



CENTERSTONE

Wellness Program

## **Obsessive-Compulsive Disorder (OCD)**

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Obsessive-Compulsive Disorder (OCD) is an anxiety disorder characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). For individuals with OCD, worries, doubts and superstitious beliefs are common in everyday life. Some people can be methodical, precise and value order and cleanliness, but not have OCD.

People with OCD suffer from intrusive and unwanted thoughts that they can't seem to get out of their heads (obsessions), often compelling them to repeatedly perform ritualistic behaviors and routines (compulsions) to try and ease their anxiety. Most people who have OCD are aware that their obsessions and compulsions are irrational, yet they feel powerless to stop them. Some spend hours at a time consumed with debilitating thoughts and performing complicated rituals.

### **Examples of Obsessions**

- Constant, irrational worry about dirt, germs or contamination
- Excessive concern with order, arrangement or symmetry
- Fear that negative or aggressive thoughts or impulses will cause personal harm or harm to a loved one
- Preoccupation with losing or throwing away objects with little or no value
- Excessive concern about accidentally or purposefully injuring another person
- Feeling overly responsible for the safety of others
- Distasteful religious and sexual thoughts or images
- Irrational or excessive doubt

### **Examples of Compulsions**

- Cleaning — repeatedly washing hands, bathing or cleaning household items, often for hours at a time
- Checking — checking and re-checking several to hundreds of times a day that the doors are locked, the coffee maker is turned off, the hairdryer is unplugged etc.
- Repeating — inability to stop repeating a name, phrase or simple activity (such as going through a doorway over and over)
- Hoarding — difficulty throwing away useless items such as old newspapers or magazines, bottle caps or rubber bands
- Touching and arranging — placing items very precisely in a neat order
- Mental rituals — endless reviewing of conversations, counting, repetitively calling up “good” thoughts to neutralize “bad” thoughts or obsessions or excessive praying and using special words or phrases to neutralize obsessions.

### **OCD vs. Perfectionism**

Everyone has rituals, such as checking to see if the stove is off several times before leaving the house. People with OCD perform similar rituals, even though doing so interferes with daily life. Individuals with OCD find the repetition distressing. Although most adults with OCD recognize that what they are doing is senseless, some adults and most children may not realize that their behavior is out of the ordinary. OCD involves intrusive, unwanted thoughts or images about a number of things that torments them.

## Causes of OCD

One third of adults with OCD develop symptoms as children, and research indicates that OCD might be hereditary. It strikes men and women in roughly equal numbers and usually appears in childhood, adolescence or early adulthood. Fifty percent of individuals with OCD show symptoms in childhood. The onset for boys is typically ages 6-15, and ages 20-29 in girls. OCD affects about 2.2 million American adults, and the problem can be accompanied by eating disorders, other anxiety disorders or depression.

## Treatments

Obsessions and rituals associated with OCD can interfere with a person's normal routine, schoolwork, job, family or social activities. Trying to concentrate on daily activities may be difficult. If untreated, OCD can interfere with all aspects of life. However, with treatment, individuals with OCD can take back control! Most people who seek treatment experience significant improvement and enjoy an improved quality of life. Successful treatment often includes a combination of behavior therapy and medication.

- **Cognitive-Behavioral Therapy (CBT)**

Many therapists use a combination of cognitive and behavior therapies, often referred to as CBT. In this type of therapy, the patient is actively involved in his or her own recovery, has a sense of control and learns skills that are useful throughout life. The goal of cognitive therapy is to change unwanted and disturbing thought patterns. The individual examines their feelings and learns to separate realistic from unrealistic thoughts. The goal of behavior therapy is to modify and gain control over unwanted behavior. The individual learns to cope with difficult situations, often through controlled exposure to them.

- **Exposure and Response Prevention (ERP)**

A form of CBT, exposure and response prevention (ERP) has shown great success in helping people manage OCD. It gradually exposes people to their feared obsessions and teaches them to become less sensitive to them. First, ERP slowly breaks the connection between obsessive thoughts and the anxiety they produce. Then, it breaks the connection between the compulsion and the reduction in anxiety that follows.

- **Medication**

Medication can be very useful in treating OCD, and it is often used in conjunction with one or more of the therapies listed above. Medication is effective for many people and can be either a short-term or long-term treatment option. Medication decreases anxiety enough for people to begin ERP. Selective serotonin reuptake inhibitors (SSRIs) have been shown to help people with OCD. Individuals with OCD should talk with their doctor or therapist about medication to determine which, if any, will be most effective in treatment.

## Diagnosis

If you experience obsessions and compulsions that affect your life in a negative way, see your doctor or mental health provider. It's common for people with OCD to be ashamed and embarrassed about the condition, but remember, even if your rituals are deeply ingrained, treatment can help. For a self assessment, visit:

<http://www.brainphysics.com/research/ybocs.pdf>. The Anxiety Disorders Association of America is also a helpful resource.

Centerstone (615) 460-HELP (4357)

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### About Centerstone

Centerstone ([www.centerstone.org](http://www.centerstone.org)), a not-for-profit organization is the nation's largest provider of community-based behavioral healthcare. With a history that spans over fifty years, Centerstone provides a full range of behavioral health and related educational services to more than 69,000 individuals of all ages and their families annually. Children, adolescents, adults, seniors, and families all receive help from a multitude of different programs in more than 120 facilities and 150 partnership locations in Tennessee and Indiana. Centerstone is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in Tennessee and The Joint Commission in Indiana. For more information about Centerstone, please call toll free at (888) 291-4357.

## **About Susan Gillpatrick, MEd, LPC, CTS**

Susan Gillpatrick, Centerstone Crisis Management Specialist, primarily works in the field with clients in critical incident response situations, and in Centerstone's wellness trainings and presentations. She is also responsible for planning and implementing marketing and growth strategies for Centerstone's Crisis Management Strategies.

In recent years, Ms. Gillpatrick worked for the Shelby County Government Victims Assistance Center in Memphis. There, she co-developed a model program for the state of Tennessee entitled, "Homicide Response." Her work in this area received the 2000 Achievement Award from the National Association of Counties.

Ms. Gillpatrick is a Licensed Professional Counselor, Certified Trauma Specialist, Certified Workplace Conflict Mediator, and Mental Health Service Provider in the state of Tennessee and a National Certified Counselor. She is also a member the American Counseling Association, the Association of Traumatic Stress Specialists, the Tennessee Mental Health Counseling Association, and the Middle Tennessee Employee Assistance Professionals Association. She is a frequent presenter at local and national conferences, and has had numerous articles published. She received her Master of Education degree in Human Development Counseling from Peabody College at Vanderbilt University.