DOWNLOAD PDF ONGOING EFFORTS TO MEET THE CHALLENGES OF OCD.

Chapter 1 : Is it OCD or OCPD - What's the difference?

A common but misunderstood disorder --Discovery of a widespread secret --The challenge of diagnosing obsessive-compulsive disorder --Problems associated with obsessive-compulsive disorder --Drug treatment and clues to a cause --Breakthroughs in psychological treatment --Ongoing efforts to meet the challenges of OCD.

OCD Awareness Week is an international effort taking place during the second week in October each year to raise awareness and understanding about obsessive compulsive disorder and related disorders, with the goal of helping more people to get timely access to appropriate and effective treatment. Learn more about OCD here. We will be sharing videos from our IOCDF Ambassadors throughout the week and invite you to send us your videos to share on our website. View the video below to learn more, and visit iocdf. We invite you to participate by sharing your message. Share a photo of yourself holding one of our OCDweek signs! Click on the signs below to download and print. See below for schedule and details and make sure to join us! Smith will be fielding questions about how to share your story. Want to share the Walk information with your community? To download the flyer to the right, click here! Registration for the Walk! You can submit an event for the calendar by clicking here. Host an open mic night, organize a pizza fundraiser, arrange to speak at a local school or university, or just make it your mission to be a social media advocate for the week. We want you to be part of this! Be a mentor and friend to someone with OCD. By telling your story to your friends and family, you can help dispel myths about mental health disorders, eliminate stigma, and most importantly, raise awareness about OCD symptoms and available treatments. Make sure that any tweets and Instagram posts include the hashtag OCDweek. See example to the right. May they find treatment, comfort, and hope. Together we can end the stigma around mental illness. Learn more at www. Start an email campaign Consider pasting the invitation below into an email and sending it to your friends, relatives, and colleagues. You never know whose life you may change forever! Dear friends, Please forgive the form-letter nature of this note, but I would like to call your attention to the fact that October , , is OCD Awareness Week. The International OCD Foundation has asked me to help spread the word about this important outreach effort. Thank you in advance for taking the time to help make a difference!

Chapter 2 : Moral Scrupulosity in OCD: Cognitive Distortions

One of the social institutions that has made great efforts to meet the needs of OCD challenged individuals, is that of public education. Often times at an early age the signs of OCD are not as apparent and educators and parents are unable to distinguish between disruptive behavior and the early signs of OCD.

This is the third installment in our ongoing series on Scrupulosity, a sub-type of Obsessive-Compulsive Disorder OCD focused on religious or moral perfectionism. Those suffering with moral Scrupulosity experience commonplace thoughts, feelings and actions that they misinterpret as being evidence that they are ethically flawed or morally bankrupt. As with all sub-types of Obsessive Compulsive Disorder OCD , those with moral Scrupulosity seek relief from their anxiety through various compulsive and avoidant means in an effort to ensure that their obsessive fears do not come true. Moral Scrupulosity presents unique challenges that make treatment more ambiguous and difficult in contrast with religious Scrupulosity. For example, religious faiths have codified rules for approved beliefs and behaviors that can be verified via scripture, or by consulting with certain authority figures priests, rabbis, imams, etc. In times of doubt, individuals with moral Scrupulosity have no specific religious text or church elder to whom they can turn for counsel. At the same time, those suffering with moral Scrupulosity often have a rigid, perfectionistic belief that they must strictly adhere to their personal moral code in all matters, regardless of the situation or context. Failure to do so is often considered unacceptable, no matter how slight the infraction. The main cognitive tenet of CBT is that irrational and unreasonable beliefs known as cognitive distortions influence subsequent feelings and behaviors. The central tool used in correcting these faulty beliefs is Cognitive Restructuring, which helps the sufferer to gain a more realistic perspective in three ways: For example, one can challenge the belief that they should never find anyone but their spouse attractive with a more realistic thought that it is normal to find other people attractive, and that what really matters is what one chooses to do in response to those feelings. Likewise, one can challenge the thought that they are a cheater because they heard other students talking about an exam by reminding themselves that they studied hard, and already knew the answers to the questions that were on the test. It is worth noting that the process of cognitive restructuring has the potential to become a compulsion in its own right. When challenging your distorted thinking, it is important that you not compulsively review either your obsessive thoughts, or your cognitive challenges to those thoughts. The goal is to quickly establish whether a thought is in fact distorted, and if so, to challenge it with a more balanced thought. Ultimately, the long-term goal of cognitive restructuring is to stop blindly accepting the irrational thoughts that present themselves to your mind, and to instead develop a pattern of challenging them. The human mind loves to create disastrous scenarios, and it is likely to take repeated effort over time to change well-established thought patterns. Furthermore, reality is not as cut-and-dried as logic. For example, take the issue of driving no higher than the speed limit. Most people would agree that, as part of being a responsible member of society, it is generally a good idea to follow traffic laws. However, in some situations it may be advisable to break the law and go above the speed limit, such as in the case of exceptionally fast moving freeway traffic. Even the DMV would advise you match the average speed of others on the road. In other situations, such as an emergency drive to the hospital or some other life-threatening scenario, driving faster than the posted speed limit may actually be a matter of life and death. These exceptions to the rule illustrate the grey-area nature of real life. It is also worth noting that bringing logic and reason to emotion may not always change a feeling â€” try to reason your way into, or out of, loving someone. Now imagine the difficulty of challenging a thought for which there are no codified laws, such as being honest with your spouse, or exhibiting responsibility towards others. As noted above, in contrast to religious Scrupulosity , moral behavior has no standard doctrine for behavior or belief. But in the case of war or self-defense it may be necessary. Likewise, most people believe it is wrong to steal. But if your family is starving to death, stealing may be the most noble option possible. If you ask ten people, you are likely to get ten different opinions,

including variations based on the type of service being rendered, and how well the service was provided. But a person suffering with moral Scrupulosity may be obsessively concerned with how much to tip, and with the criteria by which that decision is made. It is a moral imperative. All this concern over a gesture that by all objective measures is optional. In short, are your actions done because you prefer acting a certain way, and prefer a certain outcome, or because you are trying to avoid feelings of distress and anxiety related to your irrational fears. For individuals in the throes of moral Scrupulosity, simple everyday decisions are often based not on choice, but on fear. In order to guide your choices by your values, you first need to evaluate both the intended action, and the perceived consequences of alternative choices. If you are suffering with moral Scrupulosity, consider asking yourself these questions when faced with a situation in which you are experiencing moral ambiguity: What has been the outcome in previous situations in which I have experienced this moral concern? Objectively, what is actually the most likely outcome? What do I fear it will say about my character if I do something different? Who or what suffers if I make my choice based on my fearful obsession? What other possible choices can I can make in this situation? What about my choice do I actually care about and want in my life? Is my choice in this situation based on my true values, or on my fear of experiencing anxiety or discomfort? What might I gain by choosing my action based on my true values rather than on fear? Using these questions to evaluate a fear-based thought can help you decide if that thought is a cognitive distortion. And if your proposed action and its outcome do not align with your life goals and values, you can choose to instead accept the anxiety that comes with experiencing your irrational, distorted thought. The alternative â€" guiding your life with the goal of anxiety avoidance â€" will typically lead to an abandonment of the life you actually want. The ultimate aim of treatment for moral Scrupulosity is to accept and tolerate temporary discomfort in order to gain eventual freedom by acting according to your true goals and values. A decision to do something different is entirely up to you, and will be motivated by your evaluation of the costs of avoiding anxiety versus the benefits of going against your fears by making bold, personally valuable choices. If you determine that your behavioral responses to your irrational thoughts are out of sync with your values and character, the next step is to begin exercises to progressively challenge and change your actions in response to your fears. The best approach to this is a CBT technique called Exposure and Response Prevention ERP , which is the most effective method of promoting both a tolerance of irrational feelings of anxiety, and a long-term reduction in distress. ERP for Scrupulosity will be discussed in greater detail in a following article. In the meantime, if you are suffering with moral Scrupulosity, remember that your excessive anxiety is an exaggerated response to feared, irrational thoughts. The path to freedom is to challenge these thoughts, accept short-term discomfort, resist giving in to compulsive behaviors, and act in accordance with your true goals and values. To read part two in this series on Scrupulosity in OCD, click here. In addition to individual therapy, the center offers four weekly therapy groups, as well as online therapy, telephone therapy, and intensive outpatient treatment.

Chapter 3 : Free Public Webinars | Anxiety and Depression Association of America, ADAA

Obsessive-compulsive disorder (OCD) in childhood and adolescence is an impairing condition, associated with a specific set of distressing symptoms incorporating repetitive, intrusive thoughts (obsessions) and distressing, time-consuming rituals (compulsions).

Open in a separate window Aetiology The aetiology of paediatric OCD remains relatively poorly understood, despite considerable research to date. Data from twin, family and segregation studies strongly support a genetic component. The results of genome-wide association studies 12 13 and meta-analyses of candidate gene studies 14 suggest that the genetic influence on OCD is polygenic, with many genes involved which individually exert a relatively small effect on the phenotype. In particular, genes within the serotonergic, dopaminergic and glutamatergic system appear to influence OCD. Hyperactivation of the orbitofrontal cortex has been proposed to mediate persistent thoughts about threat and harm ie, obsessions , which in turn lead to attempts to neutralise the perceived threat ie, compulsions. There is robust evidence from functional neuroimaging studies of increased activation in the lateral and medial orbitofrontal cortex in both children and adults with OCD. While genetic factors clearly influence the expression of OCD, environmental factors also play a significant role, but remarkably little is known about these effects. Few prospective studies have been conducted, and results have been inconsistent. For example, one longitudinal study found that social isolation, physical abuse and negative emotionality were specific predictors of an adult OCD diagnosis. This group of children was originally given the acronym PANDAS paediatric autoimmune neuropsychiatric disorders associated with streptococcus , 19 but more recently the term PANS paediatric acute-onset neuropsychiatric syndrome has been used in preference, as it is felt to capture both the sudden onset and the uncertainty about aetiology. The exact mechanism of sudden onset neuropsychiatric disorder is unknown, but there has been interest in delivering therapies that target immune and infectious causes. However, other small studies suggest that OCD in this population responds as well to standard treatments, and effectiveness of prophylactic antibiotics has been inconsistent. Diagnostic criteria and classification The diagnosis of OCD in young people is broadly similar to adults see box 1 for the International Classification of Diseases ICD diagnostic criteria. However, it has been noted that children are less likely to have insight into the irrationality of their obsessions and compulsions, 21 presumably due to underdeveloped meta-cognitive skills. Furthermore, in children, it is important to differentiate true compulsions from normal routines or ritualised behaviours, which are typically transient and no cause for concern. Box 1 International Classification of Diseases diagnostic criteria for obsessive-compulsive disorder Either obsessions or compulsions or both present on most days for a period of 2 weeks. Patient is aware that these originate from their own mind. They are repetitive, unpleasant and distressing to the patient. At least one is resisted unsuccessfully, even though others may be present that the sufferer no longer resists. The symptoms must be disabling. Even young children will have some insight into the senselessness of the thoughts and behaviours. Historically OCD has been considered to be an anxiety disorder. This section also includes a number of other disorders that are characterised by repetitive thinking and repetitive behaviour, such as body dysmorphic disorder, hoarding disorder and trichotillomania. Assessment and diagnosis OCD typically goes undetected for many years before an accurate diagnosis is made. As it is not a diagnostic instrument, further assessment is required in individuals who screen positive including taking a detailed history of obsessions and compulsions, a developmental history and a separate interview with the young person. Do you check things a lot? Is there any thought that keeps bothering you that you would like to get rid of but cannot? Do your daily activities take a long time to finish? Do these problems trouble you? Differential diagnosis Differential diagnosis can be challenging, particularly in paediatric populations; three of the most complex differential diagnoses are outlined below. Restricted interests and stereotyped behaviours are a core feature of autism spectrum disorders ASDs and may result in both cognitive preoccupations and repetitive behaviours. Stereotyped behaviours can manifest as a phenocopy of

compulsions eg, ordering and arranging toys and it is crucial to delineate ASD-related behaviours from true compulsions in order to inform treatment. However, while tics are largely involuntary, compulsions are performed deliberately to relieve anxiety. The level of complexity of the behaviour may also help to differentiate tics from compulsions; even complex tics are relatively straightforward behaviours eg, a brief tapping action , whereas compulsions are often more elaborate and performed according to a rule eg, tapping four times with the left hand and four times with the right hand. The bizarre nature of obsessional thoughts can often raise queries of psychotic phenomena, especially in cases where the young person has limited insight into the irrationality of their obsessions. In cases of OCD, the individual may have some insight into the irrationality of their fears; the obsessional thought is unlikely to be part of a broader delusional set of beliefs eg, a plot of how and why others would want to harm them ; and other symptoms of OCD are likely to be present upon questioning whereas other symptoms of psychosis such as hallucinations and thought-disorder are absent. However, in the UK, currently only sertraline and fluvoxamine are licensed for use in children, with sertraline recommended because of its favourable side effect profile. Interestingly, young people who received brief CBT instructions did not show any better response than those who received medication alone, suggesting that a truncated form of CBT is not effective in this population. A number of studies have attempted to identify predictors of treatment response in an attempt to understand the mechanisms underlying treatment resistance. Perhaps, most attention has been given to the impact of comorbidity on treatment response. For example, individuals with comorbid tic disorders tend to have a poorer response to SSRIs but respond equally well to CBT compared with those without tics. Novel approaches that have shown promise include CBT delivered via telephone 50 or web-camera 51 and internet CBT with minimal therapist input. In addition to efforts to disseminate current evidence-based treatments for paediatric OCD, recent research has also focused on ways of enhancing CBT in order to improve outcomes, particularly for the significant minority who do not benefit from existing CBT protocols. For example, family conflict and parental blame have been shown to be associated with poorer CBT outcome in young people with OCD 53 and pilot data suggest that family therapy specifically aimed at targeting these dynamics is an effective adjunct to CBT in families that present with these difficulties. DCS is a partial N-methyl-D-aspartate receptor agonist and animal studies have shown that DCS enhances extinction learning, which has raised the question of whether DCS could augment exposure-based therapies for anxiety disorders. Conclusions OCD commonly starts in childhood, and in addition to causing significant distress and impairment in children, it can persist into adult life where the WHO ranks it as one of the most impairing illnesses. Unfortunately, inadequate provision of CBT means limitations in access to treatments, and current research aims to establish more accessible and economic formats of CBT. GK and IH contributed equally to the writing of this article. Provenance and peer review: Commissioned; externally peer reviewed. Obsessive compulsive disorder in adolescence: Prevalence of obsessiveâ€”compulsive disorder in the British nationwide survey of child mental health. Br J Psychiatry ; Obsessive-compulsive disorder in a birth cohort of year-olds: Skoog G, Skoog I. A year follow-up of patients with obsessive-compulsive disorder. Arch Gen Psychiatry ; Long-term outcome of pediatric obsessiveâ€”compulsive disorder: Acta Psychiatr Scand ; Functional impairment in children and adolescents with obsessive-compulsive disorder. J Child Adolesc Psychopharmacol ;13 2, Supplement 1: Long-term outcome and prognosis of obsessive-compulsive disorder with onset in childhood or adolescence. Eur Child Adolesc Psychiatry ; Long-term outcomes of obsessiveâ€”compulsive disorder: The genetics of obsessive compulsive disorder: Twin studies on obsessiveâ€”compulsive disorder: Twin Res Hum Genet ;8: A twin study of anxiety-related behaviours in pre-school children. J Child Psychol Psychiatry ; Genome-wide association study of obsessive-compulsive disorder. Genome-wide association study in obsessive-compulsive disorder: Molecular genetics of obsessive-compulsive disorder: Nat Rev Neurosci ; Orbitofrontal dysfunction in patients with obsessive-compulsive disorder and their unaffected relatives. Risk factors prospectively associated with adult obsessive-compulsive symptom dimensions and obsessive-compulsive disorder. The relationship between adverse childhood experiences and symptom severity, chronicity, and comorbidity in

patients with obsessive-compulsive disorder. J Clin Psychiatry Macerollo A, Martino D. Developmental aspects of obsessive compulsive disorder: J Nerv Ment Dis ; Mental health treatment seeking among patients with OCD: Soc Psychiatry Psychiatr Epidemiol ; Ritual, habit, and perfectionism: Screening young people for obsessiveâ€”compulsive disorder. Barton R, Heyman I. Obsessiveâ€”compulsive disorder in children and adolescents. Paediatr Child Health ; Sexual obsessions in pediatric obsessive-compulsive disorder: Clinical characteristics and treatment outcomes. Psychiatric disorders in children with autism spectrum disorders: Cognitive behavior therapy for comorbid obsessive-compulsive disorder in high-functioning autism spectrum disorders: Am J Psychiatry ; Chronic tics and Tourette syndrome in patients with obsessiveâ€”compulsive disorder. J Psychiatr Res ; Tics moderate treatment outcome with sertraline but not cognitive-behavior therapy in pediatric obsessive-compulsive disorder. Volz C, Heyman I. Core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder. Meta-analysis of randomized, controlled treatment trials for pediatric obsessive-compulsive disorder. Family-based exposure and response prevention therapy for preschool-aged children with obsessive-compulsive disorder:

Chapter 4 : Obsessive Compulsive Disorder: OCD Counseling, Treatment & Symptoms â€“ TherapyTribe

Obsessive-compulsive disorder (OCD) is an anxiety disorder in which people have unwanted and repeated thoughts, feelings, ideas, sensations (obsessions), or behaviors that make them feel driven to.

This condition is characterized by obsessions and compulsions like fears, restraining thoughts as well as repetitive behaviors that might appear unreasonable to others. The obsessions and compulsions continue to distress the person in their lifestyle and daily chores. Though OCD has a symptomatic behavior due to both obsessions and compulsions, but there may be cases where people suffer only from either obsessions or compulsions. In most scenarios, the suffering individuals do not realize that they are suffering from OCD. The most common examples of OCD are germ phobia, constant double checking, properly organizing things, accumulation of loads of stuffs and many more. OCD is a life-long disorder which has no cure and the treatments only deal with easing the anxiety ; the relapse of the condition in quite common. Thus, one can easily assume that the duration of OCD is not fixed. How long does OCD last is dependent entirely on the will power and the coping ability of the individual. The faster a person seeks help, the better and effective the treatment is. It needs to be kept in mind that OCD is a chronic condition, thus, the individuals need to engage in activities that prevents the relapse of the condition. Also, they should not stop the treatment in between, because putting off the treatment induces more negative thoughts and anxiety, which tend to make the person feel even worse than before. Statistics suggest that hardly thirty percent of the ailing population is able to recover completely from OCD and lead an anxiety free life. The challenges that patients often face when trying to cope with OCD are: Lack of Strong Determination: For many patients having strong determination and utmost dedication is quite tough. Thus, this road block needs time to deal with the doubts, concerns, disappointments and worries. The process requires patience and faith. When going forth to deal with the disorder, patients can have several perceptions and worries, which can be unreasonable. This raises concerns in the mind of the patient and may give him cold feet and the patient may thus feel pessimistic about the treatment process. Ritualization of Anxiety in OCD: The constant obsessive thoughts force the person to put their thoughts into actions and get rid of the distress that is caused due to these thoughts. This can be another issue contributing towards a delay in overcoming the condition. Denial of the Mental State: Most individuals with OCD fail to accept that they suffer from a mental condition which requires therapy. This ongoing denial makes them agree to their obsessions and grip of OCD becomes even tighter and difficult to be treated. There are various measures through which one can overcome OCD or take it under control. Some such measures are: Seeking Help from Experts: This is perhaps the first step towards overcoming OCD. Expect and Accept the Unexpected: Obsessive thoughts are a part and parcel of OCD, so the individuals should prepare for all sorts of obsessions that attack the thoughts. These thoughts can be either new or old, but the key is to accept these and not get agitated by them. Accepting Oneself on OCD: Individuals must accept who they are and likewise trust their instincts and reactions. OCD can induce a lot of negativity and make situations worse, but individuals should take the best out of it and take over the anxiety. When in anxiety, individuals should choose to rely on self and try to take control of the situation. In case of OCD, impatience is a sign of failure. Individuals should understand that each has his own pace, so comparison with others recovery is not going to do any good. The tenure for recovery from OCD can vary among individuals. The distressing thoughts are more than enough to take a toll on the mind and stressing about OCD is just an added burden. The best way to overcome such a situation is to relax the mind by doing exercising, meditation, etc. Rewarding Self When the Goal is Achieved: When in therapy, there are milestones to be achieved for complete success. Thus the bigger goal must be broken down into smaller ones. Individuals should cherish when they reach their smaller goals, their efforts and progress. Conclusion The fact that one is suffering from OCD itself is very distressing; hence, they need to give themselves the time that is required to overcome the condition. The support from the family and friends is also an important factor in overcoming OCD.

Chapter 5 : MHN Online Member Services - Obsessive-compulsive disorder (OCD)

OCD stands for Obsessive Compulsive Disorder, which is a common but lesser known anxiety disorder. This condition is characterized by obsessions and compulsions like fears, restraining thoughts as well as repetitive behaviors that might appear unreasonable to others.

People with OCD often have an intense fear of losing items that may be necessary to have, and this creates the need to hoard things. Engaging in this activity can generate a lot of concern from other family members, while also taking up too much living space in the home. Hoarding can make it impossible to have a healthy home to live in, and can potentially contribute to the spread germs and illness. In severe cases, hoarding may become so excessive that it can be difficult to walk through the home with ease. Engaging in repetitive activity is a very unproductive way to get through any day. Keep in mind the more severe the OCD is, the worse the obsessions and compulsions may be. This can vary a great deal for one person to the next but getting the proper treatment can offer the help that is necessary. Find Treatment for OCD Looking on the positive side of OCD, there are many useful treatments and complementary self-help strategies that are useful in dealing with this condition. Self-care can significantly reduce the symptoms of OCD and help allow for a more normal way of life. Working with a licensed professional is the key to finding the treatment type to meet the needs of any individual with this condition. This means only relying on therapists with the expertise and previous training to accurately diagnose and treat OCD with either medication, psychotherapy, or in many cases, a combination of both. Some of the treatment options for OCD include: After your visit, you may receive a prescription for medication that can help reduce OCD symptoms. Taking time to find a pharmacy that is convenient and affordable to fill the medication is always essential and one thing that you will want to do beforehand. Having a thorough evaluation of the severity of your OCD and its impact on your day-to-day activities is an important component of finding the right medication and the correct dosage. Keep in mind; it may take some time for any medicine to begin to work and to get the full benefits of taking it. In some cases, it can take up to six or eight weeks for people to feel the full effects of medication, so patience is an important part of finding the right prescription for you. Psychotherapy In addition to medication, many healthcare providers recommend psychotherapy to minimize the effects of OCD. Knowing some of the various forms of psychotherapy may be helpful when looking for OCD treatment: This method of treatment can be extremely beneficial for people that suffer from OCD. In CBT, you will work on identifying obsessive thoughts that may lead to having increased feelings of anxiety, and you will work on replacing this mode of thinking with one that is more realistic. Allowing an individual to confront their fears in an environment that is both safe and controlled can be helpful when it comes to reducing the impact of OCD. Engaging in this type of therapy may encourage this individual to become more desensitized to specific situations that commonly trigger their anxiety. A combination treatment is often the recommendation of OCD specialists because of the fast and efficient results that are obtainable. Working closely with a therapist can be the key to helping you to live a higher quality of life when OCD is present. This will require the right amount of effort, discipline, and time but is entirely possible with and professional guidance. Taking control of the day can often begin by becoming more in tune with the mind and body. A great way to accomplish this task is by taking deep breaths and focusing on breathing throughout the day. Mindfulness may help any person remain more focused and less likely to get off track by having obsessive or compulsive thoughts. Learning meditation can be a great way to handle OCD better and to help keep it under control. Mindful breathing is easy to learn, allowing you to practice techniques at your own pace. This will only take a few minutes to accomplish and may be extremely helpful in reducing many of the obsessions that are common for OCD sufferers. One thing that is necessary for having success with this self-help strategy is being consistent with the effort. In addition to its practical purposes, journaling is an enjoyable activity that many people find useful for reducing the stress and anxiety that accompany OCD. Getting into the habit of getting enough rest each night can be beneficial for coping with OCD. Being

well-rested can contribute to a calmer mind, which is helpful for anyone with OCD. In some cases, your doctor may recommend sleep medication to allow you to get the rest the body needs to feel as well as possible. Joining a support group: Communicating with others that struggle with the challenges of OCD can be a great way to manage this condition. Learning effective daily coping strategies with the help of other people with OCD is an excellent way to feel supported in your journey to living a full and healthy life. Having a group that is accessible and willing to provide the necessary support can be extremely helpful for any individual with OCD. Search the TherapyTribe directory for an OCD specialist that has the expertise, training, and knowledge to help you overcome the challenges that may accompany your condition. Taking the necessary amount of time to learn more about treatment options for OCD is well worth the effort so you can benefit from the help that is available. Finding a therapist in your area to provide the assistance you need is effective in reducing the obsessions, compulsions, and anxiety that are common with OCD. Another beneficial treatment option involves working with an online therapist. Online therapy is a convenient way to access the professional guidance you need. Living a healthy life with OCD is possible with the help of the right therapist who will offer suggestions and recommendations that enable you to live a positive and productive life, free from the burden of struggling with OCD on your own.

Chapter 6 : House Committee on Homeland Security

Follow @ocdla. This is the third installment in our ongoing series on Scrupulosity, a sub-type of Obsessive-Compulsive Disorder (OCD) focused on religious or moral perfectionism.

Treatment Methods The Gateway Institute specializes in providing the most advanced treatment techniques to overcome OCD and anxiety disorders. CBT is an integration of two originally separate theoretical approaches to understand and treat psychological disorders; the behavioral approach, and the cognitive approach. The cognitive approach focuses on the role of the mind, and specifically on cognitions. Patients with OCD and anxiety often suffer from overestimating the probability of danger as well as jumping to conclusions without evidence to support their thoughts. During treatment, sufferers are taught to identify and self-correct these misconceptions, and cognitive therapy helps restructure thinking patterns which support their fears. Cognitive therapy teaches you healthy and effective ways of responding to obsessive thoughts, without resorting to compulsive behavior. Behavioral therapy helps people modify their reactions to anxiety-provoking situations. It is also used to educate individuals in methods of self control, and focuses on problems in the present rather than in the past. Recent studies have significantly advanced the understanding of how CBT affects the brain and its effectiveness in treating many disorders including anxiety, OCD, panic disorder, and post traumatic stress disorder to name a few. A patient receiving CBT administered in the traditional manner of treatment one time per week can expect to see clinical improvements in up to 12 weeks. However, in a study conducted at the University of California, Los Angeles, it was discovered that significant changes in brain activity were realized after just three to four weeks of CBT in a more intensive daily treatment program treating OCD. These OCD patients showed significant improvements in their symptoms, depression, anxiety and overall functioning. Each person who enrolls at the Gateway Institute will be evaluated based on the symptoms that they present, and the best course of treatment will be established to ensure they get the most results from the program. Over time, exposure to these cues leads to decreased anxiety until eventually, exposure arouses little or no anxiety at all. This process is called habituation. Studies show that exposure and response prevention can in fact train your brain, significantly reducing the occurrence of OCD symptoms. The response component of ERP refers to the act of engaging in ritualistic behaviors in an effort to reduce the anxiety caused by OCD. In ERP treatment, patients learn to resist and prevent themselves from acting on their compulsions, and desire to perform rituals. With successful ERP, the sufferer eventually stops engaging in their ritualistic and obsessive behaviors. Exposure Therapy ET Exposure Therapy ET is a form of behavioral therapy that provides the most effective treatment for individuals suffering from anxiety disorders. Exposure therapy can be utilized with general anxiety, social anxiety, post traumatic stress disorder, obsessive compulsive disorder, acute stress, panic attacks or other trauma-related issues and phobias. People that suffer from anxiety recognize that their fears are irrational and exaggerated but are unable to control their fight or flight system and therefore, end up experiencing continuous anxiety. This form of therapy has been scientifically proven to retrain the brain to no longer fear perceived thoughts, objects, people or experiences that used to trigger the sufferer. With Exposure Therapy, clients are able to face and overcome fearful past triggers and relieve anxiety. In-Vivo or Live Exposures- These are real life experiences that provide the sufferer with a live experience of confronting that which they fear. Through clinical support and coaching from the therapists, clients are able to engage in a fear or situation while learning the skills and tools to overcome the trigger. Imaginary Exposures- These exposures are done through writing and reading techniques. This is usually used when In-Vivo exposures cannot be performed. In our practice, we have discovered that a comprehensive treatment strategy that we refer to as Mindfulness Based Behavioral Therapy improves treatment response. In MBBT we incorporate informal mindfulness training along with exposure and response prevention ERP , and a writing intervention with both behavioral and mindfulness components that contribute to treatment effectiveness. Behavioral Therapy Combined With Medication Though behavioral therapy may be the most effective treatment in terms of

long-term management of OCD, research indicates that combining both CBT and medication may be beneficial for overall success. Medications considered for the treatment of OCD are usually antidepressants know as selective serotonin reuptake inhibitors SSRI , which are often effective without severe side effects. The Gateway Institute works with skilled and experienced psychiatrists to find the right combination of medication to effectively treat OCD when necessary. The group incorporates Cognitive-Behavioral therapy CBT , and each week home-based challenges are assigned. The group is a great opportunity to establish relations with others who can appreciate the daily challenges of this potentially disabling condition. After-Care After-Care is an important component of our treatment program. Learning how to manage the OCD will involve a lifestyle change. Since OCD is a chronic condition, a commitment to working diligently on a daily basis while transitioning back into daily life will be necessary. Once the symptoms of OCD have improved, a number of strategies can help maintain the gains made, and The Gateway Institute will help devise a plan to help find the road to successfully managing OCD. Home Visits For clients with particular subtypes of OCD such as hoarding or contaminating, home-visits may be available to conduct exposure exercises. This allows the therapist to help guide the clients through challenging home-based exercises. Ultimately, these exercises conducted in the presence of the therapist, will be performed independently by the client.

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Chapter 7 : U of L takes a â€˜SHINEâ€™ to fundraising

Obsessive Compulsive Disorder (OCD) is a condition characterized by thoughts of obsessing over the same thing and indulging in compulsive behaviors. Engaging in certain repetitive acts is an attempt to reduce anxiety that results from having undesirable thoughts.

Alcohol or other substance abuse Contact dermatitis from frequent hand-washing Preparing for your appointment You may start by seeing your primary doctor. Because obsessive-compulsive disorder often requires specialized care, you may be referred to a mental health provider, such as a psychiatrist or psychologist, for evaluation and treatment. What you can do To prepare for your appointment, think about your needs and goals for treatment. Make a note of key personal information, including any major stresses or recent life changes. Take a list of all medications, vitamins, herbal remedies or other supplements, as well as the dosages. For OCD, basic questions to ask may include: Do you think I have OCD? How do you treat OCD? How can treatment help me? Are there medications that might help? Will talk therapy psychotherapy help? How long will treatment take? What can I do to help myself? Are there any brochures or other printed material that I can have? Can you recommend websites? What to expect from your doctor Your doctor is likely to ask you a number of questions. Being ready to answer them may reserve time to go over any points you want to spend more time on. Your doctor may ask: Do certain thoughts go through your mind over and over despite your attempts to ignore them? Do you have to have things arranged in a certain way? Do you have to wash your hands, count things or check things over and over? When did your symptoms start? Have symptoms been continuous or occasional? What, if anything, seems to improve the symptoms? What, if anything, appears to worsen the symptoms? How do the symptoms affect your daily life? In a typical day, how much time do you spend on obsessive thoughts and compulsive behavior? Have any of your relatives had a mental illness? Have you experienced any trauma or major stress? Tests and diagnosis To help diagnose OCD, your doctor or mental health provider may do exams and tests, including: This may be done to help rule out other problems that could be causing your symptoms and to check for any related complications. These may include, for example, a complete blood count CBC , screening for alcohol and drugs, and a check of your thyroid function. A doctor or mental health provider asks about your thoughts, feelings, symptoms and behavior patterns. Your doctor may also want to talk to your family or friends, with your permission. This manual is used by mental health professionals to diagnose mental illnesses and by insurance companies to reimburse for treatment. General criteria required for a diagnosis of OCD include: You must have either obsessions or compulsions or both. You may or may not realize that your obsessions and compulsions are excessive or unreasonable. Obsessions and compulsions are significantly time-consuming and interfere with your daily routine and social or work functioning. Your obsessions must meet these criteria: Recurrent, persistent and unwelcome thoughts, impulses or images are intrusive and cause distress. You try to ignore these thoughts, images or impulses or to suppress them with compulsive behaviors. Compulsions must meet these criteria: Repetitive behavior that you feel driven to perform, such as hand-washing, or repetitive mental acts, such as counting silently. You try to neutralize obsessions with another thought or action. Be sure to stick with the diagnostic process so you can get appropriate diagnosis and treatment. Some people need treatment for the rest of their lives. The two main treatments for OCD are psychotherapy and medications. Often, treatment is most effective with a combination of these. Psychotherapy A type of therapy called exposure and response prevention ERP is the most effective treatment. This therapy involves gradually exposing you to a feared object or obsession, such as dirt, and having you learn healthy ways to cope with your anxiety. Exposure therapy takes effort and practice, but you may enjoy a better quality of life once you learn to manage your obsessions and compulsions. Therapy may take place in individual, family or group sessions. Medications Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, antidepressants are tried first.

Chapter 8 : Obsessive-compulsive disorder (OCD) - Diagnosis and treatment - Mayo Clinic

Advance notice: Irritability and frustration are two of the longer-lasting things that kids with OCD are feeling on a daily basis. Changes in schedule can be very disruptive for a child with OCD, so it can be helpful for teachers to give advance notice of things.

First, few measures are validated for use with children as young as 5. Therefore, we chose measures validated for use in this age range whenever available e. Second, the majority of measures were administered to or completed by parents rather than by children. In addition to lack of available measures, many children at this developmental level are unable to complete self-report forms or to understand interview questions and articulate answers. As noted above, diagnostic clarity and symptom presentation is also different in these young children when compared to older counterparts Garcia et al. They also are more likely to have some OCD symptoms that overlap with other disorders. To address these issues, we tailored IE training to emphasize understanding of these symptoms in the context of 5- to 8-year-old development. For example, IEs were advised to consider the larger contexts in which the symptoms were occurring e. In cases where diagnosis remained confusing, we employed significant behavioral observation particularly to observe social functioning as well as other parent report data tic and PDD ratings scales. To improve diagnostic clarity, we required cross-site diagnostic consensus discussed via phone conference before randomization. New cases were briefly discussed in the weekly conference call, which constitued a Caseness Panel. They also have more difficulty understanding concepts such as estimating, averaging, and time. Second, psychoeducation was infused into the assessment process. It was important that assessors not make this same error and instead help the parent to better differentiate what is and what is not an OCD symptom. Third, care was taken to gauge the accuracy of child responding. Assessors were trained to begin the CY-BOCS administration by describing obsessions and compulsions, as described above, but to gather information about compulsions first. Information about compulsions often helped anchor the child later when asking about obsessions e. A particularly tricky assessment issue involved situations in which the child did not report obsessions. Assessors were trained to be judicious in their management of inquiry into a particular topic, balancing the need to obtain better information from the child and parent with the need to cover the information from the entire interview. Developmentally sensitive anchors and probes were developed. The CGI is a 7-point scale measuring clinician-rated improvement in treatment and shows adequate reliability and validity Garvey et al. The COIS provides a standardized format for assessing the impact of OCD on social, school, and home functioning and shows excellent internal consistency and adequate concurrent validity Piacentini et al. The CGAS measures global functioning, with scores over 70 indicating normal adjustment. It has been shown to have adequate reliability, validity, and internal consistency Schaffer et al. We used a parent report of this measure, based on the finding that close relatives are able to give accurate proxy ratings on QOL measures Sneeuw et al. Comorbidity was assessed using several measures. Interviews were administered to the parent s or primary caretakers regarding the child, and to children although 5â€”6 year old children varied in their ability to participate actively in the interview. The YGTSS has demonstrated excellent psychometric properties with solid internal consistency, excellent inter-rater reliability, and excellent convergent and divergent validity Leckman et al. For children age 5 years, the CBCL1. The SCQ is a item parent report that measures behaviors characteristic of autism spectrum disorders including communication skills and social functioning. The measures has demonstrated good internal consistency and concurrent validity Rutter, The SRS is a item parent report that assesses abilities and deficits in social reciprocity in children ages 4â€”18 years. It has good internal consistency, temporal stability, and concurrent and discriminant validity Constantino, It has excellent discriminant validity, good convergent validity, and good test-retest reliability E. The FAS has adequate reliability and validity. Questions from the FAS were modified slightly for use with young children with consultation from the author. Treatment delivery schedule Twelve sessions were

delivered over the course of 14 weeks in both treatment conditions Table 1. The first two sessions 90 minutes were conducted with parents only, while the remaining sessions 60 minutes were conducted jointly with parents and children. Therapist Training and Supervision All therapists were clinical psychology interns, postdoctoral fellows, and clinical psychologists, many of whom were already familiar with CBT for OCD in older youth. All therapists participated in weekly group conference calls for supervision and review of clinical issues to prevent protocol violations and increase consistency of treatment application. The current POTS jr study has employed the same training and supervision strategies as POTS II including in-person training at study inception as well as extensive site-level supervision and weekly cross-site supervision for patients in both treatment arms. Preliminary examination of the data demonstrates no site effect in the current study. All parenting tools were rehearsed in session and practiced at home as part of weekly homework assignments. Finally, family process components were not required elements i. Goals of the family process components were to: Coupled with the more traditional parent training parenting tools elements of treatment, the family process components allowed the therapist to address such common issues as family accommodation, criticism, and blame as they arise during the course of treatment. These family process elements were not assigned as specific required elements, but rather meant to encourage therapists to flexibly meet the needs of specific families. Examples of topics that were covered included: Psychoeducation content included the relationship between stress management and anxiety, a rationale for RT to treat OCD, and the use of a reward system to encourage relaxation skill practice. During affective education, the child was taught to identify negative and positive feelings, including thoughts and physical sensations associated with each. Emphasis was placed on recognizing anxiety. Relaxation training consisted of systematic instruction in progressive muscle relaxation and verbally-cued guided imagery. Developmental adaptations included the frequent use of active, child-focused engagement strategies such as drawing, relaxation games e. Specific CBT Treatment adaptations Several key adaptations were made to CBT to better fit this young age group, including modified psychoeducation, increased focus on parent-based skills, and simplification of CBT skills. The key components of psychoeducation were introduced to parents alone in two initial 1. Ensuring that parents clearly understood the program and rationale before children were introduced to treatment was extremely important because many young children did not fully understand the treatment rationale and learned a great deal from watching their parents understand and apply CBT principles. We worked with parents to differentiate OCD from other problematic behaviors or diagnoses, as well as from rigid temperament. Meeting alone with the therapist gave parents a place to discuss the emotional experience of having a child with OCD without the child present. The primary aim of the child psychoeducation component was to help children, with their parents, externalize OCD as separate from the child. In many cases, we saw it as most important that the parent grasp the concepts so that they could model and teach these approach behaviors to their children. Therapists were trained to present materials via simple, engaging modalities drawing on big paper, building things , visual imagery, metaphors, and developmentally relevant examples i. Therapists also used young child friendly ways to engage children in the idea that OCD was actually getting in their way Choate-Summers et al. With many patients, we simplified rating scales e. Even with such adaptations, some children were not able to use a rating scale. In these cases, therapists used behavioral cues to estimate anxiety reactions. Part of the treatment involved anticipating this situation and training the parents to be able to identify more subtle cues and to break situations down for their child. In time this helped children to learn to be more accurate in their ratings. With regard to actual exposure tasks, we found it most helpful for therapists to model a broad, approach oriented behavioral repertoire in the presence of a feared stimulus. The goal was to teach children that avoidance is but one option when you encounter a scary thought or situation. Therapists worked to make exposure into a game where possible i. Of course, some content simply did not lend itself to being as active or silly e. Another common difficulty was when the child has not articulated a clear obsession. In sum, the following adaptations to standard individual OCD treatment models were most crucial: Conclusion Early onset OCD is a significant public health problem with numerous consequences for later functioning. The

impact of these consequences can be attenuated by timely intervention. To date, there are no other large scale controlled studies that evaluate the efficacy of a family based intervention for young children with OCD. Given concerns about the developmental impact of early onset OCD and the potential for compounding its negative effects over time, such interventions are sorely needed Garcia et al. This trial adheres to the methodological rigor of a large scale, multi site clinical trial Franklin et al. The methods of this study and specifically the adaptations for young children were thoughtfully developed and executed over the course of many years of this project. As a result, we can place more confidence in the overall results of this trial and ultimately provide a better test of whether this newly adapted treatment is effective. Ultimately, it may also provide a model for intervening in early onset anxiety disorders more broadly and engaging young children and their families in exposure-based treatments before significant impact on development occurs. This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain. References Achenbach T, Rescorla L. Achenbach T, Rescorla L. Psychometric properties of the item and item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. Cognitive-behavioral family treatment of childhood obsessive-compulsive disorder: Psychometric properties of the Depression Anxiety Stress Scales in clinical samples. Behaviour Research and Therapy. Family accommodation of obsessive compulsive symptoms: Instrument development and assessment of family behavior. The assessment of affective disorders in children and adolescents by semistructured interview: Archives of General Psychiatry. Clinical considerations when tailoring cognitive behavioral treatment for young children with obsessive compulsive disorder. Confirmatory factor analysis of the Depression Anxiety Stress Scales in depressed and anxious patients. Journal of Psychopathology and Behavioral Assessment. Conners CK, March J.

Chapter 9 : International OCD Foundation | International OCD Awareness Week: October 7â€“13,

The symptoms of OCD contribute to the five main areas of difficulty (inattention, anxiety, socialization, compulsive disorders, and problems with testing or.

Diagnosis Steps to help diagnose OCD may include: This may be done to help rule out other problems that could be causing your symptoms and to check for any related complications. These may include, for example, a complete blood count CBC , a check of your thyroid function, and screening for alcohol and drugs. This includes discussing your thoughts, feelings, symptoms and behavior patterns. With your permission, this may include talking to your family or friends. Diagnostic criteria for OCD. Work with your doctor so that you can get the appropriate diagnosis and treatment. Some people need treatment for the rest of their lives. The two main treatments for OCD are psychotherapy and medications. Often, treatment is most effective with a combination of these. Exposure and response prevention ERP , a type of CBT therapy, involves gradually exposing you to a feared object or obsession, such as dirt, and having you learn healthy ways to cope with your anxiety. ERP takes effort and practice, but you may enjoy a better quality of life once you learn to manage your obsessions and compulsions. Therapy may take place in individual, family or group sessions. Medications Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, antidepressants are tried first. Clomipramine Anafranil for adults and children 10 years and older Fluoxetine Prozac for adults and children 7 years and older Fluvoxamine for adults and children 8 years and older Paroxetine Paxil, Pexeva for adults only Sertraline Zoloft for adults and children 6 years and older However, your doctor may prescribe other antidepressants and psychiatric medications. What to consider Here are some issues to discuss with your doctor about medications for OCD: In general, the goal is to effectively control symptoms at the lowest possible dosage. Your doctor might recommend more than one medication to effectively manage your symptoms. It can take weeks to months after starting a medication to notice an improvement in symptoms. All psychiatric medications have potential side effects. Talk to your doctor about possible side effects and about any health monitoring needed while taking psychiatric drugs. And let your doctor know if you experience troubling side effects. Most antidepressants are generally safe, but the FDA requires that all antidepressants carry black box warnings, the strictest warnings for prescriptions. In some cases, children, teenagers and young adults under 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. If suicidal thoughts occur, immediately contact your doctor or get emergency help. Keep in mind that antidepressants are more likely to reduce suicide risk in the long run by improving mood. Interactions with other substances. When taking an antidepressant, tell your doctor about any other prescription or over-the-counter medications, herbs or other supplements you take. Some antidepressants can cause dangerous reactions when combined with certain medications or herbal supplements. So stopping treatment abruptly or missing several doses can cause withdrawal-like symptoms, sometimes called discontinuation syndrome. Work with your doctor to gradually and safely decrease your dose. Talk to your doctor about the risks and benefits of using specific medications. Request an Appointment at Mayo Clinic Clinical trials Explore Mayo Clinic studies testing new treatments, interventions and tests as a means to prevent, detect, treat or manage this disease. Lifestyle and home remedies Obsessive-compulsive disorder is a chronic condition, which means it may always be part of your life. While OCD warrants treatment by a professional, you can do some things for yourself to build on your treatment plan: Take your medications as directed. If you stop, OCD symptoms are likely to return. Pay attention to warning signs. You and your doctor may have identified issues that can trigger your OCD symptoms. Make a plan so that you know what to do if symptoms return. Contact your doctor or therapist if you notice any changes in symptoms or how you feel. Check first before taking other medications. Practice what you learn. Work with your mental health professional to identify techniques and skills that help manage symptoms, and practice these regularly. Coping and support Coping with

obsessive-compulsive disorder can be challenging. Medications can have unwanted side effects, and you may feel embarrassed or angry about having a condition that requires long-term treatment. Here are some ways to help cope with OCD: Learning about your condition can empower you and motivate you to stick to your treatment plan. Join a support group. Reaching out to others facing similar challenges can provide you with support and help you cope with challenges. Stay focused on your goals. Keep your recovery goals in mind and remember that recovery from OCD is an ongoing process. Explore healthy ways to channel your energy, such as hobbies and recreational activities. Exercise regularly, eat a healthy diet and get adequate sleep. Learn relaxation and stress management. Stress management techniques such as meditation, visualization, muscle relaxation, massage, deep breathing, yoga or tai chi may help ease stress and anxiety. Stick with your regular activities. Go to work or school as you usually would. Spend time with family and friends. Preparing for your appointment You may start by seeing your primary doctor. Because obsessive-compulsive disorder often requires specialized care, you may be referred to a mental health professional, such as a psychiatrist or psychologist, for evaluation and treatment. What you can do To prepare for your appointment, think about your needs and goals for treatment. Make a list of: Do you think I have OCD? How do you treat OCD? How can treatment help me? Are there medications that might help? Will exposure and response prevention therapy help? How long will treatment take? What can I do to help myself? Are there any brochures or other printed material that I can have? Can you recommend any websites? What to expect from your doctor Your doctor is likely to ask you a number of questions. Be ready to answer them to reserve time to go over any points you want to spend more time on. Your doctor may ask: Do certain thoughts go through your mind over and over despite your attempts to ignore them? Do you have to have things arranged in a certain way? Do you have to wash your hands, count things or check things over and over? When did your symptoms start? Have symptoms been continuous or occasional? What, if anything, seems to improve the symptoms? What, if anything, appears to worsen the symptoms? How do the symptoms affect your daily life? In a typical day, how much time do you spend on obsessive thoughts and compulsive behavior? Have any of your relatives had a mental illness? Have you experienced any trauma or major stress?