

OCF

Newsletter

OBSESSIVE COMPULSIVE FOUNDATION

*Every Meeting is a Learning Experience***WHY AM I OR MY CHILD ON THIS MEDICATION FOR MY OCD?***by, Rachel Strohl, Psy.M.*

Dr. Steven Dyckman presented at the NJ Obsessive Compulsive Foundation quarterly meeting on December 13, 2004. Dr. Dyckman is a psychiatrist who works at Monmouth Medical Center in Long Branch, as a school psychiatrist in several local school districts, and has private practices in Long Branch and in East Brunswick.

The presentation reviewed decision-making trees in determining which medications or combinations are appropriate for individual patients. Dr. Dyckman began his talk with a disclaimer explaining that the following information represents his professional opinion, and does not represent the decision making process of other psychiatrists.

Dr. Dyckman explained that psychiatric medications do not cure obsessive compulsive disorder (OCD), but control symptoms. His general rule with prescribing medications is to "go low and go slow." His decision-making processes were described through illustrative case examples. The first case example demonstrated that Dr. Dyckman starts OCD psychopharmacological treatment with the first-line selective serotonin reuptake inhibitors (SSRI's). He prefers SSRI medications because they work well, are safe with overdose, and have a low risk of long-term side effects. Side effects were differentiated between short-term (length of being on the medication or shorter) and long-term (could be permanent and stay after length of taking the medication). The only serious side effect for the SSRI's is the possibility of suicide risk and suicidal thoughts, which Dr. Dyckman mentions to all his patients and monitors closely.

Of the SSRI's, Dr. Dyckman usually starts patients on Zoloft or Paxil. If the patient is not responding after at least eight to twelve weeks, then he will discontinue the medication and prescribe the SSRI Prozac or Luvox. While Zoloft and Luvox are specifically indicated for OCD, it is common to use other SSRI's to treat OCD. The SSRI's are also beneficial because they cover differential diagnoses, such as depression.

Once Dr. Dyckman has tried a patient on two SSRI's without response, he will prescribe a different class of medications: tricyclic antidepressants, specifically the medication Anafranil which is indicated for OCD. This is a second-line treatment since the side effect profile is not as good and not as safe in overdose.

Another case example discussed involved a male patient whose obsessions bordered on delusions (false beliefs). Obsessions differ from delusions in that patients with obsessions recognize the thoughts as inside their head and not imposed by an external source, and want to get rid of the intrusive thoughts. Dr. Dyckman treated this patient with an atypical antipsychotic, Risperdal, after previous medications did not work.

Several more case examples highlighted the possible need for combinations of medications. For instance, patients with OCD may also have other psychiatric diagnoses. An OCD patient may also have attention deficit hyperactivity disorder (ADHD) and be prescribed stimulants, such as Ritalin or Concerta.

They may also have other anxiety disorders and take small doses of benzodiazepines, such as Xanax or Clonipine, in addition to their prescribed OCD medication.

Through the use of different patient scenarios, Dr. Dyckman simplified the process of his decision-making trees for prescribing medications. It was evident that the NJOCF members enjoyed his charismatic and practical presentation style. His straightforward and concise manner provided the audience members with a clear understanding of this important topic. Tapes of this informative lecture are available through NJOCF. Please visit the website at <http://www.njocf.org>.



Rachel Strohl, Psy.M. is a Doctoral Candidate at the Graduate School of Applied and Professional Psychology (GSAPP), Rutgers University. She is currently completing her clinical internship at UMDNJ-Robert Wood Johnson Medical School.

**See Page 4 for the
Article on the
Upcoming Quarterly
Meeting on
March 14, 2005.
Hope to See
You There!**

PRESIDENT'S MESSAGE



Hello Everyone!

I hope by the time you get this newsletter, the weather is more tolerable. We are now in the final stage of creating an extensive treatment provider list, thanks to the help of our industrious volunteers. If anyone wishes to enter the names of the person(s) treating him/her to the affiliate, please call me at (732) 828-0099.

Until the March meeting, I hope that everyone stays well and keeps warm!

Ina Spero
President

NATIONAL OCD FOUNDATION 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 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 quarterly publications, are welcome. Please submit them to, Ina Spero, NJ OCF, 60 MacAfee Road, Somerset, NJ 08873.

Disclaimer

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

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
- Judy Cohen - Secretary
- Rachel Strohl - Recording Secretary
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- Nicole Torella - Newsletter Editor
- Dr. Rita Roslyn Newman - Advisory Board member

**Thank You
to Everyone
who
continues to
support the
NJ OCF!**

OCD and the Family-You're All in this Together

by Karen Landsman, M.A.

The whole family often gets "stuck" in the traps of OCD. Your loved one's recovery from OCD can also include you and your own behavioral changes. This means you can actively participate and thus have some sense of control in the treatment process. You (as a parent, spouse, sibling, or other family member) have become intertwined in this powerful and painful illness. OCD is causing distress and heartache for you as well.

You and your loved one share many common feelings and experiences as a result of OCD entering your lives. There are many common threads between your reaction to OCD and his or her reaction to OCD. Recognizing the emotions and reactions that you share can help you to better understand each other in your shared struggle with OCD. You both react to OCD. You both likely feel "stuck" in the way you respond to difficult OCD moments. Your loved one is stuck reacting to OCD with rituals. He or she listens to fear messages and checks, washes, organizes, or performs some other ritual. You are stuck reacting to OCD with accommodating behaviors. You likely debate, reassure, participate, observe, or avoid something in reaction to OCD. You each experience a change in the intensity of feelings about the OCD moment after it passes, whether feeling positive or negative. You may feel relieved, more distressed, or both.

Both your accommodating behaviors and your loved one's rituals are aimed at reducing anxiety and distress in the moment. However, neither reaction ever really solves the problem of OCD. Although it seems that you are addressing the situation at hand, it's likely that another similar OCD moment is right around the corner. The longer you both rely on the same frustrating and ineffective reactions to OCD, the greater your struggles with OCD will grow. To recover, your loved one must learn to cope with the anxiety of OCD moments without relying upon rituals. To recover, you must learn to live with your own anxiety of the OCD moment without relying upon accommodating behaviors. Both rituals and accommodating behaviors are reactions that only strengthen the OCD.

Understanding how to be supportive in a therapeutic way can help you feel more hopeful and make more effective decisions during OCD moments. Your responses can deflect your distress and help you feel more empowered with your loved one. OCD does not have to overpower and "rewrite the rules" for the family.

Because of the many similarities between accommodating behaviors and rituals, you

can think of accommodating behaviors as "pseudo-rituals." Pseudo-rituals serve you in the same way that rituals serve your loved one. Just as rituals serve to ward off some distressing emotion or feared outcome, you rely on pseudo-rituals to avoid your own distressing emotions or feared outcomes.

Emotional Decision-making: I Feel...and Then I React

Oftentimes emotional reasoning occurs during challenging and intense OCD moments. Emotional reasoning is different than reasoning based on logic and sound judgment. Reasoning based solely on emotions can lead to poor decisions and the use of poor judgment. This type of reasoning occurs when tensions are high and everyone is feeling overwhelmed in the moment. Emotional reasoning interferes with effective decision making because it's more difficult to think clearly when we're upset or overwhelmed. Feeling overwhelmed, you base decisions on intense feelings or the desire to avoid negative feelings, rather than a rational thought process and clear mind.

Emotional reasoning is a main component of reacting to situations, rather than responding and often occurs when you're trying to solve a problem or make a decision during an intense OCD moment. This often results in an emotional reaction versus a strategic and supportive response. The core problem is that we cannot depend on our emotions to be logical and rational when we're feeling upset or overwhelmed. When we use emotional reasoning as a basis for solving problems, we often react in ways that are poorly thought out and sometimes hurtful. Oftentimes, in the intensity of the moment, we don't even consider the consequences of our emotionally-based reactions until it's too late.

Quick Fixes – The Path of Least Resistance

The importance of understanding emotional reasoning lies in how it affects the interactions between you and your loved one. In an effort to manage and move past the situation at hand, you may find yourself choosing what appears to be "the path of least resistance." You're doing whatever you do to end a difficult OCD situation/frustration as quickly as possible so that you can continue on through your day.

The most immediate solution to a difficult situation is often based on emotional reasoning, and efforts result in a "quick fix." Such quick fixes certainly can help the fami-

ly continue on with daily life, but giving in to the enticing lure of a quick fix is just another trap into which OCD hopes you will fall. OCD grows when you feed it.

Emotional reasoning will lead you down the path of least resistance where "quick fixes" are used to cope with OCD moments. You are catering to OCD's demands and making it more comfortable. You are feeding the OCD fêtit mignon! The result: OCD grows and becomes stronger.

Quick fixes feed OCD. They send the message that the OCD behavior is necessary and important. This only validates and reinforces the need for checking, cleaning, and reassurance rituals.

Wishing for Change Overnight

You may relate to what you're reading here, but feel hesitant to introduce new ways of responding into the family. You may be asking yourself, "How will my loved one react?" Life may already feel hard enough at home and you may not feel strong enough to introduce more struggles. Although accommodating behaviors prove to be frustrating for you, they have also served a function in your relationship. They have sometimes given you short-term relief or a reprieve from distress and other negative feelings.

Because your pseudo-rituals (i.e., accommodating behaviors) "work" to some degree in the short run, you cannot realistically expect yourself to successfully make the necessary changes overnight, anymore than you can expect your loved one to eliminate OCD rituals overnight. It took you both quite a while to get to where you are today, and continued patience will help you find your way back together. Your path toward recovery will include small steps in the right direction rather than perpetuating negative steps in the wrong direction. The required changes are often difficult, even terrifying, for everyone involved. You are all giving up some form of short-term comfort or quick fix for the long-term freedom from the grip of OCD. Agree together that it's time to slow the feeding of the OCD, put the OCD on a diet, restricting and setting limits on OCD's demands.

The above is an excerpt from "Loving Someone with OCD," to be published in 2005, written by Karen J. Landsman, Ph.D., Kathy Rupertus, M.A., and Cherry Pedrick, R.N. Dr. Landsman can be reached at (973) 895-2442 and practices in Westfield and Chatham/Morristown, New Jersey.

Next Quarterly Meeting - Dr. Allen Weg Presents.

Our next quarterly meeting will be held in its usual location at Robert Wood Johnson Hospital in New Brunswick, NJ. The meeting will be held from 7-9 p.m. on Monday evening, March 14, 2005. The presenter, Allen H. Weg, EdD, is a licensed psychologist who's independent practice, *Stress And Anxiety Services of New Jersey*, is located in Milltown. He has served as a field clinical supervisor for the Graduate School of Applied and Professional Psychology since 1991. For over a decade, Dr. Weg has presented on OCD at dozens of mental health facilities and organizations, at both the local and national level. He is also one of the founders, and presently serves as Vice President, of the NJ Affiliate of the Obsessive Compulsive Foundation.

Five years ago, Dr. Weg was the feature presenter at the NJOCF's first annual conference and brunch. At that time, his presentation entitled, "Flying into the Darkness" was a review of clever and sometimes funny, but always very insightful stories and metaphors, that captured in a way that no regular

presentation could, an understanding of the experience and the subtleties of treatment issues associated with working with OCD.

The upcoming presentation will help professionals working with the disorder to get a better appreciation for the phenomenological experience of having OCD, and also aid in understanding the development of intervention strategies. It will model ways of talking about OCD to sufferers and family members in treatment that goes beyond traditional explanations.

This presentation will also greatly help family members and friends of OCD sufferers to better understand what their loved ones are going through, in a way that typical case reviews might not communicate. It will help both OC sufferers, and their significant others, better appreciate the rationale for the interventions prescribed in therapy.

Finally, the presentation will help those with OCD to find a model that will initially help with understanding,

and which will lead to better communication of the confusing, nonsensical, irrational, and often embarrassing thought processes and the behaviors that usually follow and characterize their particular OCD symptoms.

Because of the unusual nature of this presentation, it is appropriate for both grade school age OCD sufferers as well as mental health professionals. Hope to see you there!



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

Thought Exposure Therapy - by an OCD sufferer

Every OCD sufferer knows that strong, persistent, and unpleasant thoughts are at the heart of the problem, and that these thoughts can be a major roadblock in recovery. As one who has a very strong imagination, my own ability to perform traditional exposure therapy has been hampered because I just don't want to face the mental torment that results from exposing myself to a particularly unpleasant situation.

But working with my therapist has taught me a way to turn the tables on unpleasant thoughts, to make them a plus on the road to recovery instead of a minus.

He taught me the technique of "though exposure". Instead of immedi-

ate physical exposure to an unpleasant situation, I expose myself mentally to the situation and purposely think about what the consequences would be. Repeating this process over and over again gives me a leg up when it comes to actual physical exposure, because I have already thought the whole process through and have an idea of what the mental consequences will be. By mentally repeating exposure, it makes it easier to physically repeat exposure.

To give a specific example, one that first induced my therapist to teach me about the thought exposure process, one of my worst fears is handling my mail with my bare hands, for fear of becoming "contaminated." When my therapist first broached the idea of traditional

exposure to this problem, my reaction was to recoil at the very idea, to dismiss it immediately without the least consideration.

But after learning about the thought exposure process, I am now able to handle mail for short periods of time with my bare hands, and am able to deal to a large extent with the unpleasant thoughts that follow. This is something that probably never would have occurred without knowing this technique. I'm not yet to the point of handling mail on a routine basis, but I'm on the way. Ask your own therapist about thought exposure, it can be a powerful tool to aid in your recovery.

The Aviator, A Movie Review ***By Life's Soldier***

The Aviator is a movie that gives one a window into the eras of the twenties, thirties, and forties, and the transformation of the aeronautics industry from its humble beginnings to its limitless possibilities of the future.

This movie is taken from the perspective and life of an engineer, playboy and visionary, Howard Hughes, played by Leonardo di Caprio. This is a depiction of the life of Howard Hughes, which take seach individual on a jour with many thrills, excitement and a pioneering spirit. The viewer witnesses the building of an empire of aeronautics as Howard Hughes engineers, builds, and tests planes of the future.

Giving a unique perspective from the planning room to the cockpit where the thrill of a dream takes

flight, the movie also explores the man behind the vision from his presence at roaring parties to his unique charm with the ladies and his command of quick wit when all that he stood for was challenged. But the underlying story is well Leonardo di Caprio's portrayal of Howard Hughes shatters all other performances done by the actor his best role to date. An academy award performace for sure!

He shows an accurate representation of the conflict within, with a commanding and consuming entity known as OCD, Obsessive Compulsive Disorder. His performance in this area is most captivating and guiding. Leonardo brings audiences through the veins of decline that OCD demands of one and gives them an understanding of the intricate and mutantogenic capabilities of OCD even if they have not

been exposed to themselves. Those who are afflicted will see parts of themselves in the role.

DiCaprio shows the struggle of OCD frrom its annoying small beginnings where it is still controlable by one's own means to the slowly building morphanogenic evolution which assumes control and banishes the essence of one's own life of joy and freedom to a place of dark surroundings imprisoned within oneself. He showsa man who dares to dream of the sky but is chained to the ground.

This is a must see movie for all with drama and action that brings the viewing to the film. Moviegoers will likely the theater with a feeling of amazement that so much could happen in one's own life and in a blink of an eye.

NJOCF Newsletter Now Has a Subscription Fee!

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

The Subscription Fee for 2005 is \$5.00.

In order to continue receiving the newsletter, please either bring payment to the December meeting or return the form below with payment by cash, check, or money order to:

CNJAOCF, 60 MacAfee Road, Somerset, NJ 08873-2951

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

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

SAVE THE DATES FOR THE 2005 MEETINGS!

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

March 14
June 13
September 12
December 12

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!

HIT AND RUN OCD

By, *William M. Gordon, Ph.D.*

After five years or perhaps even thirty years of relatively safe driving you suddenly think you've become a menace on the road, "an accident waiting to happen." Your confidence behind the wheel is shot. Each time you take a drive you're plagued by anxieties and doubts about whether you ran over an innocent bystander. Bumps on the road become bodies; shadows get transformed into helpless pedestrians squashed by your negligence; road kill abounds. As the anxiety intensifies, you start to engage in numerous checking rituals. You go back to the scene of the bump to make sure you didn't clip somebody. You find no one there. Maybe, though, he limped away. Maybe he's lying in the bushes bleeding to death. Maybe the ambulance already whisked him away to a local hospital. (And you did hear a siren, didn't you?) Better call the police and hospital to make sure. No recent admissions. Hum. Better check some more hospitals; you can't be too careful! Let's check local papers and the internet too. In the meantime you go back to those bushes to reassure yourself that you didn't miss the corpse when you checked earlier. You notice that the leaves look flattened out near the curb. Maybe you did hit the poor guy but he then got back up. Well at least he's not dead, or is he? And on and on and on...

Hit and run OCD turns a Sunday afternoon drive, and especially a Sunday evening drive when visibility is reduced, into a living nightmare. This type of OCD is fairly common, and it shares many similarities with other types of OCD. Its two main characteristics are fear-driven checking and avoidance. At best the checking only reduces the fear temporarily. Often it actually increases anxiety because you notice a new ambiguity during the check. Most detrimentally, the checking prevents you from learning that anxious doubt can be safely ignored. As the anxiety increases people start to avoid driving. The avoidance further erodes your confidence. People with hit and run OCD seek reassurance by staring, mirror checking, retracing the route, and asking others if they hit someone. All of these behaviors need to stop before you start feeling safe.

Treatment consists of repeated exposures to scary situations without doing any checking or reassurance seeking. Don't even try to convince yourself that you drove safely-just keep driving. You can start out with fairly easy situations (e.g. driving in a quiet neighborhood during the day) and then work up to more difficult ones (e.g. on a heavily trafficked street at dusk). Helpful points to keep in mind include:

- All drivers notice ambiguous sounds and sights.
- Most drivers ignore them.
- People with OCD transform the ambiguities into road kill.
- Keep your eyes moving. Don't lock your gaze onto some object or person.
- Drive every day whether you are anxious or not.
- If you think you might have hit someone (i.e., if you experience doubt), assume it's OCD. Do not retrace your route.
- Real accidents are not ambiguous or iffy; you know with absolute certainty when they occur.
- Make an exposure loop tape of your most terrifying fear. Listen to it until you feel less scared.

Treatment can be complicated by coexisting depression or living situations that might accidentally foster dependence. If your efforts at self help fail, seek professional help so you can get back on the road soon. (NJ has lousy public transportation!).

Dr. Gordon has a private practice in Upper Montclair, New Jersey. He may be reached at (973) 744-8791.

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 732-390-6694.

SUPPORT GROUP IN 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.

SUPPORT GROUP TO BEGIN IN LIVINGSTON, NJ

Poonem Dutte is interested in starting a Support Group in the Livingston, NJ area. Anyone interested in attending her group, please call her at (973) 535-0826.

NEW OCA SUPPORT GROUP IN MATAWAN

There is a new OCA support group that meets in Matawan, New Jersey every Sunday of the month from 7:00 to 8:00 p.m. Meetings will be held at the First Presbyterian Church, Room 201, 883 State Highway 34 East and Franklin Street, Matawan, NJ. For information on this support group, please contact Matt C. at (732) 331-6494.

New Support Group In Princeton Area Looks For Participants

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

SUPPORT GROUP IN BOONTON

The support group that meets in Boonton, New Jersey will now be meeting on the second and fourth Wednesday of each month at 7:30 p.m. For information on this support group, the phone number has changed to (973) 827-6818.

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	\$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	\$25.00_____
"Neurobiology of OCD," Dr. Jessice Page	\$15.00_____
"Getting Past Go", Dr. Allen H. Weg, EdD	\$15.00_____
"Hoarding", Dr. Dena Rabinowitz	\$15.00_____
"Improving Outcomes in Treatment for OCD", Deborah Roth Ledley, Ph.D	\$15.00_____
"Using Scripts to Counter the Voice of OCD", Jonathan Grayson, Ph.D Part I - NJOCF 5th Annual Conference	\$15.00_____
"Panel of Drs. Grayson, Springer, & Weg" Part II - NJOCF 5th Annual Conference	\$15.00_____
NJOCF - 5th Annual Conference, Parts I and II	\$25.00_____

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

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Questions? Call Ina Spero at 732-828-0099

Name _____

Address _____ City _____ State _____ Zip Code _____

DIRECTIONS TO OUR MEETING LOCATION!

Our next quarterly meeting, which will take place on *Monday evening, December 13, at 7:00 p.m.* The location is: **Robert Wood Johnson University Hospital, New Brunswick, NJ, in the Medical Education Building, Room 108A.**

From the New Jersey Turnpike:

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

From Southern New Jersey:

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

From Route 1 (North or South):

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

From Route 287:

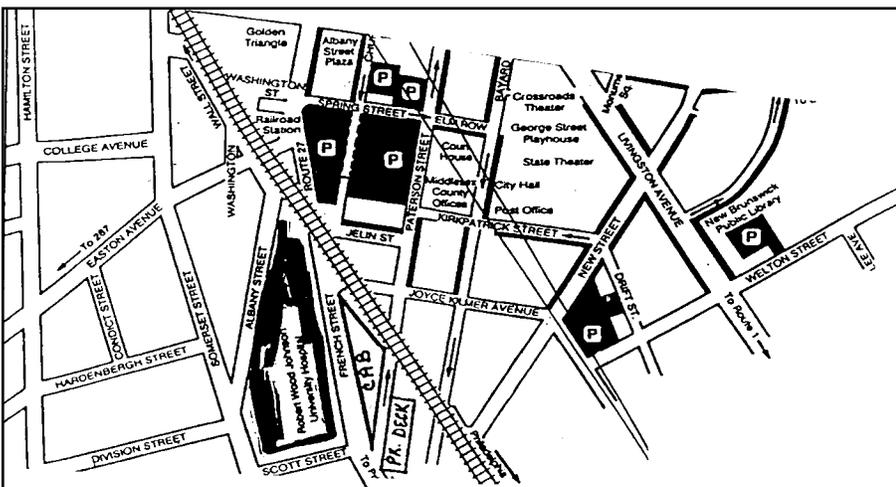
Take Exit #10 (formerly Exit #6) "Route 527/Easton Ave./New Brunswick" and continue on Easton Avenue for approximately 6 miles. Make a right onto Somerset Street. The hospital is on the right side and the NJ Cancer Institute is on the left side. Pass the Emergency Room entrance and the hospital's Parking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

From the Garden State Parkway:

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

Medical Education Building (MEB):

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



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

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

