CENTRAL NEW JERSEY AFFILIATE

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OCF Newsletter

OBSESSIVE COMPULSIVE FOUNDATION

Every Meeting is a Learning Experience

DR. ALLEN WEG DISCUSSES OCD WITH PANIC AND PANIC DISORDER

At our last quarterly meeting on Monday, December 11, Allen Weg, EdD spoke about the differences in the diagnoses and treatment between those people who have OCD and get panic attacks, and those people who are diagnosed with Panic Disorder. Dr. Weg, is a licensed psychologist who runs an independent practice in the East Brunswick area called "Stress and Anxiety Services of New Jersey." He is, of course, also one of the cofounders of the New Jersey Affiliate of the Obsessive Compulsive Foundation, and is presently its Vice President.

The presentation, which was the second one that we have held at our new venue at University Behavioral Health on the Piscataway campus of Rutgers University, first reviewed the definition of a "panic attack." This is relatively short burst of anxiety, where at least 4 of 14 symptoms are present, including rapid heartbeat; quick, shallow breathing; muscle tension; and nausea. Other symptoms include fear of dying or going crazy, and a sense of unreality.

In reviewing the diagnostic criteria of OCD, Dr. Weg pointed out that, while anxiety is a necessary prerequisite for an OCD diagnosis, having a panic attack is not. Panic attacks often are experienced by OCD sufferers, but many people with OCD do not experience them.

The diagnosis of Panic Disorder, on the other hand, requires that a person has actually had panic attacks, at least at some time. If the fear of having another panic attack leads to avoidance of places where it might be difficult or embarrassing to escape from should one get a panic attack there, then the person is diagnosed with Panic Disorder with Agoraphobia. These people may be unable to go to restaurants, the mall, the movies, or travel any place far from home, or they may do so, but only with a "safe" person, or with extreme anxiety. At it's worst, these people become housebound.

"The key difference between someone who has OCD and gets panic attacks, and someone who is diagnosed with Panic Disorder, " explains Dr. Weg, " is the focus of their fears." People with OCD may get a panic attack because they are thinking that they will not be able to endure exposure to a contaminant, or because they fear they may have unwittingly hit someone while driving their car, or any number of things that they might be obsessing about. For people with Panic Disorder, on the other hand, the focus of the fear is always the same; the fear is of getting the panic attack itself, usually with the accompanying fear of possible death or loss of sanity or control.

Treatment is also somewhat different for these two disorders. In OCD, the focus is on behavioral exposure. OCD sufferers subject themselves, usually in a stepwise fashion, to greater and greater intensities of the trigger of their fears, without engaging in their compulsive rituals to neutralize them. Panic Disorder sufferers likewise use exposure, although for them, the exposure is to the panic attack itself. For these people, exposure involves artificially creating certain aspects of a panic attack, such as spinning around to create dizziness, or breathing through a straw to mimic a sense of constricted air flow, or hyperventilating, in order to create nausea, lightheadedness, and clammy skin. These exercises are done repeatedly, until the person can do them without experiencing an anxiety reaction.

In addition to the differences in the focus of exposure work, there are also differences in other aspects of treatment of these two disorders. While cognitive and relaxation therapies play a relatively small role in the treatment of OCD (though there are some who may argue this point), cognitive restructuring, or "rescripting" one's self talk, and the learning of relaxation exercises, are very central in the treatment of Panic Disorder.

In conclusion, Dr. Weg explained that these issues demonstrate the importance of proper diagnosis when seeking cognitive behavioral treatment for anxiety disorders. Diagnoses dictate the course of treatment, and since treatment can sometimes look very different from one diagnosis to another, proper diagnosis may be essential for successful application of the correct treatment protocol.

If you missed the meeting and would like to see and hear what Dr. Weg had to say, remember that you can always order a video of it through NJ-OCF, just contact Ina Spero at 732-828-0099.

DR. RITA NEWMAN TO SPEAK ON MARCH 11

On Monday, March 11, 2002, at 7:00 p.m., at UBH in Piscataway, our next quarterly meeting will be held, it will feature Dr. Rita R. Newman as our guest speaker.

Dr. Newman has maintained a psychiatric practice in Short Hills, New Jersey for more than twenty years. A full attending physician at Saint Barnabas Medical Center in Livingston, New Jersey, she is Past President of both the Tri-County Chapter of the New Jersey Psychiatric Association and the New Jersey Medical Women's Association, and served for years as Chair of the Mental Health Committee of the Essex County Medical Society.

A Life Fellow of the American Psychiatric Association, she chairs the Human Rights Committee of the Association of Women Psychiatrists and has been a member of the Committee Against International Abuse of Psychiatry of the American Psychiatric Association. Dr. Newman has been Psychiatric Consultant to the New Jersey Holocaust Commission since 1980. She has served on the Victimology Committee of the American Academy of Psychiatry and the Law and the Bio-Ethics Committee of Saint Barnabas Medical Center, Livingston, New Jersey.

For many years, Dr. Newman has conducted workshops, courses, and seminars at national meetings and international congresses on sexual harassment in the workplace, post-traumatic stress disorder, and the well-being of Holocaust survivors. The treatment of Obsessive Compulsive Disorder and Psychopharmacology are an integral part of her expertise.

LOCATION REMINDER FOR THE FIRST MEETING OF

The first quarterly meeting of 2002, will be held on ***Monday evening, March 11, at 7:00 p.m., in our 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!!!

PRESIDENT'S MESSAGE

Our March 11, 2002, meeting will be the start of the fourth year of our NJ Affiliate!

In March of 1999, we published our first newsletter (flyer). Since then the newsletter has grown to twelve, fourteen, or sixteen pages and is professionally published.

We started a website and a chat room and have an e-mail address.

We exhibit at the New Jersey Psychological Conferences to further acquaint the professionals attending with our organization.

Psychologists have given lectures in the public schools on OCD due to our efforts.

We maintain an information telephone line open to the public.

Videos of our conferences and meetings are readily available.

And, last but not least, we have held our Annual Conferences for the past two years with outstanding attendance!

We hope that you all will help make this a "BANNER YEAR" by volunteering, donating, and keeping up attendance to our quarterly meetings.

Hope to see you all on March 11th!

SPECIAL THANKS

We would like to take a moment to thank COSTCO - Bridgewater for their donation.

Thank you to all of the individuals who have given generously to the Affiliate.

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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

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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 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
Jeanne Yarrow - Secretary
Julian Spero - Treasurer
Nicole Torella - Newsletter Editor

CENTRAL N.J. AFFILIATE OF OC FOUNDATION HAS OUTSTANDING CONFERENCE

by Beverly Roberts

The goal of the conference was to provide valuable information to both family members and mental health professionals, and the conference was an enormous success. The conference was divided into two parts, the first featuring a presentation by psychologist and author Fred Penzel, Ph.D., who is the Executive Director of Western Suffolk Psychological Services in Huntington, Long Island, and the second part featuring a panel discussion of kids who have OCD.

Dr. Fred Penzel's presentation

Dr. Penzel gave presentation that was highly informative and included case examples from his many years in private practice, specializing in the treatment of persons with OCD. His talk was entitled, "Living with someone with OCD (whether they are in or out of treatment)." While I will provide a brief summary of the highlights of Dr. Penzel's presentation, it is not possible for this article to fully capture all of the wisdom that he communicated to the audience. Both Dr. Penzel's talk and the OCD Kids Panel were videotaped (as two separate tapes), and these tapes are available (at a cost of $20. each) from Ms.Ina Spero. I highly recommend that anyone – parent or professional -- who is interested in knowing what was actually said at this conference contact Ina Spero to purchase one or both videos.

Dr. Penzel described three major models of mental illness that family members tend to believe in. The first is "The Moral Model" in which the OCD is viewed as a weakness of character on the part of the sufferer. In this outmoded view, the sufferers are to blame for their own troubles since they are unable to just "snap out of it." Dr. Penzel said that it is well known that those who suffer with OCD are no more responsible for having OCD than they are for any other part of their genetic traits. The second model discussed by Dr. Penzel is "The Disease Model," in which family members view the individual with OCD as merely a victim of bad genetics, and believe that he/she has no control over it. These family members typically feel sorry for the sufferer, and expect little or nothing from them because the sufferer is helpless to change the situation. Dr. Penzel emphasized that family members who believe in the third model, called the "Biopsychosocial model" are on the right track. In this model, the loved one's disorder is viewed as having a biological/genetic basis but there are also behavioral aspects to the illness that have been learned and need to be "unlearned." In this enlightened model, family members recognize that although the sufferer is not responsible for having the illness, he/she is responsible for seeking the correct type of guidance and therapy, and is ultimately responsible for his/her own improvement.

Dr. Penzel also provided a comprehensive list of "Do's" and "Don'ts" for family members of OC sufferers. He acknowledged that it is sometimes difficult for sufferers to be willing to seek treatment for their illness, and it is excruciating for the family members who are watching their loved one suffer so terribly and refuse to get help. Dr. Penzel offered this advice to family members, whether their loved one is or is not in treatment: He urged family members to educate themselves about this disorder by reading books and newsletters, visiting websites, participating in support groups, and becoming members of the OC foundation. He also cautioned family members that they should not expect the sufferer to act logically and to refrain from acting strangely. Family members must accept the fact that OCD is an extremely illogical illness and it has weird rules that have little connection with real life. He advised family members that when they have the urge to ask the sufferer, "Do you really need to do what you're doing?," they should remember that the answer is always, "because they have OCD."

Here are a sampling of Dr. Penzel's "Do's" and "Don'ts" for family members. First, the "don'ts":

Don't expect that your family member will have smooth sailing when he/she is in treatment. The sufferer will make mistakes and even regress, at times, and these "slip-ups" should be expected as a part of the recovery process.

Don't complain about how long it is taking for the sufferer to recover. There is no "magical" time frame for recovery from this illness, and everyone progresses that his/her own individual pace.

Don't participate in the sufferer's OCD rituals. It is noteworthy that Dr. Penzel said he typically observes his patients making the greatest improvement in therapy when the involvement of others in their symptoms is eliminated. There are cases in which it is best for family members to stop their "enabling" of the sufferer's rituals cold turkey, and other cases in which it is essential to withdraw gradually, over a period of time. The therapist is best able to help decide which is best, based on the particulars of that case. Dr. Penzel said that in his experience, the sufferer is most likely to accept the family members' ending their participation in his/her OCD habits (with the least amount of anger) when this change is initiated by the therapist.

These are some of the "do's" suggested by Dr. Penzel:

Do separate your love for your family member from your anger and frustration toward this disorder. It is certainly legitimate for family members to find this disorder to be upsetting and obnoxious, but those feelings should be separate from labeling the sufferer as a bad or defective person.

Do give praise for the improvements that take place. When family members observe one area of improvement, Dr. Penzel cautioned them to praise that improvement and avoid saying, "Yes, you accomplished X, but there are so many other things that you still can't do yet."

Do encourage a sense of independence in your loved one. The sufferer should do the homework assigned by the therapist on his/her own (unless the therapist directs the family member to help). In order for long-term success to be realized, Dr. Penzel emphasized the importance of the sufferer making accomplishments on his/her own (with the guidance of the therapist), not from constant nagging from family members.

Dr. Penzel had some suggestions specifically for family members of adults who have refused to seek treatment for this disorder, including getting pertinent books, pamphlets and newsletters to give directly to the loved one, or to leave in places where the loved one will notice them. Personal stories and articles of persons who have recovered from OCD may also be helpful. He cited the OC Foundation website and the Madison Institute of Mental Health in Madison, Wisconsin as having particularly helpful websites. Dr. Penzel added that even when a sufferer is refusing treatment at this time, just knowing that the family members are willing to provide assistance in getting professional help will keep him/her from feeling cut-off from the possibility of getting treatment in the future, and it might also allow the sufferer to change his/her mind at a later date without feeling awkward.

Finally, Dr. Penzel stated that there are special cases in which parents may need to require children and adolescents (or even adults) who are severely ill and incapacitated by OCD to be in treatment or, if all else has failed, to be hospitalized or referred to a

continued next page

MONSTERS, INC.

by Allen H. Weg, EdD

You're 8 years old. You're lying on your bed in your room waiting to fall asleep. The lights are out, but even with your nightlight on, you are terrified. Maybe it was that science fiction TV show your parents told you you probably shouldn't be watching. Maybe it was that third helping of chocolate cake with the pink icing that you had during snack time. Whatever it was, there you are, lying in your bed- terrified. Terrified that, that Monsters are under your bed! Purple ones, green ones, ooey-gooey ones- all kinds of nasty monsters! You listen closely and you are sure that you can hear them breathing.

Now, the truth is, you are pretty sure that there really aren't monsters under your bed. But it really FEELS like there could be. The only way to know for sure is to bend over the edge of the bed and look underneath for yourself. But dare you do such a thing? What if (there it is, you OCD'ers- the famous "what if!) - what if they ARE really there?! Maybe that's what they're waiting for- for you to bend over the side of the bed so that they can bite your head off! Not really sure you want to find that out. So there you lie, waiting. As long as you don't look and check it out, they could be down there, you can never tell. But it is so SCARY to think of leaning over and looking, why, you can hardly move a muscle lying there on the bed as it is.

A few minutes which feels like months pass, and you think you're just going to have to look. You begin to think of what the other kids will be saying in school when they hear you were eaten by monsters in your room. You think about how your younger brother will commandeer all your favorite computer games and electronic toys. You think about being tired and just wanting to go to sleep already!

You decide to go for it. OK- One…Two…Three- GO! Ah!!! Nothing but dustbunnies and an empty bag of pretzels. Whew- you're safe! You relax now, thinking how silly you were. You feel confident that no monster will get you from under that bed of yours.

Now, if you are familiar with exposure and response prevention (ERP) in the treatment of OCD, you know that at it's core is the idea that one needs to approach the very thing that one fears in an attempt to prove to oneself that there is, in truth, nothing to fear. With checkers, for instance, the fear is usually "what if I DON'T check?" and therefore the exposure is to NOT check. Here, however, since the fear is "what if I DO check?" THAT becomes the thing he must do. But telling that to an OC sufferer is sometimes like trying to tell the 8 year old above that he should "just look under the bed!"

The key thing in the story above is that as long as he waits and doesn't check under the bed, there is always the sense that the monsters really are there. It is only when he takes a gulp, holds his breath and goes for it, challenging his fear directly, that he can prove to himself that no monsters are under there.

I am working with several young heterosexual men who have OCD which makes them wonder whether they might be gay (a relatively common OC obsession). Exposure involves, of course, the weird intervention of having them tell themselves that they ARE gay, writing down that they are gay on a piece of paper and carrying it around with them in their pockets, and looking at pictures of men in magazines and trying to imagine them within a sexual context. With persons of legal age I might even suggest going to a gay bar or looking at gay pornography.

When done, of course, the exposure does nothing but prove to the sufferer that they really aren't gay. But it's important to note that as long as they avoid exposure and instead try to reason with themselves that they really aren't gay, the doubt of what's "under that bed" will haunt them, and they will wonder that maybe they really are. In fact the avoidance itself functions as a sort of "proof" that they ARE gay, or else, why else would they be working so hard to avoid thinking about it?

As always, whether we are talking about monsters or OCD (as if there were a difference between the two!), one overcomes the fears by challenging them directly, and moving towards the very thing that they find most frightening. Look under the bed!

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 are. He can be reached at 732-329-1378, or see his website at www.StressAndAnxiety.com.

CONFERENCE - CONTINUED

by Beverly Roberts

residential OCD treatment program. Decisions on residential or hospital placements would need to be made by the parents and the therapist who is experienced in treating those who sufferer from a severe form of OCD.

Dr. Fred Penzel is the author of a recently published book, Obsessive Compulsive Disorders, which has received very laudatory reviews. It is published by Oxford University Press, 2000, 428 pp., and sells for $30.00.

OCD Kids Panel

The second portion of this conference was an OCD Kids Panel, moderated by Dr. Allen Weg. The panelists were kids who have OCD and who had the courage to tell their personal stories to the audience. The audience listened attentively as each member of the panel described his or her own suffering and the progress he/she has made as a result of a combination of therapy and medication and their own hard work. The kids ranged in age from 10 to 17.

In introducing the panel discussion, Dr. Weg emphasized that the panelists were regular kids -- who also have OCD. They are struggling with all of the usual aspects of being a child or adolescent, and in addition, they have OCD issues to deal with. It was very enlightening to hear of the panelists' struggles and triumphs.

This portion of the conference was also videotaped. Dr. Weg expressed his hope that other children or adolescents who are suffering from OCD would be able to watch this videotape and benefit from these kids' experiences.

Website Update

The website name has changed- it is now 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.

TRAVELING THE TUNNEL OF OCD

by Janet Berkowitz

Just when I was beginning to see the light at the end of the tunnel with my OCD and manic depression, I decided it was time to get married a few months ago. Though I am 43 years old and well-deserving of a man as wonderful as my fiance, I began to ride the emotional roller coaster that accompanies such a huge decision, traveling in and out of fear of such an ultimate commitment. Bringing the guest list down from a manic 250 to a manageable 115 and choosing a bridal party brought up such anxiety that before I knew it, I'd begun an additional "form-of-OCD" to relieve the tension. Digging and picking scabs on my scalp used to be limited to my several visits to mental hospitals, when I had to deal wit manic depression and drug addiction. I got away with it because I was not choosing to ask for help with it and so became a master at hiding it. "I had too much on my plate already," I told myself.

To my memory "picking" has been my problem since I was a toddler, when I started picking my nose. Digging is more the word for it...often till it bleeds. As a child I was always telling lies about the nature of these bloody noses (that I'd banged it, etc.). The reason it's taken me so long to write this article is because of the embarrassment of having to say that nose-picking is still my main form of OCD. I don't want to hear people say, "Oh, we all do that," because it's not the same. I have literally picked a hole in my septum. I tried everything from bandaids and tiger balm (very smelly) on my fingertips to wearing gloves constantly. I attended self-mutilators Anonymous meetings in NYC, sitting with people whose faces were hardly recognizable from picking or fingertips were chewed almost to the bone. I even met a woman with my same exact problem - the only one ever to this day.

When I finally went to a nose specialist to have the hole enclosed, he didn't even believe my story. He thought it had to be from cocaine usage (a drug I only tried once) and that I was too embarrassed to say so. After he successfully closed the hole by grafting skin, I used the 12 step program to stay abstinate from picking. I spoke to a sponsor with a similar problem every morning and prayed every hour at work on my knees in front of the toilet bowl to get through the next hour. But soon I was back at it and I destroyed the surgery. I ended up in a program in Chicago for self-injury. The psychiatrist there gave me anafranil, a then (1990) new antidepressant being used for OCD. It worked like a charm while I was there but upon arriving home I could not drive and stay alert on the necessary dose to stop the urges. I've tried others over the last six years but nothing as of yet has helped.

I worked a local 'OCD specialist' who gave me some very good suggestions like keep putty in one hand when I drive, since the car is a common "crime scene" for me. My current psychologist also helps by buying me beanie babies (another addiction though a tad healthier) when I do and don't do certain behaviors around the OCD.

Wanting to understand it on an emotional level is frustrating. Am I really "picking on myself" as some suggest? It seems that I do it when I feel good as well as tense. And why does the release of blood feel so good? Why does the pain feel good sometimes? It often just seems like a desire to have a clean nose. But then how does that explain the scalp picking? Or should I just accept that it's biochemical? When I attended OCD meetings years ago I pouted because everyone talked about the more typically discussed forms of the illness, like checking, hoarding, and handwashing. I felt left out and eventually quit with my tail between my legs. Now I cannot seem to keep my hands away from my scalp unless I'm wearing a scarf or hat on my head or gloves. I even do it when I'm walking. It is also painful to watch other peoples' reaction to it. My boyfriend often takes my hands and holds them or kisses them to stop me.

I have found some relief by using a salve that I make from an herb called calendula (relatively easy to make). Almost immediately after applying it, the desire to pick is lessened. Still, I recognize much of these actions are really just bandaids, not permanent solutions. The result I seek may only come with diligent application of stress relieving techniques like yoga and meditation. I'm certainly feeling more motivated to ask for help...desperate is the word!

One thing I've learned in the last ten years is that OCD and bipolar disorder aren't mutually exclusive. I cannot treat one and not the other, because they feed into each other. I am also constantly challenged to find ways to love myself. Finally I accept this whole journey as a work in progress and must remind myself that there's always light at the end of the tunnel.

If you can relate or have questions, words of advise or support, please call me, Janet, at 732-246-4872. I'm also looking for support to get to the Wednesday night meetings in Piscataway.

FROM A READER...

wrong number
like the black plaque
it creeps up on me
well hello again, ocd.
I'm obsessed I'm compulsed
I'm disorderly again
when am I gonna do it all
when? when? when?
the anxiety keeps growing
like a tab at the bar
not that I would know
I can never get that far.
I wish I was an alcoholic
with only one urge to supress
but with ocd everythings a mess.
I'm very busy like a bee
so leave me alone ocd.
lots of things to do
but not enough time
stop punishing myself
I've committed no crime.
can never do it all
just a little pissed
don't worry though, its on my lists.
like a full time job
I concentrate all day
just my luck it doesn't pay.
it makes me get up from dinner
and wakes me up from sleep
next time it calls
I'm going to say
"wrong number creep."

- *Mona, Edison, NJ*

IS IT SAFE?

by William M. Gordon, Ph.D.

In the movie, *The Marathon Man*, a Nazi dentist tortures Dustin Hoffman to find out if he knows some critical information. While he is torturing Hoffman, the dentist says only three words over and over again, "Is it safe?" Hoffman, who in fact knows nothing, screams back "Is what safe?" Bad answer. More torture_The same question, "Is it safe?" Beside himself in pain, Hoffman then yells back, "Yes, yes, it's safe!" The dentist doesn't believe him. More torture and more questioning. Finally, in desperation, Hoffman cries out, "No, it's not safe." The dentist decides at that point to do away with Hoffman.

What's the point here? Think of OCD as the dentist_relentlessly seeking safety but never satisfied, always skeptical and in doubt. Think of your rational mind as Dustin Hoffman_vainly attempting to reason with a mad, sadist. No matter what you say, it's rejected. In struggling with OCD, it can feel at times that overwhelming and hopeless. Courage and faith certainly are called for.

Fortunately effective behavior therapy provides you with an additional powerful tool to gain freedom from OCD. Behavior therapy recognizes that logic, reasoning, and reassurance are utterly unable to defeat OCD. If anything, attempts at rationalizing away OCD usually make it worse. For OCD loves to argue and debate with you issues concerning reality, safety, and risk. The debates are tedious, long, and never resolvable. OCD adores a good, long argument; it never loses. Recognizing this inherent disadvantage, behavior therapy fights OCD on a different level. It uses direct experience and action instead of words. By repeatedly confronting your fears without resorting to any rituals (i.e. by doing exposure and response prevention-ERP), obsessive fears gradually diminish. As they diminish, your confidence rises and your ability to recognize OCD improves. Eventually the entire OCD infrastructure starts to crumble. This process takes time. Expect some setbacks along the way.

Most importantly, remember that the goal of therapy is peace of mind_not safety. Behavior therapy will not make you any safer than you already are. However, it will make you more secure and better able to cope with life's inherent dangers and uncertainties. It will make you more confident and freer to lead the kind of life you choose.

Dr William Gordon is a New Jersey Licensed Psychologist with a clinical practice in Montclair. He may be reached at 973-744-8789.

AUGUST 9-11, 2002!

MARK ALL CALENDARS NOW!

The **Annual National Obsessive Compulsive Foundation Conference** is being held this summer in **Philadelphia**!! So set aside the dates now, **August 9-11, 2002**, so you can join other members of the NJAOCF in attending!

WIN A FREE VACATION TO FLORIDA!

(OK, REALLY A CALL FOR VOLUNTEERS!)

Ok, now that we've got your attention, we'd like to make our quarterly pitch for volunteers. Since we get so little response to these requests, we thought that maybe we would ask to see if people might help us out with very specific things.

We need people to deliver our quarterly newsletters to specific facilities in your area. Counseling centers and mental health clinics would be the first choice, of course, but also hospitals, libraries, multi- physician practices, etc. The idea is for you to make yourself known to an individual or individuals at these facilities, speak to them for a minute about NJ-OCF, and ask them to make the newsletters available to the professionals who work there, and/or to the public who frequent their facility. Just contact Ina, and we will send you a bunch of newsletters, then just let us know the names, addresses and telephone numbers of the facilities where you left the newsletters. Even if you go to just 2-3 facilities, it would help us get the news out about NJ-OCF. Thanks!

ALLI'S COLUMN

Dear Readers,

With this newsletter installment, we begin a new column. Alli's Column is geared towards teenagers and kids. If you are a parent reading this, please share this column with your OCD-afflicted child. Encourage him or her to write back to Alli, either by sending a "snail mail" letter to the NJOCF address, or to email Alli directly at <ALLIOOP8@AOL.com>

Alli's Column

The X Right now I hate 3 words; Obsessive, Compulsive, and Disorder. For now, lets call OCD "the X". First of all, I would like to introduce myself. My name is Alli. I am a 15 year old high school Freshman in East Brunswick, NJ. I am a cheerleader for the freshman team in my school. I also enjoy singing and piano playing, (oh, and according to some adults I know, some forms of manipulation!)

Let's get one thing straight- I am no forty year old man sitting back in an office chair giving therapy. I am a regular 15 year old ready to talk about something that makes me different. The "X" differentiates all of us from the rest of our class, however it doesn't define us. I am a 15 year old girl with the X. Not the X that has 15 years. Somehow, talking to people your own age can make you more comfortable. What makes YOU feel better?

One question has been persistent inside my mind - " Why is the "X" such a big deal?" I discovered this after about a month into treatment. It is a big deal because I make it a big deal. If I focus on other things besides The X I can deal with it as a small problem rather than a big one.

That's my opinion. This is my column. I know I can ask you questions and feel comfortable, so if you want to ask me questions feel free. Also stories and opinions are also fine with me. I want to give a shout out to everyone because you are so much stronger than you know. I <3 you all. Please Write Back! - *Alli*

FOR PARENTS OF KIDS WITH OCD...

WELCOME TO HOLLAND

by Emily Perl Kingsley

I am often asked to describe the experience of raising a child with a disability - to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this...

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guide books and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally comes. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plane. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guide books. And you must learn a whole new language. And yo will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around... and you begin to notice that Holland has windmills...and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes, that's where I was supposed to go. That's what I planned."

And the pain of that will never, ever, ever, ever go away... because the loss of that dream is a very very significant loss.

But... if you spend your life mourning the fact that you didn't go to Italy, you may never be free to enjoy the very special, the very lovely things... about Holland.

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 $15.00_____

"Families and OCD: How to Coexist,", Elna Yadin, PhD 12-11-00 $15.00_____

"Flying Towards the Darkness", NJAOCF First Annual Conference:
Parts 1 & 2 discount $25.00_____
(add shipping costs for 2 tapes)

"Flying Towards the Darkness"- Part 1 only, Allen H. Weg, EdD
NJAOCF 1st Annual Conference, 9-17-00 $15.00_____

"Flying Towards the Darkness"- Part 2 only : , The OCD Panel
NJAOCF 1st Annual Conference, 9-17-00 $15.00_____

“Generalized Anxiety Disorder and OCD”, David Raush, PhD, 6-11-01 $15.00_____

“OCD Spectrum Disorders”, Nancy Soleymani, PhD, 9-10-01 $15.00_____

"Living With Someone With OCD...", Fred Penzel, PhD
Part I- NJAOCF 2nd Annual Conference, 9-23-01 $15.00_____

"The OCD Kids Panel"
Part II- NJACOF 2nd Annual Conference, 9-23-01 $15.00_____

NJAOCF- 2nd Annual Conference, 9-23-01
Parts I and II $25.00_____

“Panic and OCD”, Allen H. Weg, EdD, 12-10-01 $15.00_____

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

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 handfull 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 recieve at least a couple of 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 reccomend 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.

NEW LOCATION FOR NEXT QUARTERLY MEETING!!!

Our next quarterly meeting, which will take place on ***Monday evening, March 11, at 7:00 p.m., 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 Toad. 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.

NEW OCA (OBSESSIVE COMPULSIVE ANONYMOUS) GROUP STARTING UP

A new OCA support group is trying to get enough interested OCD sufferers to start having regular meetings. These meetings would take place on Wednesday evenings at the Educational Hall of Prince of Peace Church on Aldrich Road in Howell, New Jersey. The contact person is Ron Lorenzo, and he can be reached at 732-942-6584. He says that he needs only five people interested, and then the group is on, so if you live in the area and want to help make this happen, please contact Ron at your earliest convenience!

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 day between 6:00 p.m. and 9:00 p.m.

NOTICE NOTICE NOTICE NOTICE

Obsessive-Compulsive Disorder Support Groups

Berkeley Heights (O.C.A.)	(908) 464-1807
Mount Holly	(856) 778-2343
Piscataway	(732) 445-5384
Somerville	(908) 685-2827
Montclair	(973) 472-8215
Boonton Township	(845) 369-0973
Howell	(732) 942-6584

NJAOCF
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Somerset, New Jersey 08873-2951