

Obsessive Compulsive Disorder (OCD)

What is OCD?

Most people experience the occasional upsetting and odd out-of-the blue thought, or double-check something they know they have already done, like going back to make sure the stove is off or the car is locked. However, individuals with obsessive compulsive disorder (OCD) have these types of experiences repeatedly and frequently, and find them so frustrating and upsetting, or so time consuming that they interfere with day-to-day life.

OCD is characterised by:

- recurring, persistent, and distressing thoughts, images or impulses, known as obsessions
- the need to carry out certain repetitive behaviours, rituals, or mental acts, known as compulsions.

Many people with OCD experience both obsessions and compulsions, whilst others have only one or the other. Obsessions are not merely worries about everyday concerns, and compulsions are not simply habits. The symptoms of OCD are often upsetting or embarrassing to the individual, and can lead to significant avoidance of situations which trigger their OCD thoughts or behaviours. The repeated behaviours or rituals are generally carried out to reduce anxiety or with the idea that it will prevent a feared situation, however, the temporary relief provided by these behaviours and the individual's reliance on them to manage anxiety is actually part of the OCD cycle. As the worrying thought returns, anxiety or distress increases, and the individual feels the urge to repeat the OCD behaviour to experience the same relief. This doesn't provide a long term solution however and the cycle repeats itself.

What causes OCD?

In certain individuals, a major life event such as a relationship breakdown, the loss of a loved one, or the birth of a child may be associated with the onset of OCD, though for others onset can be gradual with no identifiable trigger.

Factors linked to an increased risk of developing OCD include:

- A family history of OCD People with OCD are more likely to have a family member who has had this condition.
- Personal psychological factors Unhelpful thinking styles such as perfectionism are thought to increase a person's risk of developing OCD.
- Neurological or biological factors Brain circuitry related to anxiety responses and the 'turning off' of repeat thoughts may be different between individuals with and without OCD.

Do I have OCD?

Signs and symptoms

Common obsessive thoughts include:

- Contamination from dirt or germs
- Concern with personal safety or the safety of others
- Concern with order or symmetry
- Thoughts inconsistent with the individual's values, such as aggressive, sexual, or blasphemous thoughts.
- Common compulsive behaviours include excessive or repeated: Cleaning, for example, washing hands or scrubbing household surfaces
- Checking, for example, whether doors are locked or appliances are switched off
- Ordering, for example, placing objects in a particular pattern or making things look symmetrical
- Mental acts, for example, reciting phrases in one's head or counting
- Hoarding, for example, collecting old newspapers or other things that aren't useful or of value

What can I do?

How a psychologist can help

Through discussion with the client and the possible use of questionnaires and monitoring tools, the psychologist develops an understanding of the factors potentially involved in the onset and maintenance of the individual's symptoms. A treatment plan is then developed by the psychologist together with the individual, based on the client's needs and drawing on the evidence-based approaches mentioned above. For OCD, this usually involves ERP and other psychological strategies to help bring about changes in thinking or behavioural responses.

The psychologist may also assist their client to address any lifestyle factors which may increase their ability to manage stress and anxiety, and reduce symptoms of OCD. They may also suggest involving a supportive family member or friend to assist in the understanding of their client's OCD and support treatment.

Evidence-based psychological approaches and strategies

Cognitive behavioural therapy, specifically exposure and response prevention (ERP), is considered the most effective treatment for OCD. In ERP, a series of goals are developed between the psychologist and the client, based around the situations which trigger obsessions, compulsions or avoidance. With the psychologist's help, the client confronts these situations (exposure), without using their usual OCD behaviours or rituals (response prevention). Through a gradual process the client learns to 'sit with' their anxiety and as they do so, the distress and the obsessions decrease naturally, and more adaptive ways of responding to anxiety develop. Cognitive therapy (CT) has also

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been found to help individuals with OCD identify and challenge unhelpful thoughts that contribute to anxiety and their beliefs around the utility of compulsive behaviours.

Managing stress more effectively may also reduce symptoms of OCD. Strategies include problem-solving and addressing sources of stress directly, increasing enjoyable and relaxing activities, maintaining a healthy lifestyle through regular exercise, getting sufficient sleep, maintaining a balanced diet, reducing or eliminating stimulants such as caffeinated beverages and cigarettes, and increasing social supports. In many cases, psychological approaches alone will be effective in treating OCD. However, some people respond better to a combination of psychological treatment and medication.

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