients with OCD to patients with several other disorders to help us understand the differences in the neurocircuitry of the brain across disorders.

This study uses different behavioral tasks and questionnaires to measure participants' stress reactivity, startle reflexes, and preferences. All information will be kept completely confidential.

### WHO CAN PARTICIPATE:

\* You may be eligible to participate if OCD is your primary problem, if you are between the ages of 18 to 50 and are not currently on any psychiatric medications or currently on hormonal birth control, and if you are not pregnant.

\* Subjects must be able to travel to New York State Psychiatric Institute /Columbia University at 1051 Riverside Drive (at 168th Street) in Manhattan.

### COMPENSATION FOR PARTICIPATION:

Participants will be compensated \$200 for completing all study procedures, consisting of approximately 6 hours of testing over 2 consecutive days. Additional payment of up to \$85 will also be provided based on performance on one of the tasks.

### PROCEDURES:

1. Screening by phone.
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3. If eligible, up to 6 hours of testing over 2 consecutive days (4 hours on day 2 and 2 hours on day 2.)

### FOR MORE INFORMATION, PLEASE CONTACT:

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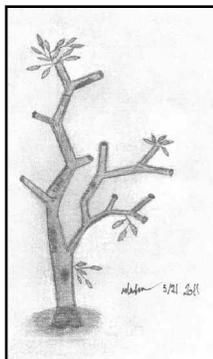
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## OCD NJ SELLS DVDs

For the past 10 or more years, OCD NJ has been videotaping each lecture as part of the organization's mission. Our goal is to provide information to the public about obsessive compulsive disorder. One way in which we can achieve this goal is to provide previous lectures to the public for their use.

This most recent list of DVDs can be found on our website at [www.ocdnj.org](http://www.ocdnj.org). If you are interested in purchasing DVDs, you can call Ina Spero at (732) 828-0099 between the hours of 9 a.m. and 9 p.m. Here are some sample titles:

- "The Enemy Within: Getting Aggressive with OCD," Allen Weg, Ed.D.
- "Being a Parent with OCD," Cynthia Haines, Psy.D.
- NJ OCF - 10th Annual Conference, "Body Dysmorphic Disorder (BDD), Hypochondriasis, Hoarding, and other OCD Spectrum Disorders; Comparing and Contrasting Treatments with OCD," Dr. Fugen Neziroglu.
- "The Latest Research on Pediatric OCD and Trichotillomania," Dr. Marty Franklin & Dr. Diana Antinoro.
- "Medications & OCD," Dr. Steven Dyckman.

We hope to update the website soon so that the DVDs can be purchased online.

## Understanding Obsessive Compulsive Personality Features

*Principal Investigator: Anthony Pinto, Ph.D.*

Is perfectionism causing problems for you?  
Do others complain about your rigidity?  
Do you worry too much about order and details?  
Do you find it difficult to relax and enjoy free time?  
Are you constantly trying to control things?  
Do you plan out every minute of your day?

Researchers at Columbia University Medical Center/NYSPI in Manhattan are seeking participants (age 18-60) in the NY metro area with several of these features. Participants will receive a confidential evaluation at no cost and payment upon completion of an interview, questionnaires, and computer tasks.

**For more information about the study, contact Ashley at (212) 543-5938.** To learn more, visit [www.columbia-ocd.org](http://www.columbia-ocd.org)

## Child/Adolescent OCD, Tic, Trich, & Anxiety Group (COTTAGE) at the University of Pennsylvania

### Pediatric OCD Treatment Study:

Does your little child have to have things "just right?" Does he have to do something over and over again? Does she have intrusive thoughts? Our center is looking for kids ages 5-8 with OCD to participate in a research study at the University of Pennsylvania. Those eligible receive a full assessment of symptoms and 12 weeks of behavioral therapy at no cost. Call Aubrey Edson at 215-746-3327 if interested.

### Pediatric Trichotillomania Treatment Study:

Does your adolescent or teen pull their hair? If so, it may be Trichotillomania. Our group is conducting a research study to assess different treatments for children and teens between 10-17 years old with Trichotillomania. Those eligible receive a full assessment of symptoms and 16 weeks of behavioral therapy at no cost. Call Michelle Wilson at 215-746-3327 if interested.

the therapist and client work collaboratively “in the calm of the therapy room” to decide what is dangerous and not. Then, exposure therapy is learned and conducted.

Dr. Rosmarin focused on different “Bad Thoughts” obsessions: 1) Sexual obsessions are “extremely common” but not often talked about. These obsessions are intrusive and unwanted, and “not fantasies, gratifying, or satisfying.” He explained that people with OCD may compulsively scan their body for arousal and mistakenly report physical arousal, such as increased heart rate, which may be better accounted for by anxiety. Dr. Rosmarin emphasized that “every human being has sexual thoughts.” These thoughts are normal and not dangerous, except people with OCD experience fear with the thoughts when people without OCD “may just think the thought is weird.”

2) Violent obsessions are also very common (e.g., especially with mothers of infants experiencing post partum anxiety or depression) and involve thoughts about harm to self or others, violently stabbing or abusing others, etc. Again, he emphasized “everyone has strange, aggressive thoughts or violent images,” but the person with OCD obsesses about the thoughts or images and fears them, and behaviorally or mentally avoids them, which further reinforces the fear.

3) Blasphemy/ Sin-based obsessions are thoughts of a religious or moral nature, such as obsessions about cursing a religious figure or that one has sinned. These obsessions tend to be more treatment resistant because it is “harder to face the core of the fear” when, for instance, a person is worried about being punished by God at a later date.

The treatment for all three obsessions involves 1) psychoeducation, a frank and honest discussion that these thoughts are not dangerous and part of being human. 2) Deciding what is safe and not safe, and then compiling a hierarchy list of avoidance for exposure.

Dr. Rosmarin concluded his interesting and attention-grabbing talk by emphasizing bad thoughts are a part of life. The only difference between OCD obsessions and normal human functioning is the “degree to which a person has a negative reaction to their thoughts. If we accept thoughts are just thoughts, there is nothing to be afraid of.”



*Dr. Rachel Strohl is a licensed psychologist at Stress and Anxiety Services of NJ in East Brunswick. She is on the Board of Directors at OCD New Jersey. She may be reached at 732-390-6694.*

### **Interested in a Natural Way to Help your Child’s Obsessive Compulsive Disorder?**

The Yale Child Study Center is conducting a survey on N-acetylcysteine (a natural supplement) in children with OCD. Subjects will receive either active N-acetylcysteine or a placebo for 12 weeks and remain on current medications.

The study is open to children ages 8 to 17 with chronic OCD. Participants will be compensated up to \$150 for their participation.

If you have any questions or would like to learn more about the study, please contact Jillian Mulqueen at Yale Child Study Center TS/OCD clinic (203) 737-4809 or [jilian.mulqueen@yale.edu](mailto:jilian.mulqueen@yale.edu).

HIC #1004006623.

In recognition of OCD Awareness Week, OCD NY held its 3rd Annual OCD Awareness Week Conference at Columbia Psychiatry/NY State Psychiatric Institute on Saturday, October 13, 2012. OCD NY brought experts together to present this day-long educational opportunity for the community to learn about OCD spectrum disorders, their treatment, and ongoing research studies.

This year, OCD NJ joined OCD NY in these efforts, presenting OCD NJ’s mission and current events, as well as lending expertise to the day’s workshops.

The day began with an introduction by Blair Simpson, MD, PhD, who introduced the mission of day and an overview of the etiology of OCD. Steven Poskar, MD, provided attendees with an informative overview of current psychopharmacological treatment approaches, including some exciting innovations such as the use of D-Cycloserine to enhance exposure and response prevention. (ERP). Fugen Neziroglu, PhD shared an update on the cognitive behavioral treatment (CBT) of OCD and its evidence-base and obstacles to successful treatment.

OCD NJ’s Dr. Allen Weg entertained and challenged attendees by encouraging them to think beyond the textbook by using stories to enhance the understanding of CBT concepts. And, the morning sessions concluded with Wayne Goodman, MD providing an overview of neurosurgical and neuromodulation strategies in the treatment of OCD.

Following a lunch and learn session with the day’s presenters, attendees had the opportunity to choose between several breakout sessions, including those that addressed parenting a child with OCD, body dysmorphic disorder, obsessive-compulsive personality disorder, OCD and tic disorders, the psychopharmacological treatment of children with OCD, and a session on the topic of Hoarding Disorder, which was presented by Carolyn Rodriguez, MD, PhD and OCD NJ’s Marla W. Deibler, PsyD.

The conference concluded with a question and answer session with all presenters, including Drs. Weg and Deibler, moderated by Dr. Simpson. The conference was a success and fulfilled its mission of raising awareness and disseminating information from some of the leading experts in the field. OCD NJ was pleased to be part of this outreach event and we look forward to collaborating with our NY colleagues in the future.



*Vice President of OCDNJ, Dr. Allen Weg presents at the conference.*



*Dr. Allen H. Weg and Dr. Marla Deibler, represent OCD NJ at our information table.*



*Back: Dr. Blair Simpson of NY State Psychiatric Institute; Drs. Steven Poskar and Fugen Neziroglu of the OCDNY Board, and Drs. Allen Weg and Marla Deibler of the OCDNJ Board. Front Row: Conference Volunteers.*

## HOW START A SUPPORT GROUP

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 OCD New Jersey to help create more of these 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 such as at local churches, synagogues, libraries, and high schools, are good places to find free rooms. If you say you will be working with OCD New Jersey, it might also give you some "clout."

2) Determine the day and time- which may be determined by room space availability and once a month is 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 (9 a.m. - 9 p.m.). 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. Decide if the group is only for adults, only for sufferers, or open to every body-we recommend the latter- friends, family, and children with OCD.

4) Once you have a few 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. **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.

### **PARENT SUPPORT GROUP IN WEST WINDSOR**

A Parent Support Group has been started in West Windsor. The group meets the first Tuesday of each month at the West Windsor Library from 12:00 to 1:30 p.m. For more information, please contact Carey Bloom at 609-275-5487.

### **NEW TRICHOTILLOMANIA GROUP FORMING IN MERCER CTY/CENTRAL NJ**

Looking for women of all ages to participate in a self-led support group. I recently moved from the Boston area, where I was in a support group for fifteen years. The group was immeasurably helpful to me on many levels, and gave all members the rare and wonderful opportunity to help each other live with this challenging disorder. I can't overestimate the benefits of peer support and the freedom to discuss personal issues with women who share them. Please contact me at [mercertrich@yahoo.com](mailto:mercertrich@yahoo.com).

### **PARENT SUPPORT GROUP IN RANDOLPH**

A new support group for the parent's of adolescents is forming in Randolph. For more information, please call Terry or Claire at (973) 366-3564

## FIND A GROUP FOR YOU!

### **BDD GROUP IN ROSELLE PARK**

A support group for body dysmorphic disorder (BDD) is in the Roselle Park area. If you are interested in participating in this group, please call Bob at home at (908) 298-1777 or on his cell at (908) 247-8282.

### **GROUP IN HOWELL**

A support group is in the process of being formed in Howell. It will be held every Wednesday from 8:15 to 9:45 p.m. at Southard Grange #218, 4860 Hwy 9 South, Howell. For questions, call Ron L. at (848) 702-5044.

### **S. JERSEY/PHILADELPHIA TRICHOTILLOMANIA**

The South Jersey/Philadelphia Trichotillomania support group is a free meeting for children, adolescents, and adults living with trichotillomania. Family members are also welcome. This therapist-assisted group is led by members of the Trichotillomania community. This is not a therapy group, but a venue to share experiences and connect with others. Dr. Deibler will be present at meetings as a facilitator and to answer questions. If you are interested in learning more about the group, please contact Dr. Deibler at (856) 220-9672. Meetings are held on the first Saturday of each month from 10:00 to 11:00 a.m. in Cherry Hill.

### **GROUP IN EAST BRUNSWICK**

A group will be meeting in the East Brunswick area. Please email Adrienne at [listeningears123@aol.com](mailto:listeningears123@aol.com) for the time and location of the next meeting.

### **NEW TEEN GROUP IN ROBBINSVILLE**

Teen Support Group in Mercer County will meet at the Robbinsville Branch of the Mercer County Library. This group is for teens and young adults and their parents. If you are interested in learning more about the group and when it will meet, please call Mike Bello at (609) 259-2004 or e-mail [ocdteenmercer@verizon.net](mailto:ocdteenmercer@verizon.net).

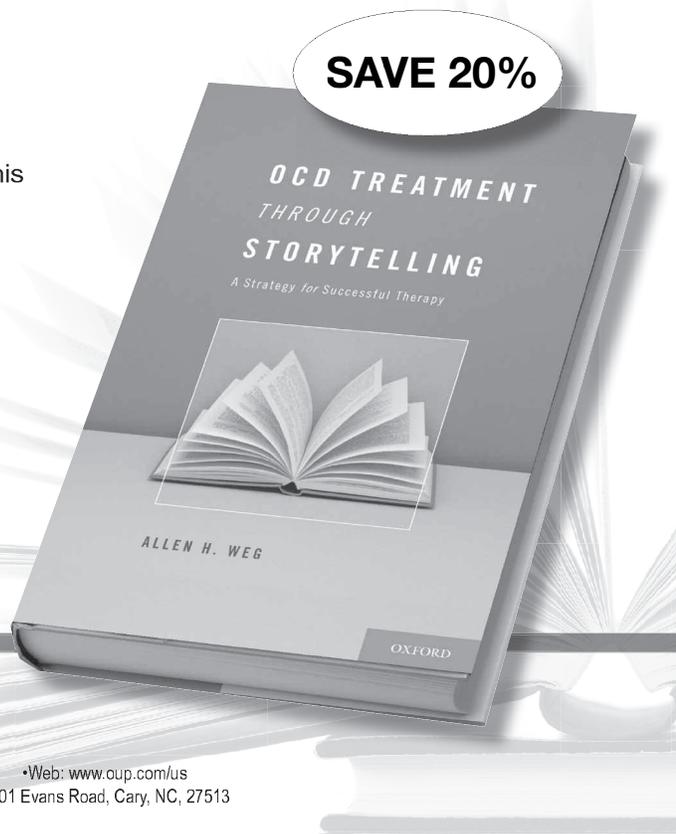
### **NIT-PICKING**

Let's Talk....If that is what you are doing, then let's get together and talk about it. We can support one another : Looking to start a support group for Dermatillomania (skin picking), in the East Brunswick area. We could meet once a month and share our experiences with each other. Let's try and make this work, so maybe we can help one another toward a healthier lifestyle. Please feel free to contact me: Deborah Frost...732-613-8538.

“ Dr. Weg has produced a **masterpiece** that shows clinicians innovative ways to teach patients and their family members about the complexities of OCD. I **highly recommend** this book. It is entertaining and teaches a very useful way of communicating the difficult and often very frightening aspects of OCD symptoms and treatment. ”

—**Michael Jenike, M.D.**, Professor of Psychiatry and Founder of the OCD Clinical and Research program, Harvard Medical School and Founder of the OCD Institute, McLean Hospital

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**DIRECTIONS TO OUR MEETING**

Our next quarterly meeting, which will take place on **Monday evening, December 10, 2012 at 7:30 p.m** at **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.

