



Anxiety Disorders Association of Canada
Association Canadienne des Troubles Anxieux

ADAC / ACTA NEWS

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Our Website:

www.anxietycanada.ca

Provincial Associations

British Columbia: www.anxietybc.com

Manitoba: www.adam.mb.ca

Ontario:
www.anxietydisordersontario.ca

Quebec: www.ataq.org

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ADAC/ACTA has chosen Obsessive-Compulsive Disorder (OCD) as the theme for this newsletter. The World Health Organization ranks OCD as the 10th greatest cause of disability around the world. OCD can occur in people of all ages, but it generally begins before 40, often during adolescence or early childhood. It affects men and women equally. Women, however, are more likely to seek treatment for their symptoms.

From the President

There is one certainty in life and that is that things always change. And so it is with a bittersweet feeling that I am officially stepping down as president of ADAC/ACTA. Having served for the past three years I had become very accustomed to keeping watch on many different details of the everyday workings of our association. We have grown and changed in many ways and had to learn to adapt to this evolution as the months and years have passed. As a virtual community – the pace of change can be both daunting and exciting. As an example, our website was revamped to reflect many alterations such as how people access information, and how to best provide current evidence-based resources. Our association has also naturally evolved as we attend to the challenges of non-profit sustainability, and respond to the needs of people who suffer with anxiety, their caregivers and companions, as well as bridging information from our scientific community to the broader community of concerned Canadians.

I have also grown both personally and professionally, throughout my association with ADAC/ACTA and have learned much from our many members. There is no greater feeling than that of knowing your efforts can make a difference in the health and well-being of others. It is this sense of community that we can create through web based information which has the ability to reach many, who would otherwise suffer in isolation. As our mission states, we are also committed to partnering with other organizations, academic and scientific groups to become a stronger advocate for the needs of those with anxiety. It is with the expansion of these communities, that we will best meet these needs.

**ADAC/ACTA
AWARD RECIPIENTS:**

**Earla Dunbar Consumer
Award Recipient:
Author Zoe Whittall**



In the fall of 2009 and winter of 2010 we asked Canadians to nominate fellow Canadians who had made a difference in the lives of people living with Anxiety Disorders.

The recipient for our first Earla Dunbar Consumer Award was Canadian author Zoe Whittall.

This year's Earla Dunbar Award was presented to Zoe at our national scientific conference held in Vancouver in April. Shelagh Rogers of the CBC presented Zoe with the award along with Earla Dunbar.

In Zoe's recently published novel entitled "Holding Still for as Long as Possible" one of the characters suffers from Panic Disorder. Zoe describes the inner and outer world of the character with tremendous insight. Many will be able to relate to the character and will hopefully feel that they are not alone in their struggle.

Thank you Zoe for your wonderful contribution!

I am honored to have been able to serve as leader and be a part of the continued evolution for the organization. I am also very pleased to welcome Lynn Miller as our incoming president and look forward to her guidance.

In closing, I would like to thank the board of directors and our Executive Director, Geneviève Charette, as well as our volunteer members, for their support throughout my tenure as president, and look forward to continuing with ADAC as a member of the board of directors.

Sincerely,

Sherry Holt M.ED

From the Executive Director

In the two and half years since I was hired as Executive Director, anytime I meet someone new and they ask me what I do for a living, I inevitably get the reaction of: "My ____ (you can fill in the blank with: father, sister, child, friend, co-worker, neighbour, mailman or great aunt Gertrude...) has anxiety problems." I am not a mental health specialist nor have I met any of the people my new acquaintances are talking about, but I know that at any given time, one in every ten Canadian adults is experiencing an anxiety disorder. So chances are my new friends may be right. Although they appear to have some degree of empathy for the anxious person, very rarely do they actually know much about the disorder other than the behavioural symptoms they have witnessed.

Truth be told, until I became the Executive Director of ADAC/ACTA, I didn't know of, or understand all the anxiety disorders. I was guilty of assuming that I was alone suffering with panic attacks, and I did not discuss it openly. I would never have guessed that some of my own friends and acquaintances were living with an anxiety disorder as well. Most people's reaction when I tell them I suffer from panic attacks is usually "No way, you look so normal, so together". I understand their reaction, because anxiety disorders do not discriminate, they can affect people from every walk of life, young (and I mean little kids) to old. Many of these people still manage to lead very active lives, they are successful at their jobs and in most of their relationships. In some cases, like myself, the anxiety is not daily; it just sort of creeps up on us every now and then, but in some cases it always there and it can become completely disabling. Some of the people I have met who live with OCD tell me it sucks up so much of their energy.

Peter McLean Award for Student Research

Recipient: Corinna Elliott, M.A.



This year's recipient of the Peter McLean Award for Student Research was presented to Ms. Corinna Elliott, M.A.

The award was presented to Corinna at our recent Scientific Conference in Vancouver.

Corinna is a graduate psychology student at Concordia University in Montreal. Her recent area of research has been in a newly identified form of contamination associated with OCD. It is known as mental contamination.

Congratulations Corinna on your tremendous hard work! We wish all the best in your future research endeavours.

Excerpts from an article on Mental Contamination written by Corinna Elliott, M.A. and Jessica M. Senn, B.A., appear in this Newsletter.

It has been inspiring to me to have seen Howie Mandel interviewed a few times while he was promoting his new autobiography. He openly talks about a life of living with OCD and how difficult it is. Thankfully he has found the coping skills to allow him to function as a successful comedian/actor, husband and father.

Like many of us, he has had to live with the challenges of having an anxiety disorder. Like him, I had an 'ah ha' moment where I realized that I was not weak, I was not alone and I did not need to be stigmatized by my suffering. Rather, I had great strength and courage. Just like you.

Wishing you a summer filled with sunshine and "ah ha moments"!

Geneviève Charette

ADAC/ACTA Scientific Conference

ADAC-ACTA has just wrapped up its most recent scientific conference in Vancouver, BC. The conference featured a mix of symposia, panel discussions, skills building sessions, video presentations, keynote speakers and a poster session. In preparation for this conference, all submissions were peer reviewed by members of our Scientific Advisory Committee. As such, many thanks are due to Drs. Martin Antony, Gord Asmundson, Edouard Auger, Stéphane Bouchard, David A. Clark, Lynn Miller, Richard Swinson, Michael Van Ameringen, John Walker and Sheila Woody. Their sharp reviewing skills produced a conference of exceptional quality.

Keynote speakers included Stéphane Bouchard, Martin Antony, Gord Asmundson and Jack Rachman. Professor Bouchard presented his work in cyberpsychology, with a focus on the use of virtual reality technology in the treatment of anxiety disorders. Professor Antony spoke about transdiagnostic treatments for anxiety disorders, highlighting the strengths and weaknesses of such an approach, and giving an outline of how these approaches differ from the more common specifically-tailored interventions. Professor Asmundson spoke about health anxiety and its treatment. This particular topic will be most helpful not only to those who suffer from what we used to call 'hypochondriasis', but also to those who offer health services to these often extremely anxious individuals. Professor Rachman's keynote included a history of Cognitive-Behaviour Therapy (CBT) for anxiety disorders, beginning with the work of Pavlov, and moving on to contributions by A.T. Beck, D.M. Clark, P. Salkovskis, and others.

OCD Recommended reading:

Stop Obsessing!

by Edna Foa and Reid Wilson

Getting Control

by Leah Behr

Mastery of Obsessive Compulsive Disorder

by Edna F Boa

Obsessive Compulsive Disorder

by Palmal de Silva

Freedom from Obsessive Compulsive Disorder

by Jonathan Grayson

The OCD workbook

by Bruce M Hyman, PH.D

Overcoming obsessive thoughts

by Christine Purdon

Brain Lock

by Jeffrey Schwartz

Overcoming Obsessive Compulsive Disorder

by Gail S. Steketee

When Once is not Enough

by Gail Steketee

The conference highlighted, summarized and showcased not only the latest advances in research on a wide range of anxiety disorders, but it also provided training in a number of empirically-based skills and treatments deemed to be helpful in the treatment of anxiety disorders and related problems. These included sessions on CBT for obsessive-compulsive disorder (OCD), trauma-related exposure therapy, an introduction to CBT, CBT for 'death anxiety', the role of imagination in anxiety, the phobia of imperfection, and generalized anxiety disorder (GAD).

In the closing session of the conference, posters were presented on a wide range of topics, and the Peter McLean Award for Student Research was presented to Corinna Elliott for her work on mental contamination, a troubling and recently identified form of contamination associated with OCD. Our conference reviewing committee (above) was instrumental on rating all submissions to the conference by students, and Ms. Elliott's was deemed to be superior.

Feedback about the conference has been very positive, and we were pleased to see students and professionals from across the country (and internationally) representing a wide range of professions in research and health care. We are grateful to all who presented and attended, and look forward to seeing you at our next conference!

Adam Radomsky, PhD.

This Newsletter's theme: OCD

What is Obsessive- Compulsive Disorder (OCD)?

OCD (Obsessive- Compulsive Disorder) is an anxiety disorder in which a person may experience thoughts, images or impulses that come into their mind that are very disturbing to them and may make them feel anxious (Obsessions). They may then need to perform certain acts or rituals in order to make themselves feel better or less anxious (Compulsions). They may be very aware that their fears of behaviours are irrational or excessive but they can't stop doing them. They may also be afraid to talk to others about their symptoms or to seek treatment for them.

There are a wide variety of obsessions and compulsions; for example a person may have thoughts of hurting others, disturbing thoughts that go against their religious beliefs, or maybe thoughts about performing unwanted acts which may or

OCD LINKS:

Below are some links to OCD related organizations which may be helpful to you.

Please note that other links can be found on our website at: www.anxietycanada.ca/english/links.php as well as the websites of our Provincial Associations (listed at the top of our Newsletter)

LINKS:

Quebec Obsessive Compulsive Disorder Foundation:
<http://fqtoc.mtl.rtss.qc.ca/>

AMI Quebec:
www.amiquebec.org

The Ontario Obsessive Compulsive Disorder Network:
www.ocdontario.org

OCD Center Manitoba
www.ocdmanitoba.ca

Vancouver BC area support groups:
www.addcoach4u.com/vancouver/vanocdobsesivecompulsive.html

may not be of a sexual nature, but which they feel are highly inappropriate to who they are. They might also be extremely troubled by dirt or germs and feel a need to stay clean at all times; or they may have concerns that they might have left the door open, or left the stove on, or the taps on and these could cause harm to themselves or others. When these thoughts repeatedly occur the person often starts to feel very anxious.

In order to try and keep the thoughts at bay or make the anxious feelings go away a person troubled by OCD may feel compelled to do something to make it all stop. These behaviours are called compulsions. Compulsions can involve repeatedly checking things, praying, counting, washing, touching, organizing things over and over again until that they are symmetrical and/or 'just right', along with a number of other possible behaviours.

OCD can be a very difficult condition to deal with. It can make a person feel extremely isolated and affect their self-esteem because they don't want others to know about their obsessions or compulsions. It can also be challenging for loved ones to deal with as they watch their loved ones struggle. It can be very stressful for all concerned. If you think you may suffer from OCD, however, you are not alone and there are treatments available which can help. These include cognitive-behaviour therapy or some types of antidepressant medications. Please speak to your doctor, psychologist or psychiatrist about treatment options available in your area.

The following are excerpts from an article written by Dr. Peter McLean Student Research Award winner Corinna Elliott, M.A. and Jessica M. Senn, B.A.

Article:

The Importance of Distinguishing Between Contact and Mental Fears of Contamination

By Corinna Elliott, M.A. and Jessica M. Senn, B.A.

Traditionally, 'contact contamination' has been the focus of research and clinical work in the area of OCD. Contact contamination involves external, readily identifiable feelings of dirtiness and stems from direct physical contact with a contaminant (Rachman, 2004, 2006). When considering contact contamination, it is relatively easy to identify where an individual has become contaminated because it is at the location where the contaminant made physical contact with the individual. Contaminants involved in contact contamination include dirt, germs and harmful substances (Rachman, 2004, 2006). Although contact contamination has been the main focus of previous contamination research, researchers and

Who we are:

ADAC/ACTA Board of Directors:

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Nicole Keebler
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Tracey Rudolph
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Executive Director: Geneviève Charette

clinicians have recently become more aware of and interested in a fear of *mental* contamination.

Mental contamination involves internal, psychological feelings of dirtiness and may or may not be initiated by physical contact. For cases in which physical contact has occurred, the related fear of contamination may persist independently from such contact (Rachman, 2004, 2006). It is difficult to identify where an individual has become contaminated by mental means because there is no physical soiling. The feelings of mental contamination are therefore diffuse and difficult to localize. The contaminant involved in mental contamination is proposed to be usually associated with an immoral human source (e.g. of self or others). Individuals suffering from mental contamination may engage in washing compulsions; however, attempts to relieve themselves of such feelings often prove fruitless, as a physical contaminant is not typically involved (Rachman, 2006).

We hope that current research studies such as those being conducted in the Fear and Anxiety Disorders Laboratory at Concordia University under the supervision of Dr. Adam Radomsky will help to increase our understanding of OCD and other anxiety disorders. Investigating relatively ignored phenomena such as mental contamination may help clinicians to better identify individuals' concerns through assessments which are designed to cover a broader range of symptoms.

In addition, an increased understanding of these problems would help us to develop more effective treatment strategies. Ideally, this research will continue to work towards improving the lives of those suffering from OCD, as well as the lives of their loved ones.

Consumers Speak Up!

By Alyona Hausvater

Obsessive Compulsive/ Obsessive Obsessive Compulsive Compulsive / O.C.D/ O.C.D./Obsessively Compulsive.

Even thinking the words makes my mind run in circles like I'm standing on the hub of a roulette wheel and the same words are stuck there, going around and around, making me dizzy.

I want to step off. I should step off. Why don't I step off?

Because I will fall into the darkness that surely awaits me.

Even I'm not that crazy.

Think of making a donation to ADAC/ACTA to honor a friend. Simply go to our website and make a donation online or download a donation form when paying by cheque. If donating online please specify in the MESSAGE section, if you want a card sent and be sure to include the person's mailing address.

If you have been forwarded a copy of this email and would like to receive it directly to your email address, please send an email
To: :contactus@anxietycanada.ca and simply write "subscribe" in the subject.

To be taken off our emailing list, please send an email and write "unsubscribe" in the subject.

My particular version of craziness manifests itself with becoming consumed with thoughts of terrifying, chest pounding, shallow breathing, fighting for every gulp of air, pins and needles, heart attacks. At any moment of any given day, my heart will just stop beating and I will drop to the floor – dead. Even though, on some level I realize that my particular obsession with dropping dead of a heart attack resulted from having three very invasive open-heart surgeries as a child, it didn't make it any less real.

There was the time in high school; I was sitting in the middle of a class and all I could think about was the energy coursing through my body until I had to run out of the room, run until I left my bad feelings behind me.

I remember there was the time when I was sixteen, I sat on the wooden bench and I felt like I had a thousand splinters of wood in my skin and that thought took over my mind until there was no rest. I begged my mother to check for splinters and take them out. She said if I go back to sleep they'll be gone by morning.

But who could I sleep with all the splinters sticking in me?

In my early twenties, my craziness got so bad I was only ever able to leave the house through sheer force of will. My family doctor, who knew me well, suggested going on medication. I contemplated it but ultimately rejected the idea.

I thought people who take medication for crazy thoughts are – well, crazy. I tried going the herbal route, which kind of worked in the beginning but before long I was back to my old merry-go-round ways.

Then, about three years ago, desperate for something to make it all stop, I went back to my family doctor. He asked me a simple question, "How are you doing, Aly?"

And that's all it took for me to burst into tears, there and then. It all came pouring out.

"Didn't I prescribe something for you the last time you were here," he asked.

I had to admit that he did but I never took it. "I thought it would get better. I thought I could just handle it. But it didn't. And I couldn't. "

So he wrote out another prescription for a drug called Cipralext. This time, I took it. I feel well enough now to joke about it and call them my crazy lady pills. Really, I should call them life-savers.

We are always looking for stories that will inspire others and help them to know that they are not alone. If you have a success story to share with our readers please contact us at contactus@anxietycanada.ca

Ce document sera disponible en français sur notre site web à partir du 5 juillet

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