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IOCDF affiliate

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International
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Foundation

Dr. Mattu to Present “Howard Hughes to Harry Power: How Stories Heal OCD” at Next Meeting on March 9

OCD NJ will host its next quarterly meeting on Mon., March 9, beginning at 7:30pm. Dr. Ali Mattu will present, “Howard Hughes to Harry Power: How Stories Heal OCD.”

Ali Mattu, Ph.D. is a licensed clinical psychologist at the Columbia University Clinic for Anxiety and Related Disorders (CUCARD). Dr. Mattu specializes in the treatment of children, adolescents, and adults with anxiety disorders and body-focused repetitive behaviors such as trichotillomania (hair-pulling disorder) and excoriation (skin-picking disorder). Dr. Mattu also serves as a coordinator of the Launching Emerging Adults Program at CUCARD.

Throughout his career, Dr. Mattu has served in a variety of leadership roles in psychology. He is currently a member of the American Psychological Association's Policy and Planning Board, is on the Executive Board of the Society of Clinical Child and Adolescent Psychology, and is part of the Translational Issues in Psychological Science's Editorial Board. Previously, Dr. Mattu served on the Board of Directors of the American Psychological Association, was the Chair of the American Psychological Association of Graduate Students, was a member of the American Psychological Association Good Governance Project task force, was appointed to the New York State Psychological Association's Executive Committee, and worked on multiple Society for the Teaching of Psychology task forces.

Dr. Mattu is also passionate about destigmatizing mental health and translating psychological science into practical applications. His work has appeared in several popular press websites, he is the founder of an award-winning blog, the producer of a weekly podcast show, and a regular presenter at conventions celebrating the popular arts.

<http://www.ocdnj.org/quarterly-meeting.htm>



Dr. Ali Mattu

OCD NJ 15TH ANNUAL CONFERENCE

Anne Marie Albano, PhD, ABPP

will present

“Treatment of OCD in Adolescents and Young Adults: What to Do with Parents?”

March 15, 2015 at The Westwood in Garwood, NJ

All details are on the website and registration is open.

Approved for 4 CEU credits

Register NOW! <http://www.ocdnj.org/AnnualConference.htm>



Anne Marie Albano, PhD

Rebecca Sachs, Ph.D. Presented on "The Role of ASDs in OCD Treatment: Complicating Co-Morbidities"

by Rachel Strohl, Psy.D.

On Monday December 8, 2014, Rebecca Sachs, Ph.D. presented at the quarterly meeting of OCD New Jersey (OCDNJ). Dr. Sachs has a Ph.D. in Clinical and School Psychology from Hofstra University. She has many years of research and clinical experience working in the field of anxiety and stress, Autistic Spectrum Disorders (ASDs), and chronic illness and pain in a variety of settings. She maintains a private practice at the Midtown Center for Cognitive Behavior Therapy in Manhattan, NY and is currently a full time staff psychologist at the Fay J. Lindner Center for Autism in Brookville, New York. Dr. Sachs has presented at numerous professional conferences. Her professional focus centers on Cognitive-Behavioral Therapy and Mindfulness-Based Therapies for Autism (ASDs), Obsessive-Compulsive Disorder (OCD), and other anxiety, stress, and illness related disorders.

Dr. Sachs explained that in the new DSM-V (the Diagnostic and Statistical Manual), OCD is now grouped in the OC spectrum category, as opposed to the Anxiety Disorder category. OC spectrum disorders are neurobiological, and OCD is not just anxiety but also disgust. In the DSM-V, Autism spectrum disorder (ASD) have been combined from previous separate disorders (such as Asperger's Disorder, which only the ICD-10 currently recognizes). The ASD category represents 1) social/ communication difficulties, e.g., difficulty picking up on social nuances, difficulty making friends, 2) restrictive, repetitive motor movements, 3) sensory sensitivity, and 4) impairment in imagination/ abstract thinking.

OCD is when an individual has recurrent, persistent thoughts or impulses that are intrusive and unwanted. The individual is driven to perform behaviors or mental acts in response to distressing obsessions. The obsessions and compulsions can include contamination, harm/ violent/ sexual thoughts, checking, counting, and seeking reassurance. On the other hand, an individual diagnosed with ASD will insist on sameness, have inflexible adherence to routines, and highly restricted, fixated interests. The individual will likely find enjoyment in his/her thoughts and behaviors, but experience distress not getting to do what he/she wants.

One in 68 children are diagnosed with ASD with predominantly more males. Dr. Sachs reported that red flags for ASD may be: 1) reactive depression from "failures," which lead to internalizing negative thoughts, 2) denial and arrogance (concealing difficulties), 3) imitation of successful children, scripting, and 4) escape into imagination.

Dr. Sachs discussed the importance of adjusting treatment for an individual with ASD. The therapist should offer visual supports, such as relying on pictures and taking away language. It is beneficial if the therapist speaks slowly while repeating, rephrasing, and checking for understanding. The therapist should use concrete, simple language without abstraction or sarcasm. Dr. Sachs also suggested 1) remaining neutral, 2) modeling and roleplaying, 3) establishing routine in session, 4) using humor, 5) giving choices (vs. open ended), 6) addressing social anxiety, 7) reflective listening and empathy, and 8) teaching assertion skills.

When working with an ASD individual with OCD," exposure works but slow and steady." Dr. Sachs recommended "dialing down the hierarchy to even one minute exposures with a timer." If person does not habituate to the fear, then the goal is to withstand the distress and develop tolerance. The key is emotional regulation. A helpful gauge may be "high, medium, or low on the SUDS scale," or a one (low) to five (high) rating. Sensory breaks are suggested, such as a dance party, jumping or swinging. Relaxation skills are important to learn to manage emotion, but would not be used during an exposure exercise.

DVDs of this presentation are available through the OCDNJ website.



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



Allen H. Weg, Ed.D. and
Dr. Sachs

The Best Man (What if I'm afraid of getting overwhelmed?)

by Allen H. Weg, Ed.D.

George is the best man at a wedding. He is renting a tuxedo from a store owned by his good friend, Fred. As luck would have it, the tuxedo store is right down the block from the church where the wedding is to take place. This is fortunate because George has to work the day of the wedding, and will need to rush to the church at the very last minute.

George arranges with Fred to drive his car to Fred's tuxedo store on the day of the wedding, just a few moments before the ceremony begins. Once there, he will give Fred his car keys, change from his work clothes into his tuxedo, leave his work clothes at the tuxedo store, and then just walk straight over to the church. Later on, after Fred closes up shop, Fred will drive the car to his own home, and George will find a ride home with someone from the wedding party.

The day of the wedding arrives. George drives to Fred's store, gives him the keys to the car, and changes his clothes in the fitting room of the tuxedo store as planned. While George is changing clothes, Fred gets a phone call and finds that he needs to leave immediately. He calls out to George, "George, I have an emergency and I have to run! I'm locking up, so when you leave and the door closes behind you, the alarm will automatically set, and the doors will lock. You won't be able to get back in, so make sure you have everything you need when you exit the store. I am taking your car." George calls out "OK," and thanks Fred for helping him out. Fred leaves. George exits the fitting room and leaves his clothes in the tuxedo store as planned, exits the store and closes the door behind him. He is about to walk down the street to the church. But George now finds that he is faced with a dilemma.

Two things have created a set of circumstances that now challenge our friend, George. First, during the time that George spent changing into his tux, there was a brief rain storm. It's not raining now, but there are dirty puddles all over the place. Second, George's friend who is getting married is a little eccentric, and all the outfits in the wedding party are completely white. George's tuxedo, including his tie, are all white. His shirt is white, his socks, his shoes, and even the bottom soles of the shoes are white.

George has got to get to that church quickly, because they are going to start taking pictures of the wedding party any time now, but of course he is concerned about getting dirty. He starts to head towards the church, walking very carefully, very deliberately. He looks down in front of him, scanning ahead for any muddy puddles that might soil his outfit. He takes a few steps, and then notices that he has a small droplet of muddy water clinging to the side of the sole of one of his shoes. He takes his thumb, tries to gently rub off the droplet, but instead creates a long smudge on the side of his shoe. He feels himself get very anxious, and he thinks to himself, "This is terrible! What am I going to do?" He walks even more slowly, more carefully, in an attempt to avoid any further dirtying of his tuxedo.

George continues to take a few more steps, and as he lifts one foot, another muddy droplet falls from the foot lifted onto the top of his other shoe. Again George attempts to wipe it clean with his finger, and again the result is yet another smudge, this time right there on the top of his shoe. George's anxiety skyrockets, and he worries that he will not look presentable for photographs by the time he reaches the church.

But George is determined. He walks even more slowly, and works his hardest to carefully survey the sidewalk in front of him as he makes his way down the street. He feels anxious, and all the time he is worrying to himself, "If I am not careful, I will get more dirty and look terrible! I will ruin the wedding photographs! The bride and groom will be angry with me! I must be very, very careful!" As he walks, he notices that the bottom part of one of his pant legs has become soiled. His heart sinks, but he remains steadfast in his quest to traverse the minefield of puddles between himself and the church and get there on time, looking presentable for the photographer.

After what seems like many long, excruciating, almost painful steps towards the church, George looks up and sees the church nearly right in front of him. It is on the corner of the next block, and all he has to do is cross the street. He looks down at his legs and shoes, and sees that they really don't look so bad after all. Chances are no one will even notice the tiny smudges. He breathes a sigh of relief, and braces himself for the last few careful strides towards the church.

But at the very second that George places his first foot off the curb and into the street, in that brief moment when he shifts his weight onto that foot and begins to move himself forward across the few yards that separate him from the steps leading to the church door, in that split second, a car races around the corner, seemingly coming out of nowhere, barrels down the very street that George has just begun to cross, and zooms right in front of him, nearly hitting him, and then just as quickly disappears around the next corner.

Then, a second later, once George has caught his breath and his balance and is about to redirect his attention back to the last few yards of his journey, he realizes what has just happened. When that car ran right in front of him, it also ran into a puddle, and sprayed him from head to toe with muddy water. George is horrified and shocked. Now what?

No time to change. No other tux to change into anyway, as the tuxedo store is locked and the alarm is on. There are only two options. Find another way to get home and not show for the wedding altogether, or suck it up and show up as he is, mud-covered and all. The former does not really seem like an option for George, so it's off to church in his muddied outfit.

Continued next page

Allen H. Weg article continued....

But things are different now. First, he is no longer walking slowly and carefully. He can sprint to the church stairs and up to the door. There is no further need to worry and be careful about getting dirty. It is already a done deal. There is no turning back. And by accepting the situation as it exists, by accepting that he is going to this wedding in a muddied tuxedo and there is nothing he can do about it, George is able to let go of the pressure to try to keep the suit pristine. There is no longer any anxiety about getting dirty, because he already *is* dirty.

While he is upset that he is now completely dirty, and he may be worried about the reaction of the rest of the wedding party and guests when they see his mud-sprayed tux at the wedding, he is no longer worried and anxious about the *possibility* of getting muddied. He already *is* muddied. And so in some strange way, this course of events have “freed” George of his anxiety, his obsessive review in his mind of the need to walk carefully, and his slow, avoidant walking ritual.

What has happened in this story to George is very much like the transformation that takes place in people with OCD who challenge themselves with ERP exercises. In the beginning stages of ERP, when people have just begun to challenge the OCD by doing “forbidden” acts of some kind, there is the temptation to fantasize that somehow they may be able to reverse what they have done, “fix” it in some way, and once again appease the OCD. But holding on to the idea that one can “undo” an ERP experience becomes more and more difficult over the course of the exposure, because the person with OCD realizes that it would be more unlikely that he will actually be able to completely reverse the situation created by the exposure. There is a sense that one will get “overwhelmed” by all that is required to turn back the clock and make things the way they were. What ultimately happens at this point, however, is that there is a letting go of the fantasy that things *can* be “put back the way they were” so that the OCD is appeased. This “letting go” of the fantasy of being able to make things go back to the way they were is the very mechanism that allows for the lowering of anxiety in the ERP process.

As an illustration, let’s assume John believes that his car is contaminated. His home, however is not contaminated. In order to keep his home in its “clean” state, whenever he drives home from somewhere, John immediately strips off all his clothes when he walks through the front door, and then takes a shower. Afterwards, he carefully brings the contaminated clothes to his laundry room and washes them, careful to wash his hands thoroughly afterwards since they had been re-contaminated by touching the clothes when he moved them.

Exposure therapy might involve having John go to his car in an uncontaminated state. He would then touch a part of his car that might not feel quite as contaminated as, let’s say the driver’s seat, which might feel like the “hottest” site of contamination in the car. So for example, we might have him touch the rear bumper. This might produce some anxiety, but not a terribly high amount. John would then engage in what is called “touch and spread” ERP. After touching the bumper, he would then “spread” the contamination that he feels on his hands all over his “pristine” house, contaminating it.

At first, John would feel relatively high anxiety as he touched the inside doorknob of his front door, and began to touch the furniture in his living room. He might imagine that he could, at a later time, go back and wipe down these items, cleaning the contamination off of them. As he continues to touch more and more items in his house, however, his anxiety may actually rise. He begins to think how difficult it will be to remember everything he touched, and how hard it would be to clean everything.

Once he is instructed to touch the walls, the carpeting, various articles of clothing in his closet and chest of drawers, a few of his kitchen utensils, some items in his linen closet, and some papers in his file cabinet, John comes to the realization that he could never be sure that he had completely de-contaminated the house, even if he spent days trying to clean everything. There were too many things. He would never remember everything he had touched.

And so something interesting happens to John. He lets go of the fantasy that he can undo his ERP. This creates a sense of loss and defeat that may make him feel briefly sad, but it is accompanied by the complete release of the experience of anxiety. He no longer stresses about de-contaminating the house, and accepts this as an impossibility, so he doesn’t have to worry about cleaning it all up.

Just like George the best man was free to run the rest of the way to the church without worrying if he would get any more dirty from muddy puddles, John can now touch anything else that in the house with his contaminated hands without experiencing increased anxiety. They both become free from being super careful, from obsessing about how to avoid or how they will undo. Their stress levels plummet.

With regards to those initial sad feelings of loss, we expect that those will dissipate rather rapidly for John, especially as he approaches the point where he can drive his car home and then enter his house without any anxiety or need to wash. The freedom, time and energy saved, sense of power and control, and lack of emotional stress will have replaced any feelings of loss or defeat that he may have experienced initially. As for our friend George, we can only hope that he had a great time at the wedding, and that the story of how he came to the occasion with a white tuxedo full of mud stains will serve as story that he and his friends will laugh about for years to come.



Dr. Allen Weg, President of OCD New Jersey, the executive director and founder of Stress and Anxiety Services of New Jersey, is in East Brunswick. This story is included in Dr. Weg's book entitled, "OCD Treatment Through Storytelling: A strategy for successful therapy," published by Oxford University Press

How to Start a Support Group

If you are interested in starting a support group, contact OCD NJ and we can help. Here's how:

- 1) If you want to have a group, you need to find a place to meet such as at local churches, synagogues, libraries, and high schools, are good places to find free rooms. If you say you will be working with OCD NJ, it might also give you some "clout."
- 2) Determine the day and time- which may be determined by room space availability and once a month is a good place to start. An hour and 15 minutes or an hour and a half is usually the length.
- 3) Contact us at (732) 476-4021 (9 a.m. - 9 p.m.). We can put your name and contact number on our website. We will announce the formation of your group at our quarterly meetings. Decide if the group is only for adults, only for sufferers, or open to everybody-we recommend the latter- friends, family, and children with OCD.
- 4) Once you have a few people- 5 is enough to get started, let us know. We will give you some guidelines about how to run the group, provide you with handouts that you can give to members of the group, and answer questions that you may have regarding the mechanics of how to facilitate group discussion.
- 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.

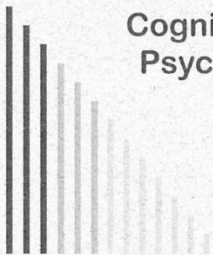
Go to these links for more information:

<http://www.ocdnj.org/SupportGroups.htm>

<http://www.ocdnj.org/Compulsive-Hair-Pulling-Skin-Picking-Support-Groups-in-NJ.html>

Professional Directory for 2015

The professionals included in this Directory have expressed an interest in treating individuals with OCD. This Affiliate has not investigated these individuals, nor does it have the facilities to evaluate their competence in treating OCD. This Affiliate does not recommend or endorse the competence or expertise of anyone listed. This Directory of treatment providers is not an endorsement, but merely a source of individuals who have indicated that they treat OCD. If you are interested in advertising in our Professional Directory, please contact OCD NJ at (732) 476-4021.



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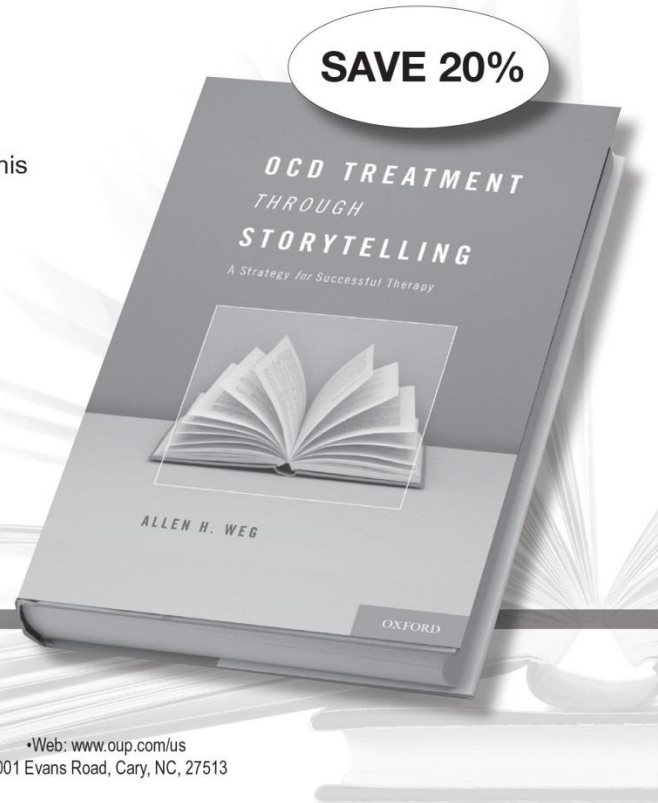
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“ Dr. Weg has produced a **masterpiece** that shows clinicians innovative ways to teach patients and their family members about the complexities of OCD. I **highly recommend** this book. It is entertaining and teaches a very useful way of communicating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

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

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Directions to Quarterly Meeting

VENUE: For information, directions, and photos of this building with virtual tour, go to: www.silvertreecommercialrealestate.com and click on the 197 Route 18 South property. The address is 197 Route 18 South, East Brunswick, NJ 08816. We will be meeting on the first floor in the Cafe area of the North Tower. To clarify, this is the Turnpike Plaza on East Brunswick going south. It is not the two giant towers with the Hilton between them further north on Rte 18 North.

Volunteers Wanted!

OCD NJ is always looking for volunteers to help with distributing information about the organization, help with planning our annual conference, and just spreading the word on OCD. If you would like to get involved, please contact OCD NJ at (732) 476-4021.

ABOUT OCD NJ

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OCD NJ MISSION

The Affiliate is a community of those who have an interest in Obsessive Compulsive Disorder and whose goals are:

- To educate the public and professional communities about the disorder.
- To support individuals afflicted and their significant others.
- To support research into the causes and treatments of this disorder.

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