



Newsletter

OBSESSIVE COMPULSIVE FOUNDATION

Every Meeting is a Learning Experience

December Quarterly Meeting: One of Our Best Ever!

On December 9, 2002, we had our most recent quarterly meeting. It took place in our new venue at Robert Wood Johnson Hospital, in New Brunswick. The new room was bright, very large, (the room easily holds 80 people comfortably), and the chairs were unusually comfortable! The only complaint was that the parking in the parking deck was a little crowded, so be sure that for next meeting you give yourselves a few extra minutes to navigate the parking deck!

But the new venue wasn't the best part of the evening. We were honored to have Dr. Jessica Page come in from New York City to talk with us about the neurobiology of OCD and about some of the ground-breaking research that she is involved in.

Dr. Page, a clinical psychologist at the New York State Psychiatric Institute and Columbia University, is the site director of an NIMH-funded genetic study of Obsessive Compulsive Disorder. This is a national research project that also involves sites at Johns Hopkins University, Columbia University, Brown University, UCLA and Harvard University. She and her colleagues across the country are at the forefront of genetic research on OCD.

Subtypes of OCD. Dr Page began by reporting that much of the research results in OCD is inconclusive, because while certain interventions (specifically, medications) work well with OCD in some studies, in other studies the results are not as clear. She suggested that one explanation is that OCD is really made up of different subtypes, each subtype having its own differential response to certain medications. These subtypes are divided up into groups of symptoms and are presently viewed as the following:

1. Symmetry, repeating, counting and ordering behaviors

2. Hoarding
3. Contamination, washing and cleaning
4. Aggressive obsessions and checking
5. Morality, scrupulosity, and issues of blasphemy

Brain Biology of OCD. Next, Dr. Page discussed the specific brain mechanisms believed to be involved in OCD. She starts this part of her presentation by commenting that it is not so much the size of the human brain that differentiates it from other animals', but rather the incredible number of neural interconnections between its parts. It is these connections between certain parts of the brain that seem to be involved in the development and expression of OCD. She then went on to describe the three specific brain structures believed to be at the heart of the experience of OCD.

Frontal Cortex. Located at the front of the brain, right behind the forehead, this is the part of the brain involved in "executive functioning" of the brain. This includes complex problem solving, planning, and thinking about the future. It is the area of the brain that allows us to organize and plan behavior.

Basal Ganglia. In particular, the Caudate Nucleus, which is seen through PET scans as actually being smaller in OCD afflicted individuals. This part of the brain is involved in automatic motor functions. When brain damage occurs at this section of the brain, it results in repetitive, non-sensical movements or tics.

The Limbic System. Located at the base of the brain, it is a much more

Dr. Karen Landsman to Speak at Next Quarterly Meeting

The next quarterly meeting of the NJ Affiliate is on Monday, March 10, at 7 PM. It will again take place at our new venue, Robert Wood Johnson Hospital-see accompanying article for specific directions.

Dr. Landsman received her Ph.D. in clinical psychology from the University of Maryland at College Park. She received specialized training in cognitive-behavioral treatment with Dr. Alan Bellack during her internship and a post-doctoral fellowship at the University of Maryland School of Medicine. She continued her clinical training with Dr. Jonathan Grayson at The Anxiety and Agoraphobia Treatment Center in Philadelphia. Dr. Landsman specializes in the treatment of children, adolescents, and adults with OCD and other anxiety disorders. She currently has an independent practice in Westfield and Chatham, New Jersey.

Dr. Landsman's topic will be, "Encouraging Risk-Taking in OCD Treatment." Exposure and response prevention treatment requires taking risks, and family members of those suffering from OCD can play an essential role in encouraging risk-taking. This presentation will help family members identify ways that they can effectively support their spouse, child, or other family member undergoing treatment for OCD. Please come to listen to what will no doubt be a stimulating presentation, to have some refreshments, and to shmooze!

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

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PRESIDENT'S MESSAGE

It gives our Affiliate great pleasure to welcome Dr. Rita Roslyn Newman to our Advisory Board. She brings along a wealth of knowledge regarding medications for the treatment of Obsessive-Compulsive Disorder.

Dr. Rita Roslyn Newman



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.

TENTH ANNUAL NATIONAL OBSESSIVE-COMPULSIVE FOUNDATION CONFERENCE

NASHVILLE, TENNESSEE

JULY 25-27, 2003

NATIONAL OCD FOUNDATION CONTACTS

OCF
PO Box 9573
New Haven, CT 06535

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

E-mail: info@ocfoundation.org
Internet: www.ocfoundation.org

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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

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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, 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
Jeanne Yarrow - Secretary
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Dr. Rita Roslyn Newman - Advisory Board member

December Quarterly Meeting: One of Our Best Ever!

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primitive section, focusing on emotion and the experience of fear. Damage in this area results in the inability to block out behavioral responses to thoughts.

These three systems are interconnected by neurotransmitter pathways. If the pathways are overactive, as is believed to be the case with OCD, then the results are an increase in goal-directed behavior and in mental planning.

In OCD, the Limbic System experiences fear about safety, whether the door has been locked for example. The Cortex receives this message and responds, "What do I need to do to deal with this dilemma? I need to go check on the door!" The Basal Ganglia then sends the message that the body needs to move and go physically check the door.

Brain Chemistry of OCD. Dr. Page then discussed the role that the neurotransmitters themselves play in the disorder. We know that SSRI medications (e.g., selective serotonin reuptake inhibitors, which include such medications as Prozac, Paxil, Zoloft, Luvox, Celexa, and to a certain degree Anafranil and Buspar), effect the availability of serotonin levels in the brain. While these medicines do help OCD sufferers, we also know they do not help all OCD sufferers, and do not effect all symptoms equally. So while serotonin plays a part in OCD it is not the end of the story.

Serotonin seems to regulate other brain chemicals. There seems to be an inverse relationship between Serotonin and Dopamine, so that when one goes up, the other goes down. We also know that when Dopamine goes up, so does the level of physical activity. Scans have actually indicated that the three brain areas described above are often saturated with these particular neurotransmitters in persons with OCD, seeming to further implicate their role in the disorder.

In addition, the brain chemical, Glutamate, which is triggered by stress, seems to result in a decrease in Serotonin levels, which likewise increases the levels of Dopamine. So there may be a complicated interaction among these neurotransmitters that result in the manifestation of symptoms.

Other Concepts and Ideas. Dr. Page further elaborated on theories and things that we seem to know about OCD. These included the concept of "gating," wherein the "gate" fails to close after the route of the Limbic System-Frontal Cortex-Basal Ganglia are played out which, if "closed," would provide a sense of closure, but, due to its lack of closure, influences the sufferer to go through the route again.

She reports that through repetitions of connections between brain sections, the connections become more hardy, behaviors become more entrenched and habitual, and more resistant to change. Through many repetitions of certain kinds of obsessions and their consequent compulsions, the neurological connections between different the brain structures are strengthened, making it more likely that the same connections will be played out again in the future. So experiencing certain obsessions and then giving into the urge to engage in the resulting compulsions only makes the connections stronger, and more difficult to break.

Dr. Page reports that Cognitive Behavioral Therapy (CBT) is an essential part of treatment, even if we look at OCD as a biological disorder, and even says that CBT is superior to drug therapy alone. She explained that CBT offers people the kinds of tools they need to combat the disorder.

More than anything else, though, Dr. Page focused on the fact that there is still so much regarding the brain in general, and its relationship to OCD in particular, that we DON'T know. Her research efforts are geared at increasing our knowledge base of the brain and how it relates to the experience of OCD.

The Study. The study that Dr. Page is currently involved in is funded by the National Institute of Mental Health. The researchers are trying to determine if there is a gene that makes people more susceptible to developing OCD. It involves looking at families where at least two members have OCD. If you think you might be interested in participating in this study, note that you do not have to come to New York City, but that everything can be done in your own home (they will come to you); and this is true ANYWHERE IN THE COUNTRY, so if you know someone outside of this area, let them know as well. The study involves a 1 ½- 3 hour interview (which may take place by phone) a 20 minute pencil and paper personality inventory, and the taking of a blood sample. Each participant is rewarded \$50 for his or her time.

For more information, please contact Dr Jessica Page at 212-543-5355, or email her at Pagejes@pi.cpmc.columbia.edu.

Don't touch that remote!

“Monk,” TV’s obsessive-compulsive detective, is on. And besides, there might be germs...

by Chelsea Lowe

reprinted with permission from The Philadelphia Inquirer, originally posted Sat., Nov. 30, 2002

Last month at a party, other guests kept shaking my hand. I hate that.

I sneaked off to an alcove near the kitchen, withdrew a premoistened foil-wrapped wipe, and ran it over my fingers and palms. Normally, I'd have felt quite alone - but I thought of my new buddy, Adrian Monk, and smiled.

Monk, you see, would have done the same thing. In fact, he does the same thing, every week on USA Network's *Monk*. Except he does it openly.

Like me, Monk (played by Tony Shalhoub) hates touching money, sleeping in the dark, sharing bathrooms with strangers, and walking around outdoors without shoes (my recurring bad dream). He can't abide handling rust, newly purchased groceries, or dirty car parts. He fears children and their germs, air travel, crowds, milk, any number of foods, and a whole lot of everything else. Monk is not, in the strict sense, real, but as far as I'm concerned, he's real enough.

In the so-called defective detective, I feel as if I've found a missing twin, a character so true to life, - my life, anyway, - that I'd like to shake the writers' hands. On second thought, maybe not.

I, too, am a high-functioning professional, clinically diagnosed with moderate-to-severe obsessive-compulsive disorder. Like Monk, I can use the supposed “handicap” to my advantage, though I must look weird to others.

Unlike Monk, I do what I can to hide my symptoms, coming up with dozens of handshake evasions, for instance.

It's only natural that television would recognize another subgroup. Early programs portrayed a mainly homogenous population, but by the '70s, many minorities had seen their first awkward representations. By now, you don't really exist until television says you do.

Monk isn't the first obsessive-compulsive TV character - just the first, so far as I know, who's “out.” In the *Seinfeld* universe, Jerry suspected his dentist and hygienist of having their way with him while he was under. New shoelaces got discarded for touching a men's room floor. One episode dove into germ phobias. I'm keeping my eye on *The Simpsons*, too. At least one of the writers must fear some of the same things that I do, because Homer's forever getting bitten by small animals, and I've lost count of the number of syringes various Simpsons have encountered.

Monk, broadcast Mondays on Channel 6, however, goes a step further, asking whether obsessive-compulsive behavior is always a disorder, or whether we “Monks” are just “differently abled.” Just as *Seinfeld*'s fascination with minutiae sets him happily apart, Monk's preoccupation with detail makes him a dazzling detective. And when you think about it, bringing order to society's most chaotic acts would appeal to Monk's organized makeup.

For me, the ability to reread my work endlessly helps improve it. (At least, I like to think so.) I suspect that perfectionism - absolute devotion to the rhythm and the sound of every word - goes with OCD, too. Look at the sentence again, for instance, and you will notice only internal rhymes of *suspect* and *perfectionism* and the meter of “AB-solute de-VO-tion to the RHY-thm and the SOUND.” I can do this all day.

And I do.

At times, Monk's inconsistencies frustrate me. Maybe the character can rationalize his constant proximity to victims' blood, but would a man with a fear of contamination deliberately touch parking meters or a newspaper vending box, plus the paper inside? Blech! He's more on the mark using a spatula to handle newly purchased groceries. (On an artistic basis, I question confronting killers with overwhelming evidence. For heaven's sake, serve 'em with papers and tell it to the judge.)

Sometimes, though, Monk is so like me, it's eerie. Reenacting a crime, his assistant Sharona (Bitty Schram) whines over being the one to play dead once again. Monk explains that “the victim usually ends up on the ground in the dirt and I'm, you know - me,” someone from whom the ground is dangerous and best avoided.

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Don't touch that remote! - *continued*

“Monk,” TV’s obsessive-compulsive detective, is on. And besides, there might be germs...

by *Chelsea Lowe*

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Shalhoub’s compassionate portrayal invites sympathy, not derision - the key to the program’s appeal. From the snappy opener in which Monk starts his day, sterilizing a toothbrush and putting on cellophane-wrapped socks, to the humor throughout, the program casts an understanding light over a large, self-conscious population.

Interlaced fingers rigid across stomach and chest, Monk tells his therapist (Stanley Kamel) between stricken gasps that he’ll need extra sessions to deal with the pressure of owing him money. Three or four expressions cross his face as a love interest moves in for a kiss. (Happily, she then leaves town. Intimacy involves a willingness to share germs, and I don’t think this guy’s ready.)

True to his obsessive-compulsive nature, Monk can stand up to his fear of heights to rescue Sharona but falls to pieces when confronted with a nose-picking tot. Sharona acts as a spouse might, shielding her boss from difficult interactions, exasperated all the while.

Some researchers say trauma can trigger OCD in pre-disposed persons. In the show’s back story, Monk, a neatnik to start with, falls over the edge after his adorned 34-year-old wife (played in flashbacks by the luminous Stellina Rusich) is killed by a car bomb. That’s a lot of pain for a character in a comic drama. How the writers pull it off is, well, a mystery.

My symptoms emerged after a murder, as well. When I was a teenager, my cultural hero (with whom I was, of course, obsessed) was shot to death on a New York sidewalk. About a year later, my local paper carried a story about a canned-tuna scare. I stopped eating tuna - then all canned and vacuum-sealed foods, all fish and, over time, many

other things. If I heard about a plane crash, a disease, or an air conditioner falling on someone’s head, I tried to avoid the same fate. That’s how OCD works its gradual havoc, and the time lag between my traumatic event and the first manifestations is in keeping with many doctors’ observations.

OCD is a blackmailer. You give in, it demands more. If you don’t know that, you’re in quicksand (although, in this case, struggling frees you).

I’m better now, but not all better. I eat seafood - when it isn’t in the news - but still open a box of baggies as if it were a live grenade. You have to choose your battles.

Obsessive-compulsive disorder, or course, is not fun, involving, as it does, so much anxiety. But it can be funny. Like Emily Colas, author of a hilarious book on her OCD situation, *Just Checking*, and like Woody Allen, I can see humor in my strange behavior, even when I’m powerless to change it. The trick is not to look too deeply. Above the surface, a fear of, say, potato chips or children makes for comic material. What could be hiding below - fatal food poisoning, for instance, or chicken pox - isn’t funny in the slightest. *Monk’s* writers have chosen not necessarily wisely but well.

Spending time with Monk is, in a way, being with my own kind: another oddball with a writer’s memory and the habit of packing for any eventually, even toting his own soap and bed-sheets, as I do.

When my parents, long-suffering friends, or boyfriend watch *Monk*, they see me. I change from Nutty Chelsea to a person with a group of known symptoms.

“Look!” I can say, “Someone else shares my inability to make decisions.” Monk deliberates endlessly about whether to leave a door open or shut. He can’t even choose a pawn for a game of Clue - but knows who did it anyway.

Happily, my condition is improving with treatment. Happily, Monk’s is not. The day after a new Monk episode, I walk taller, less alone for knowing that, if there are characters like Adrian Monk, there are people like him, too. Which means, of course, that there are others like me. As Monk himself said to his therapist, albeit anxiously, “What a time to be me.”

Chelsea Lowe is a freelance writer based in Boston.

SAVE THE DATES FOR THE 2003 MEETINGS!

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

June 9, 2003

September 8, 2003

December 8, 2003

Please plan to join us! Our meetings begin at 7:00 p.m. and will be held at Robert Wood Johnson Hospital in New Brunswick, NJ. We hope to see you there!

OCD ON THE WEB *by Christopher J. Dunn*

This marks the beginning of a new section of the newsletter providing information on OCD resources on the web. I personally like to soak in as much knowledge as I can on the subject of OCD, particularly since most of my obsessions are mental, almost metaphysical, and thus hard to find information about. I will search the web for information on all types of OCD, noting relevant points which might appeal to people with various forms of the disorder, whether that be washing, checking, hoarding, or pure obsessional thinking without physical compulsions.

I will only mention one website on this particular occasion, though it is an interesting one. One warning - this website is attempting to sell a product; be careful not to get sucked into the site's sales pitch. However, the little blurb it gives on OCD is some interesting food for thought. It posits that traditional treatments via medication and/or exposure-and-response therapy are less effective than a fundamental change in thinking about the OCD. I'll leave you to judge. The website is:

<http://www.designedthinking.com/Fear/OCD/ocd.html>

Please tell me what you thought of this point of view, and please alert me to other sites you may have seen and found helpful, or at least interesting. My e-mail address is cdunndunn@earthlink.net. I'd like to hear from you!

- *Christopher J. Dunn*

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 2003 is \$5.00.

In order to continued receiving the newsletter, please return the form below by April 15, 2003, 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 _____

WANT TO HAVE A SUPPORT GROUP IN YOUR AREA? WE CAN HELP!

If you look at the back of this Newsletter, you will see that there is only a small handful of support groups for OCD around the state. It is one of the goals of NJAOCF to help create more of these groups. We at NJAOCF receive several phone calls every month asking for support groups in areas of New Jersey where there are none. Northern counties and southern counties are especially devoid of groups.

If you are interested in having a group in your area, we can help. Here's how:

1) If you want to have a group, you need to find a place to meet. Local churches, synagogues, libraries, high schools, hospitals, and community mental health centers are good places to find free rooms. If you say you will be working with the NJ Affiliate of the OC Foundation, it might also give you some "clout."

2) Determine the day and time- this will in part be determined by room space availability- no more than twice a month is needed, and once a month is often a good place to start. An hour and 15 minutes or an hour and a half is usually the length.

3) Contact us. Call Ina Spero at 732- 828-0099. We can put your name and contact number on our website and in our Newsletter. We will announce the formation of your group at our quarterly meetings. We will help to put out the word. You can also do your part by letting local mental health professionals and facilities know about the group (sometimes this means going door to door with a flyer). Decide whether this is a group only for adults, only for sufferers, or open to everybody- we recommend the latter- friends, family, and children with OCD.

4) Once you have a minimum number of people- 5 is enough to get started, let us know. We will give you some guidelines about how to run the group, provide you with handouts that you can give to members of the group, and answer questions that you may have regarding the mechanics of how to facilitate group discussion.- Don't worry if you've never done anything like this before. We will "hold your hand" in the early phases of the group until you feel more comfortable. WE ARE HERE TO HELP!

5) If you have any questions of a clinical nature regarding running or forming a group, you can phone Dr. Allen Weg at 732-329-1378.

OCD SUPPORT GROUP ATLANTIC COUNTY AREA

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

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

TIME & LOCATION CHANGE FOR HOWELL MEETING!

Every Wednesday evening in Howell, NJ, an OCD support group meets. **The new meeting time is now 8:00 p.m.** The meeting is located at: The Prince of Peace Lutheran Church, 434 East Aldrich Road, Howell. (Meets in the Education Hall. Church is off Rt. 9) For more information, please call Ronald L. at (732) 618-1690.

OCD SUPPORT GROUP NOW IN MARLTON, NJ

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

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

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

WAYS TO SUPPORT NJAOCF

NJAOCF VIDEOTAPES

We videotape our annual conferences and the speakers from our quarterly meetings, and provide copies of them to anyone interested. All moneys charged are pumped back into NJAOCF to help defray the costs of the organization. The following are videotapes now available for purchase and pickup, or delivery:

"Red Flags, Relapse, and Recovery," Jonathan Grayson, PhD	\$15.00_____
"Families and OCD: How to Coexist," Elna Yadin, PhD	\$15.00_____
"Flying Towards the Darkness", NJAOCF First Annual Conference: Parts 1 & 2 (combined discount price)	\$25.00_____
"Flying Towards the Darkness"- Part 1 only, Allen H. Weg, EdD, NJAOCF 1st Annual Conference	\$15.00_____
"Flying Towards the Darkness"- Part 2 only: The OCD Panel, NJAOCF 1st Annual Conference	\$15.00_____
"Generalized Anxiety Disorder and OCD", David Raush, PhD	\$15.00_____
"OCD Spectrum Disorders", Nancy Soleymani, PhD	\$15.00_____
"Living With Someone With OCD...", Fred Penzel, PhD, Part I- NJAOCF 2nd Annual Conference	\$15.00_____
"The OCD Kids Panel" Part II- NJAOCF 2nd Annual Conference	\$15.00_____
NJAOCF- 2nd Annual Conference, Parts I and II (combined discount price)	\$25.00_____
"Panic and OCD", Allen H. Weg, EdD	\$15.00_____
"Medications and OCD", Dr. Rita Newman	\$15.00_____
"OCD", Dr. William Gordon	\$15.00_____
"You, Me, and OCD: Improving Couple Relationships", Harriet Raynes-Thaler, MSW, ACSW	\$15.00_____
"Freeing Your Child from OCD", Dr. Tamar Chansky, Part I - NJOCF 3rd Annual Conference	\$15.00_____
"The Parents Panel of Kids with OCD" Part II - NJOCF 3rd Annual Conference	\$15.00_____
NJOCF - 3rd Annual Conference, Parts I and II (combined discount price)	\$25.00_____
"Neurobiology of OCD," Dr. Jessica Page	\$15.00_____

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

Your Total cost: _____

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

Name _____

Address _____

City _____ State _____ Zip Code _____

DIRECTIONS TO OUR NEW MEETING LOCATION!

Our next quarterly meeting, which will take place on *Monday evening, March 10th, 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:

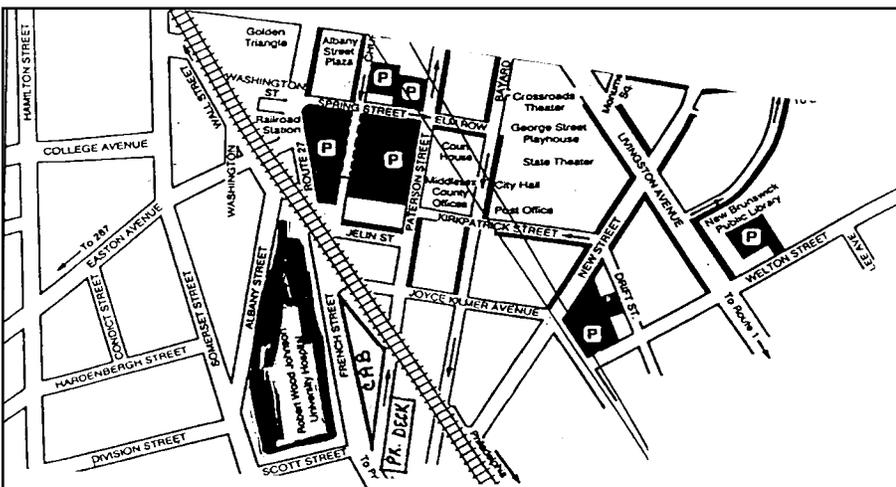
Take Exit #10 (formerly Exit #6) "Route 527/Easton Ave./New Brunswick" and continue on Easton Avenue for approximately 6 miles. Make a right onto Somerset Street. The hospital is on the right side and the NJ Cancer Institute is on the left side. Pass the Emergency Room entrance and the hospital's Parking 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.

