

1. Why did you write *Fred*?

I wrote *Fred* for 3 reasons:

- a. To communicate how it feels to have OCD. Ninety percent of OCD (and its close cousin, body dysmorphic disorder, or BDD) is invisible to others. My stories illustrate how having the disorder is akin to being held hostage, the barrel of a gun slammed into your temple, day after day, week after week, month after month.
- b. To share hope that you can reclaim your life from OCD and BDD. According to the International OCD Foundation, it takes sufferers 14-17 years on average from onset of OCD symptoms before they receive the right treatment, exposure and response prevention (ERP) therapy. It took me twice that long. But regardless of the treatment detours people with OCD experience, I want them to *never, ever give up*, because they, like me, can get better.
- c. To tell a good story. I love page turners—mystery and suspense novels that keep me guessing and on the edge of my seat—so that’s what I wanted to write. I hope readers will enjoy *Fred* and pick up some new insights about OCD and BDD along the way.

2. What kind of OCD do you have?

My OCD will be irritated by this answer (which is great, since the heart of ERP therapy is to learn to successfully annoy it), but I have quite average, run-of-the-mill OCD. It is not extraordinary by any stretch of the imagination (although it thinks it is). Since I had it for ~35 years before I received the appropriate treatment, I’ve had almost every kind of OCD content imaginable, including obsessions about harm coming to myself and others, sexual themes, “just right” concerns, existential issues, scrupulosity, you name it.

3. There are lots of OCD memoirs out there.

What makes *Fred* different?

- I have OCD and BDD, and *Fred* illustrates my experience with and how I manage both on a day-to-day basis.
- *Fred* is also a story of turning personal adversity into advocacy for others, as it chronicles my experience becoming a therapist treating people who have OCD, BDD, and/or other anxiety and OCD-related disorders.
- *Fred* is a combination memoir and self-help guide, with an Afterword by Reid Wilson, PhD, one of the world’s leading OCD experts, offering powerful guidance for applying my strategies in daily life.

4. But doesn't everyone have a touch of OCD?

Most people have a desire to do something in their lives meticulously, but that's not at all comparable to having OCD, the tenth most disabling condition in the world.* My goal with *Fred* is to take readers on a journey into the dark and dimly understood inner workings of OCD so that people will understand the vast difference between having a crippling disorder and being detail-oriented about a hobby or task.

5. You have another book published by a publisher. Why did you decide to self-publish this one?

Telling my story is part of my life's work, and I wanted to have final decision-making authority on publishing details that mattered to me, such as the title, the cover, the flow of the story. Self-publishing gave me that authority, and I built a team of skilled editors, designers, and consultants to help me bring *Fred* to life.

6. You're a therapist working with people who have OCD and related disorders, all of whom can now read about your OCD and BDD triggers and your life with these disorders. Won't that compromise your ability to do effective therapy?

No. When I'm in a therapy session with a client, the session is about her or him. If my clients choose to read *Fred*, the likely effect is that the book will improve my ability to do therapy. From my stories, my clients will get a demonstration of how they can use various tools in their own recoveries. They will also realize I have personal experience with how they are feeling and with the challenging ERP therapy I'm asking them to do. Finally, they will know that recovery is a process—sometimes a long and difficult one—but one that is ultimately worth the hard work therapy requires.

*Murray, C. J. L., & Lopez A. D. 1996. *The Global Burden of Disease*. Cambridge, MA: Harvard University Press.

7. What are your dreams for *Fred*?

That *Fred* will help reduce the time it takes people with OCD to get the right treatment, and that it will help change the conversation about mental illness by illustrating that:

- Mental illness is nothing to be ashamed of.
- In the U.S., we need more graduate programs that teach future mental health clinicians evidence-based treatments—treatments that have been shown to work for many or most people for particular disorders—to help reduce the amount of time people suffer.
- Recovery from mental illness is a zig-zaggy, two steps forward, one step back process at times, and that's okay. Success is viewing recovery as a journey, not a destination.