Introduction to

Obsessive Compulsive Disorder

and What You Can Do About It

~ Lisa Firestone, Ph.D.~

Welcome

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This Webinar will discuss:

1. What causes OCD
2. Manifestations of OCD
3. The Impact of OCD
4. Effective Treatments & Techniques

What is OCD?

Obsessive-Compulsive Disorder (OCD) is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and behaviors (*compulsions*) that he or she feels the urge to repeat over and over.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety.

Compulsions are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought.

Source: National Institute of Mental Health - Retrieved from https://www.nimh.nih.gov/

Facts About OCD

OCD is the fourth most common mental disorder.

WHO ranks OCD as one of the 10 most handicapping conditions by lost income and decreased quality of life.

OCD is a **treatable condition** - children and adults should initially be offered cognitive behavioral therapy.

OCD occurs across all ages but most commonly present in young people.

Research shows people can spend 10 years or more struggling before they get help.

Shame often prevents people with OCD seeking help.

“Under-detected, under-diagnosed, under-treated”

“For OCD, the treatment is there and it is effective for many patients. But there are far too many patients not getting it.”

- David Mataix-Cols

Karolinska Institute, Sweden, and official advisor to the DSM-5 OCD Work Group

Individuals with Symptoms:

- Secretive or ashamed of symptoms
- Lack knowledge or understanding about their illness

Health Professionals:

- Lack training in assessment and treatment
- Unfamiliar with symptoms
- Fail to ask screening questions

Source: Obsessive compulsive and related disorders in children and adolescents: Innovation and consolidation. (n.d.). Retrieved from https://www.escap.eu/care/david-mataix-cols-under-detected,-under-diagnosed,-under-treated/obsessive-compulsive-and-related-disorders-in-children-and-adolescents-innovation-and-consolidation

Part 1.

What Causes OCD?

What Causes OCD?

The cause of obsessive-compulsive disorder isn't fully understood. There's no sure way to prevent obsessive-compulsive disorder.

- **Biology**
- **Genetics**
- **Environment**

Potential Risk Factors:

- Family history (slightly increased risk)
- Stressful life events
- Other mental health disorders

Source: Obsessive-compulsive disorder (OCD). (2016, September 17).
Retrieved from https://www.mayoclinic.org/diseases-conditions/obsessive-compulsive-disorder/symptoms-causes/syc-20354432

What Causes OCD?

Brain Chemistry: Communication problems between the brain's deeper structures and the front part of the brain.

Lower serotonin levels

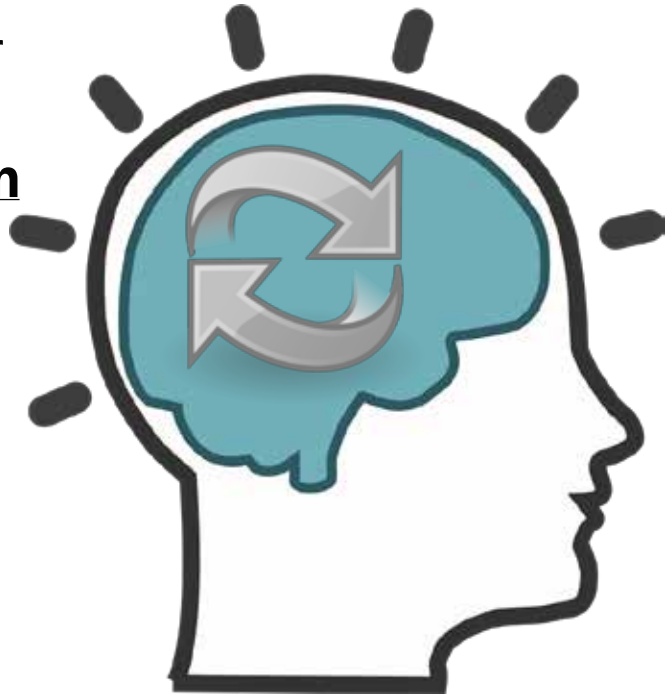
Source: Cavedini, P., Ferri, S., Scarone, S., & Bellodi, L. (1998). Frontal lobe dysfunction in obsessive-compulsive disorder and major depression: A clinical-neuropsychological study. *Psychiatry Research, 78*(1-2), 21-28. doi:10.1016/s0165-1781(97)00153-4

What Causes OCD?

University of Cambridge

2008 Study

People with OCD and their close family members show **under-activation of brain areas responsible for stopping habitual behavior**.



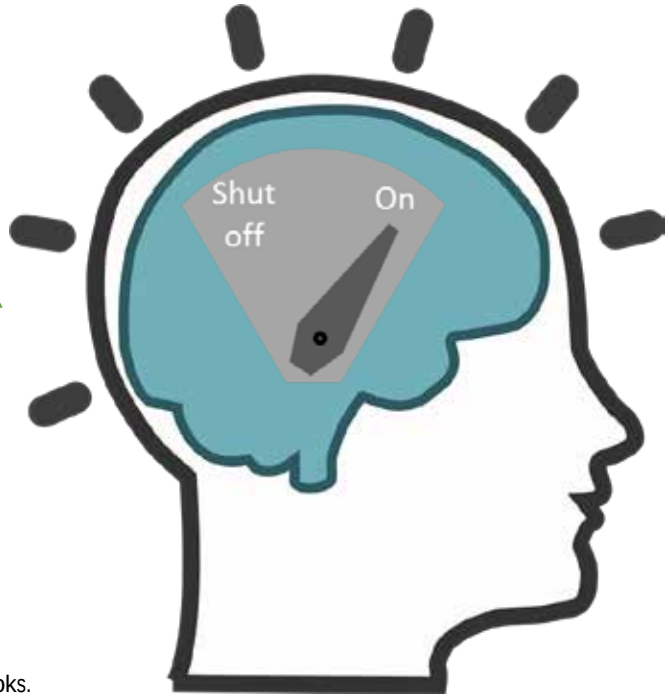
Source: Obsessive Compulsive Disorder Linked To Brain Activity. (2008, July 18). Retrieved from https://www.sciencedaily.com/releases/2008/07/080717140456.htm

What Causes OCD?

Daniel Siegel, M.D.

"Overactive Checker Deployment"

"Sticky Switch"



Source: Siegel, D. J. (2011). *Mindsight: The new science of personal transformation.* New York: Bantam Books.

Studies show that individuals with OCD can exhibit heightened levels of or lower intolerance for:

- Guilt
- Fear
- Uncertainty
- Disgust
- Doubt

Sources: Shapira, N. A., Liu, Y., He, A. G., Bradley, M. M., Lessig, M. C., James, G. A., . . . Goodman, W. K. (2003). Brain activation by disgust-inducing pictures in obsessive-compulsive disorder. *Biological Psychiatry, 54*(7), 751-756. doi:10.1016/s0006-3223(03)00003-9

The Role of Doubt in OCD. (n.d.). Retrieved from https://www.hopkinsmedicine.org/news/articles/the-role-of-doubt-in-ocd

Melli, G., Mucci, F., & Marazziti, D. (2018). The Role Of Guilt Sensitivity In Ocd Symptom Dimensions. *European Neuropsychopharmacology, 28*(6), 776. doi:10.1016/j.euroneuro.2017.10.022

Grayson, Jonathan. (2010). OCD and Intolerance of Uncertainty: Treatment Issues. Journal of Cognitive Psychotherapy. 24. 3-15. 10.1891/0889-8391.24.1.3.

Fear of Guilt

University of Waterloo Study

- People with OCD have generally been shown to **have an inflated feeling of responsibility**
- "They often feel that they are going to be responsible for something bad that will happen or that if they fail to do something, they will be responsible for that harm too. So, they naturally have slightly higher levels of fear of guilt making them more susceptible to indecisiveness."
- "This indecisiveness leads to difficulty terminating an action as well as evokes doubt as to whether an action was done properly, which leads to repetition of that action."

Source: Chiang, B., Purdon, C., & Radomsky, A. S. (2016). Development and initial validation of the Fear of Guilt Scale for obsessive-compulsive disorder (OCD). *Journal of Obsessive-Compulsive and Related Disorders, 11*, 63-73. doi:10.1016/j.jocrd.2016.08.006

Part 2.

Manifestations of OCD

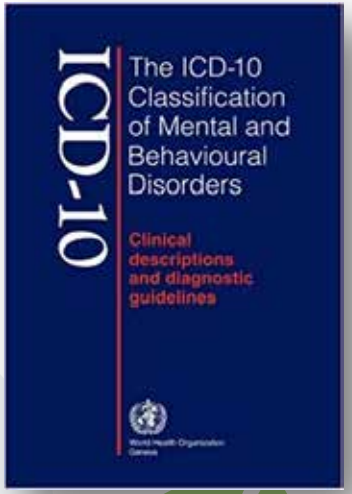
Obsessions

- Unwanted, distressing, persistent, and intrusive thoughts, doubts, images, or urges often regarded as unreasonable

Compulsions

- Repetitive mental or physical acts completed in response to an obsession or to alleviate anxiety

ICD-10 Diagnostic Guidelines for OCD



Diagnostic Guidelines

For a definite diagnosis, obsessional symptoms or compulsive acts, or both, must be present on most days for at least two successive weeks and be a source of distress or interference with activities. The obsessional symptoms should have the following characteristics:

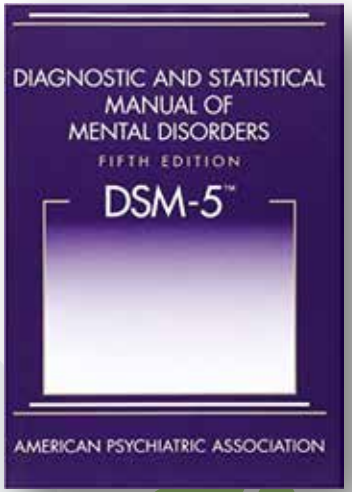
a) They must be recognized as the individual's own thoughts or impulses.

b) There must be at least one thought or act that is still resisted unsuccessfully, even though others may be present which the sufferer no longer resists,

c) The thought of carrying out the act must not in itself be pleasurable,

d) The thoughts, images, or impulses must be unpleasantly repetitive.

Source: *The ICD-10 classification of mental and behavioural disorders = ICD-10: Diagnostic criteria for research.* (1993). Geneve: World health organization.



DSM-5

Assess the degree of belief the person has in the validity of their obsession or compulsion

Source: *Diagnostic and statistical manual of mental disorders: DSM-5*. (2017). Arlington, VA: American Psychiatric Association.

Symptoms

Common Obsessions

Themes often include:

- Fear of contamination
- Needing order and symmetry
- Disturbing thoughts about harming yourself or others (intentionally or unintentionally)
- Unwanted thoughts - can be aggressive, sexual, religious

Examples of signs and symptoms can include:

- Fear of being contaminated
- Doubts about safety precautions (i.e. stove is turned off)
- Stress when objects aren't orderly
- Images of hurting self or someone else
- Thoughts of shouting or acting inappropriately
- Avoidance of situations that can trigger obsessions
- Distress about unpleasant sexual images

Source: Obsessive-compulsive disorder (OCD). (2016, September 17). Retrieved from https://www.mayoclinic.org/diseases-conditions/obsessive-compulsive-disorder/symptoms-causes/syc-20354432

Symptoms

Common Compulsions

- Cleaning
- Repeating
- Checking
- Ordering and arranging
- Mental compulsions
- Tapping
- Counting
- Hoarding
- Praying

Source: What Is Obsessive-Compulsive Disorder? (n.d.). Retrieved from https://www.psychiatry.org/patients-families/ocd/what-is-obsessive-compulsive-disorder

Yale-Brown OCS Symptom Checklist

Obsessions

AGGRESSIVE OBSESSIONS

- Fear might harm self
- Fear might harm others
- Violent or horrific images
- Fear of blurting out obscenities or insults
- Fear of doing something embarrassing
- Fear will act on unwanted impulses
- Fear will steal things
- Fear will harm others because not careful enough
- Fear will be responsible for something terrible happening

SEXUAL OBSESSIONS

- Forbidden or perverse sexual thoughts, Images, or impulses
- Content involves children or incest
- Content involves homosexuality
- Sexual behavior towards others

CONTAMINATION OBSESSIONS

- Concerns or disgust w\ with bodily waste or secretions
  Concern with dirt or germs
- Excessive concern with environmental contaminants (e.g. asbestos, radiation toxic waste)
- Excessive concern with household items
- Excessive concern with animals (e.g., insects)
- Bothered by sticky substances or residues
- Concerned will get ill because of contaminant
- Concerned will get others ill by spreading contaminant
  No concern with consequences of contamination other than how it might feel

RELIGIOUS OBSESSIONS

- (Scrupulosity) Concerned with sacrilege and blasphemy
- Excess concern with right/wrong, morality

OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

- Accompanied by magical thinking
- Not accompanied by magical thinking

Source: International OCD Foundation (https://iocdf.org/wp-content/uploads/2016/04/04-Y-BOCS-w-Checklist.pdf) Adapted from Goodman, W.K., Price, L.H., Rasmussen, S.A. et al.: "The Yale-Brown Obsessive Compulsive Scale." Arch Gen Psychiatry 46:1006-1011,1989

Yale-Brown OCS Symptom Checklist

Obsessions

MISCELLANEOUS OBSESSIONS

- Need to know or remember
- Fear of saying certain things Fear of not saying just the right thing
- Fear of losing things Intrusive (nonviolent) images
- Intrusive nonsense sounds, words, or music
- Bothered by certain sounds/noises*
- Lucky/unlucky numbers
- Colors with special significance
- 3 superstitious fears

SEXUAL OBSESSIONS

- Forbidden or perverse sexual thoughts, Images, or impulses
- Content involves children or incest
- Content involves homosexuality
- Sexual behavior towards others

SOMATIC OBSESSIONS

- Concern with illness or disease*
- Excessive concern with body part or aspect of appearance

Source: International OCD Foundation (https://iocdf.org/wp-content/uploads/2016/04/04-Y-BOCS-w-Checklist.pdf) Adapted from Goodman, W.K., Price, L.H., Rasmussen, S.A. et al.: "The Yale-Brown Obsessive Compulsive Scale." Arch Gen Psychiatry 46:1006-1011,1989

Yale-Brown OCS Symptom Checklist

Compulsions

CLEANING/WASHING COMPULSIONS

- Excessive or ritualized handwashing
- Excessive or ritualized showering, bathing, toothbrushing grooming, or toilet routine
- Involves cleaning of household items or other inanimate objects
- Other measures to prevent or remove contact with contaminants

CHECKING COMPULSIONS

- Checking locks, stove, appliances etc.
- Checking that did rot/will not harm others
- Checking that did not/will not harm self
- Checking that nothing terrible did/will happen
- Checking that did not make mistake
- Checking tied to somatic obsessions

REPEATING RITUALS

- Rereading or rewriting
- Need to repeat routine activities

COUNTING COMPULSIONS

ORDERING/ARRANGING COMPULSIONS

HOARDING/COLLECTING COMPULSIONS

MISCELLANEOUS COMPULSIONS

- Mental rituals (other than checking/counting)
- Excessive list-making
- Need to tell, ask, or confess
- Need to touch, tap, or rub
- Rituals involving blinking or staring
- Measures (not checking) to prevent: harm to self or others
- Ritualized eating behaviors
- Superstitious behaviors
- Trichotillomania
- Other self-damaging or self-mutilating behaviors

Source: International OCD Foundation (https://iocdf.org/wp-content/uploads/2016/04/04-Y-BOCS-w-Checklist.pdf) Adapted from Goodman, W.K., Price, L.H., Rasmussen, S.A. et al.: "The Yale-Brown Obsessive Compulsive Scale." Arch Gen Psychiatry 46:1006-1011,1989

Cognitive Distortions

Judith Beck, Ph.D.

Real Examples of Cognitive Distortions from Someone with OCD

1. All-or-nothing thinking

("The dust from the doorknob got on you; now, you're covered in germs.")

2. Catastrophizing

("The bedroom may be contaminated with toxins. They will give you cancer.")

3. Emotional reasoning

("This air feels dangerous in this room, so it must be unhealthy.")

4. Labeling

("You're a pervert for having that thought pop into your head.")

5. Magnification / minimization

("The spot of dirt you can't reach on the windowsill is toxic and hazardous.")

Source: Beck, J. S., & Beck, J. S. (2011). *Cognitive therapy: Basics and beyond.* New York: Guilford Press.

Cognitive Distortions

Judith Beck, Ph.D.

Real Examples of Cognitive Distortions from Someone with OCD

6. Discounting the positive

("The mechanic said the car was safe, but he may have missed something.")

7. Overgeneralization

("No matter what you do, nothing will ever be clean or safe.")

8. "Should" & "must" statements

("You should protect your son by washing his car seat again.")

9. Tunnel vision

("It can't be safe in the house until you wash that one curtain.)

Source: Beck, J. S., & Beck, J. S. (2011). *Cognitive therapy: Basics and beyond.* New York: Guilford Press.

Symptoms

Things to know:

- Symptoms can come and go, intensify or weaken.
- Individual with OCD may be aware that both the obsessions and compulsions are irrational, but they remain difficult to stop.

Source: What Is Obsessive-Compulsive Disorder? (n.d.). Retrieved from https://www.psychiatry.org/patients-families/ocd/what-is-obsessive-compulsive-disorder

Part 3.

The Impact of OCD

Stuck in a Cycle


Did you unplug me?
Did you lock me?
Did you leave me on?
I'm sorry. I couldn't hear you through all this noise.


Are you sure the dust on our backpacks isn't dangerous? Did you check to make sure we left the lights off in the car?


What if I ran over something on my way here? I have to go back and check.
Mom, come see what we made.

Effect of OCD:

- Distress, anxiety, depression, and shame
- Diminished quality of life across all domains
- Can affect occupational, social, and interpersonal functioning
- Research has found that severity of obsessions in OCD are negatively associated with intimacy, relationship satisfaction, and self-disclosure in romantic relationships.

Sources: Subramaniam, M., Soh, P., Vaingankar, J. A., Picco, L., & S, C. A. (2013). Quality of life in obsessive-compulsive disorder: Impact of the disorder and of treatment. *CNS Drugs*. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23580175.

Abbey, R. D. (2005). *The effects of obsessive-compulsive disorder on romantic relationships*(Unpublished master's thesis).

Part 4.

Effective Treatments & Techniques

Treatment

- **Therapy** - Cognitive Behavioral Therapy
- **Medication** - Potent Serotonin Reuptake Inhibitors

"The cornerstones of effective treatment for obsessive-compulsive disorder"

- John Greist, M.D.

Greist, J. H. (1998). The comparative effectiveness of treatments for obsessive-compulsive disorder. *Bull Menninger Clin.*

Therapy

Cognitive **Behavioral** Therapy à

- First-line, evidence-based treatment for OCD
- Highly effective with response rates of 50%–70%
- Offers comparable symptom improvement and lower relapse than time-limited pharmacotherapy
- In contrast to SRIs or other drugs, CBT has faster initial response that typically persists past the end of treatment and no physical untoward “side-effects
- Patient acquires self-mastery, insights, and life skills not imparted by medication
- Compared with SRIs, CBT is vastly underused with only ~5% of adult patients in British and American surveys receive CBT

Source: Oneill, J., & Feusner, J. (2015). Cognitive-behavioral therapy for obsessive–compulsive disorder: Access to treatment, prediction of long-term outcome with neuroimaging. *Psychology Research and Behavior Management,* 211. doi:10.2147/prbm.s75106

Therapy

Cognitive **Behavioral** Therapy à

Exposure and Response Prevention (ERP)

- Different from talk therapy
- Emphasis on **Behavior**
- **Exposure** refers to exposing yourself to the thoughts, images, objects and situations that make you anxious and/or start your obsessions.
- **Response** refers to making a choice not to do a compulsive behavior in response to the obsession or anxiety

Source: Exposure and Response Prevention (ERP). (n.d.). Retrieved from https://iocdf.org/about-ocd/treatment/erp/

Therapy

Cognitive **Behavioral** Therapy à Exposure and Response Prevention (ERP)

- Can be done gradually
- Completed under supervision of therapist but patient can also do exposures on their own

Source: Exposure and Response Prevention (ERP). (n.d.). Retrieved from https://iocdf.org/about-ocd/treatment/erp/

ERP Therapy

Steps of ERP Therapy:

- Explain the reasoning for therapy.
- Look at triggers, the factors that increase or decrease the compulsion.
- Document what the patient avoids.
- Analyze the thoughts, images and impulses that increase anxiety or compulsions.
- Construct a hierarchy of compulsions and avoidances from the least to the most anxiety-provoking.
- Design homework for exposure with response prevention.

Source: Behavior Therapy. (n.d.). Retrieved from http://ocd.stanford.edu/treatment/psychotherapy.html

Guidelines

List of Standard Behaviors Related to Hygiene

Specific guidelines about handwashing, bathing, using hand sanitizers, and cleaning products, etc.

Thoughts & Behavior

- *You cannot always control your thoughts.*
- *You cannot always control your feelings.*
- *But you can always control your behavior.*
- *As you change your behavior, your thoughts and feelings will change.*

"Don't just do something, stand there."

Source: Baer, D. L. (2012). *Getting control: Overcoming your obsessions and compulsions*. Place of publication not identified: Corsair.

Brain Lock

Jeffrey Schwartz

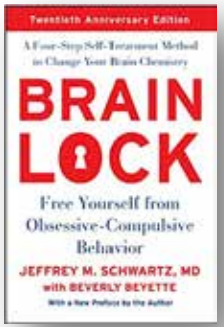
Step 1: Acknowledge "I am having a compulsive urge."

Step 2: Attribute obsession to a "biochemical imbalance in my brain." (i.e. "It's not me; it's my OCD.")

Step 3: Focus on unrelated constructive activity for about 15 minutes.

"If you develop new patterns of response to OCD, you will change the brain circuits that cause it."

- Jeffrey Schwartz



Source: Schwartz, J. M., & Beyette, B. (1997). *Brain lock*. Place of publication not identified: Regan.

Brain Lock

Reframe on a metacognitive level

It's not me; it's my OCD.

Wait and see.

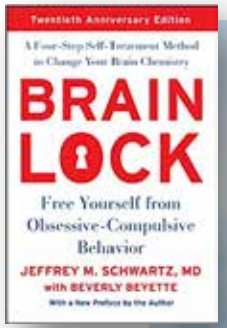
Nothing happened!
My brain lied to me.

Source: Schwartz, J. M., & Beyette, B. (1997). *Brain lock*. Place of publication not identified: Regan.

Brain Lock

Jeffrey Schwartz – Brainlock

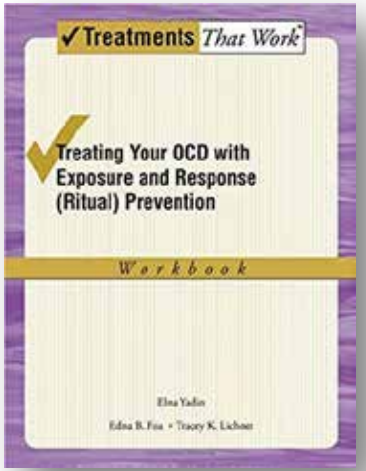
- Thoughts are not actions.
- A thought doesn't make you bad.
- ERP can involve purposely having negative thoughts without trying to suppress them.
- Learn that nothing bad will happen.



Source: Schwartz, J. M., & Beyette, B. (1997). *Brain lock*. Place of publication not identified: Regan.

ERP Workbook

Edna Foa



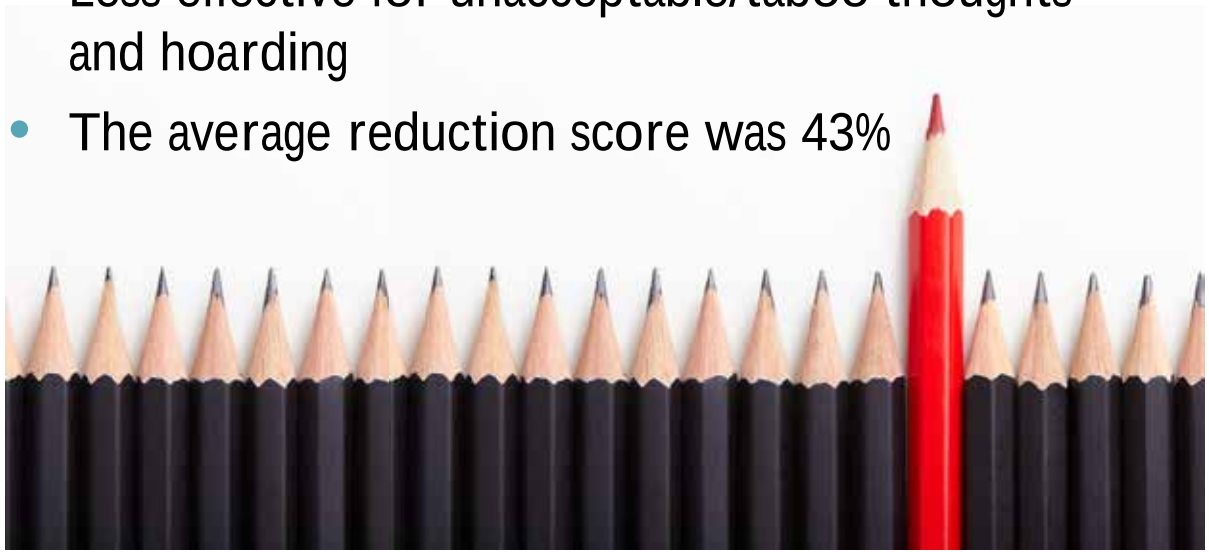
- Create a hierarchy
- Design “real-life” exposures
- Design imaginal exposures
- Teach ritual prevention
- Discuss what happened to anxiety during ERP and reevaluate the merit of beliefs and consequences
- Discuss strategies to prevent relapse

Source: Foa, E. B., Yadin, E., & Lichner, T. K. (2012). *Exposure and response (ritual) prevention for obsessive compulsive disorder: Therapist guide*. New York: Oxford University Press.

ERP Efficacy

Study Results

- EX/RP was effective for all symptom dimensions
- Less effective for unacceptable/taboo thoughts and hoarding
- The average reduction score was 43%



Source: Williams, M. T., Farris, S. G., Turkheimer, E. N., Franklin, M. E., Simpson, H. B., Liebowitz, M., & Foa, E. B. (2014). The impact of symptom dimensions on outcome for exposure and ritual prevention therapy in obsessive-compulsive disorder. *Journal of Anxiety Disorders,28*(6), 553-558. doi:10.1016/j.janxdis.2014.06.001

OCD Treatment for Children

- E/RP was found to be highly efficacious for very young children with OCD.
- E/RP was well tolerated and considered highly acceptable to parents of preschoolers.
- Family accommodation was reduced for youth receiving E/RP.
- Gains are typically maintained suggesting durability of this therapy in young children.

Lewin, A. B., Park, J. M., Jones, A. M., Crawford, E. A., Nadai, A. S., Menzel, J., . . . Storch, E. A. (2014). Family-based exposure and response prevention therapy for preschool-aged children with obsessive-compulsive disorder: A pilot randomized controlled trial. *Behaviour Research and Therapy, 56*, 30-38. doi:10.1016/j.brat.2014.02.001

Obsessions

Thought Suppression

- "Misinterpretations of obsessions as dangerous, morally unacceptable, or otherwise significant lead to desperate and intense attempts to resist or remove such thoughts from consciousness."
- Attempts to suppress a thought can cause an increase in the frequency of the thought
- **Deficits in cognitive inhibitory processes may underlie the intrusive, repetitive nature of clinical obsessions**

Sources: Tolin, D. F., Abramowitz, J. S., Przeworski, A., & Foa, E. B. (2002). Thought suppression in obsessive-compulsive disorder. *Behaviour Research and Therapy,40*(11), 1255-1274. Retrieved from https://www.sciencedirect.com/science/article/pii/S000579670100095X.

Abramowitz, J. S. (2015). *Understanding and treating obsessive-compulsive disorder: A cognitive-behavioral approach*. London: Routledge.

Obsessions

Thought Suppression

> *The effects of thought suppression should take center stage in addressing the need to control obsessive thoughts… Patients must be taught how thought suppression attempts paradoxically exacerbate obsessional problems.*

– Jonathan S. Abramowitz

Understanding and Treating Obsessive-Compulsive Disorder: A Cognitive-Behavioral Approach

Source: Abramowitz, J. S. (2015). *Understanding and treating obsessive-compulsive disorder: A cognitive-behavioral approach*. London: Routledge.

Obsessions

Obsessive Beliefs

- Emphasize the role of dysfunctional beliefs in the development and maintenance of OCD
- Changes in obsessive beliefs predicted OCD symptoms at discharge
- **Offered preliminary evidence that changes in beliefs regarding the importance of thoughts and the need to control thoughts are most important in predicting treatment outcome**
- Reductions in obsessive beliefs à Reductions in obsessive symptom severity
- Focusing more strongly on changing obsessive beliefs in CBT for OCD seems to be a promising treatment approach

Source: Diedrich, A., Sckopke, P., Schwartz, C., Schlegl, S., Osen, B., Stierle, C., & Voderholzer, U. (2016). Change in obsessive beliefs as predictor and mediator of symptom change during treatment of obsessive-compulsive disorder – a process-outcome study. *BMC Psychiatry, 16*(1). doi:10.1186/s12888-016-0914-6

Difficulties with Treatment

- About 20% to 30% are resistant to therapy
- About 20% drop out of treatment
- Resistance to ERP
- Patients may seek reassurance from therapist.

Source: Behavior Therapy. (n.d.). Retrieved from http://ocd.stanford.edu/treatment/psychotherapy.html

Importance of the Therapeutic Relationship

- Explainable model
- Warm, caring relationship
- Implementation of the model as designed

Importance of Family Support

OCD typically involves family members of the patient suffering from this disorder. It significantly interferes with family dynamics, and has a noticeable impact on family functioning. In addition, families play a critical role in the patient's treatment readiness, compliance, recovery rate, and relapse. Thus, consideration of the familial context, developing healthy collaborative relationships among the patient, his/her family, and the therapist, and integrating the family into treatment is vital to treatment outcome.

- Jenny C. Yip, Psy.D.

"Psychoeducating Parents to Defeat their Child's OCD Monster"

Source: Yip, J. C. (2013, November 07). Psychoeducating Parents to Defeat their Child's OCD Monster! By Jenny C. Yip, Psy.D. Retrieved from https://www.psychalive.org/psychoeducating-parents-to-defeat-their-childs-ocd-monster-by-jenny-c-yip-psy-d/

Things that Don’t Work:

- Reassurance
- Going over content repeatedly
- Making interpretations about the past

Maintenance

OCD symptoms can come and go. Up to 50% of people have residual symptoms after treatment.

- Join support groups
- Keep doing exposures
- Continue “homework” assignments
- Postpone rituals
- Don’t seek reassurance
- Practice self-compassion

Self-Compassion

Three Elements of Self-Compassion

- Self-kindness
- Mindfulness
- Common humanity

Mindfulness

Putting your attention where you want it

- Wheel of Awareness
- Mountain meditation
- RAIN

Thanks!

Any questions?

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SOURCES

- Schwartz, J. M., & Beyette, B. (1997). *Brain lock*. Place of publication not identified: Regan.
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