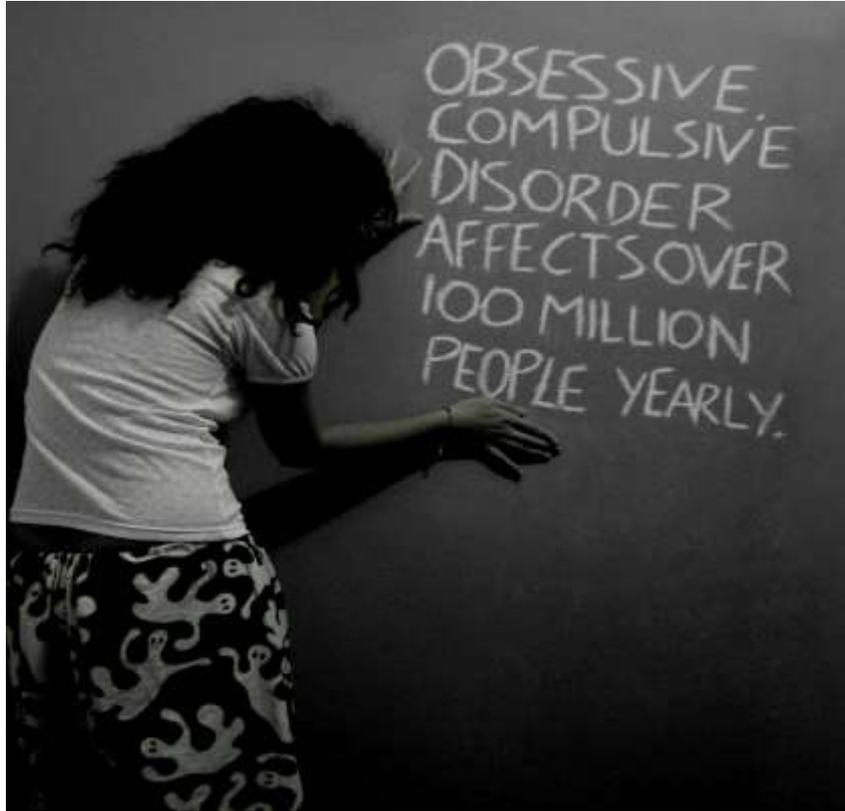


# Living with Obsessive Compulsive Disorder (OCD)



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## **What is OCD and what does it look like?**

Obsessive Compulsive Disorder or OCD as it is commonly known is a psychological disorder that is characterised by the presence of obsessions and/or compulsions. It affects 100 million people around the world yearly.

- Obsessions are recurrent and persistent thoughts, urges, or images that are experienced as automatic, intrusive and unwanted and which can cause marked anxiety and distress to the individual experiencing them. In order to deal with such intrusive thoughts, a person may attempt to ignore or suppress such thoughts, urges or images or neutralize them with some other thought or action (i.e. by performing a compulsion).
- Compulsions are repetitive behaviors (e.g. hand washing, checking) or mental acts (e.g. counting, repeating) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly (some individual's presentation of OCD may include rules that they feel obliged to follow). These compulsions are aimed at preventing or reducing anxiety or distress but are usually not connected in a realistic way with what they are designed to neutralize or prevent and are clearly excessive.

OCD is not simply being overly organized or neat, or liking things to be a certain way. For a person living with OCD, these obsessions or compulsions are extremely time-consuming and distressing, to the point whereby they can become extremely debilitating for the individual experiencing them.

Some common OCD subtypes:

- **Fear of contamination.** Obsessions: fear of dirt, fear of contracting a disease, fear of contaminating someone else, etc. Compulsions: hand-washing, excessive cleaning, use of barriers, etc.
- **Checking.** Obsessions: pathological doubting, fear of unintentional harm, etc. Compulsions: reassurance seeking, repeatedly checking locks, appliances, etc.

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- **Repeating.** Obsessions: repeating a task until it feels “just right”, fear of making mistakes, etc. Compulsions: being overly thorough, repeating an activity excessively, etc.
- **Perfectionism.** Obsessions: wanting things to look right (e.g., symmetrical), insistence on certainty and absolutes, fear of making mistakes, etc. Compulsions: ordering, arranging, rigidly following rules, etc.
- **Counting.** Obsessions: concern that something bad will happen if they don’t end on the “right” number, etc. Compulsions: doing tasks in multiples of a preferred number, etc.
- **Superstitions.** Obsessions: fear of the devil, fear of “bad” numbers, fear of black cats, etc. Compulsions: praying, avoidance, etc.
- **Scrupulosity.** Obsessions: blasphemy, fear of going to hell, fear of committing a sin, etc. Compulsions: excessive praying, excessive washing rituals, checking, etc.
- **Intrusive Violent/Sexual thoughts:** Obsessions: harming a family member, running over a pedestrian, becoming a serial killer, etc. Compulsions: checking, thought suppression, avoidance, etc.

A combination of factors may contribute to someone developing OCD. These include: unhelpful thinking styles (see below for some more information on this), significant life events (e.g. following a stressful or traumatic event), and biological reasons (e.g. some evidence suggests that it may run in the family).

Once developed, OCD is maintained through a number of factors:

- **Relief seeking rituals** such as handwashing act as a ritual that in the short term reduce distress but in the long term, only maintain the problem.
- **Avoidance** of things that normally trigger unwanted thoughts means that there is no possibility of proving the thoughts wrong.
- **Blocking out thoughts** makes it more likely that you will actually think about the unhelpful thought and so this strategy actually ensures that the problem continues.

- **Unhelpful thoughts** play a role in keeping obsessions and compulsions going. For example people often overestimate the likelihood of a negative event occurring if they did not perform their rituals. Such unhelpful thoughts need to be challenged. Please see the final section of this handout for more information on challenging unhelpful thoughts.

### **Do I have OCD? – a checklist for seeking help**

If you experience obsessions and compulsions, it is likely that you will recognise some of the symptoms described below.

*Please tick the boxes which regularly apply to you.*

#### ***Feelings***

- |                                |     |
|--------------------------------|-----|
| Anxious / panicky              | ( ) |
| Frustrated / uneasy            | ( ) |
| Contaminated / unclean / dirty | ( ) |
| Guilty / ashamed / disgusted   | ( ) |
| Under pressure / responsible   | ( ) |

#### ***Physical Symptoms***

- |  |     |
|--|-----|
| Butterflies in your stomach / nauseous | ( ) |
| Heart races / mind races               | ( ) |
| Dizzy / light headed                   | ( ) |
| Tense body / muscular pain             | ( ) |

#### ***Thoughts***

- |  |     |
|--|-----|
| I'm dirty / contaminated   | ( ) |
| I'm going to become ill / cause others to become ill             | ( ) |
| I could get burgled  | ( ) |
| What if I've left the cooker / iron / radio on?                  | ( ) |
| It'll be my fault if I don't do something (to avert danger)      | ( ) |
| I'm a terrible person to think this way                          | ( ) |
| I won't be able to cope unless I get this place straightened out | ( ) |

#### ***Behaviour Patterns***

- |   |     |
|---|-----|
| Check over and over that you have completed a task properly | ( ) |
| Avoid leaving the house last so you don't have to lock up   | ( ) |

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- Ask others to check you have turned all the appliances off properly ( )
- Repeatedly shower or wash your hands ( )
- Avoid touching objects that make you feel dirty ( )
- Say silent prayers in attempt to avoid disasters ( )
- Make sure everything is in its correct position ( )
- You try to push distressing thoughts and images from your mind ( )

If you have ticked a number of the 'thoughts' or 'behaviours' boxes you may be experiencing obsessions and compulsions. However don't be alarmed, this is very common and there are things you can do to help. The following section includes information on how OCD is treated.

### **How is OCD treated?**

There are a number of options for the treatment of OCD. Research has shown that both psychotherapeutic and medication-based solutions have been effective. It is advisable that you make yourself as informed as possible on what your options are.

There are a number of simple things that you can do yourself to help reduce your symptoms of OCD:

- **Lifestyle Changes.**

If you are suffering from OCD, there are a number of simple lifestyle changes that you should try to make. These include:

- **Sleep.** It sounds simple but issues with sleep are common for people with OCD. When you are sleep-deprived you are more prone to feel anxious. Improve your sleep by avoiding daytime napping, caffeine products, browsing mobile devices and excitable television late at night. Try to get between 7-9 hours of sleep per night.
- **Avoid alcohol and nicotine.** Both increase anxiety in the long-term and therefore increase the likelihood of you experiencing OCD symptoms.
- **Exercise regularly.** Exercise is a natural and effective anti-anxiety treatment that helps to control OCD symptoms by

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refocusing your mind when obsessive thoughts and compulsions arise. Try to exercise for 30 minutes each day.

- **Practice Relaxation and breathing techniques.** This can help to reduce your symptoms early on. Please see the following section for more information regarding relaxation and breathing techniques.
- **Reach out for help if and when you need it.** It is important to reach out to people when you need it, otherwise you will come to feel alone and vulnerable.

- **Medication**

Medication has been shown to be somewhat effective for some people in the treatment of OCD. Antidepressants may be prescribed as a temporary measure to relieve symptoms of anxiety at the beginning of the treatment process. It is important to remember however that medication does not get to the root of the problem and instead just treats the symptoms. Some people experience a number of side-effects when taking medication. If you have any questions or concerns regarding medication, you should seek advice from your doctor or a medical professional.

- **Psychotherapy**

A number of psychological therapies have been shown to be effective for the treatment of social anxiety. These include but are not limited to:

- **Cognitive Behavior Therapy (CBT).** CBT focuses on identifying, understanding, and changing thinking and behavior patterns. 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. CBT for OCD usually contains two components:
  - **Exposure and response prevention** involves repeated exposure to the source of your obsession. Then you are asked to refrain from the compulsive behavior you'd usually perform to reduce your anxiety. For example, if you are a compulsive hand washer, you might be asked to touch the door handle in a public restroom and then be prevented from

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washing. This is done in a stepped process. As you sit with the anxiety, the urge to wash your hands will gradually begin to go away on its own. In this way, you learn that you don't need the ritual to get rid of your anxiety—that you have some control over your obsessive thoughts and compulsive behaviors.

- **Cognitive therapy** focuses on the catastrophic thoughts and exaggerated sense of responsibility you feel. A big part of cognitive therapy for OCD is teaching you healthy and effective ways of responding to obsessive thoughts, without resorting to compulsive behavior.
- **Group Therapy.** Group therapy based on CBT principles has been shown to be particularly effective for OCD. Group therapy for OCD involves participating in a group to provide support and encouragement which usually decreases feeling of isolation.

### **Some self-help skills for treating OCD:**

- **Challenging Negative Automatic Thoughts (NATs)**  
As mentioned earlier, the way that people think has an impact on their obsessions and compulsions. More specifically, certain thoughts make it more difficult for people to resist completing relief seeking rituals. It is therefore important to remember that they are just thoughts, and not facts. If thoughts are not facts, then they can be challenged. Negative Automatic Thoughts (NATs) are common in OCD and recognizing them is the first step in learning to change them. By becoming aware of these thoughts and the effect that they are having on us, it becomes easier to see things in a more realistic light which can help to reduce your obsessions and compulsions. Below are some common NATs:
  - **Exaggerated feelings of responsibility:** People who experience obsessions and compulsions are often particularly anxious about being held responsible and being blamed if something bad occurs. e.g. They worry about other people's reactions if there was a fire because they left a plug in.

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- **Overestimating the possibility of danger:** People with OCD may often overestimate the danger involved in certain situations. e.g. They believe that they would definitely be burgled if they forget to lock their door.
- **Underestimating their ability to cope with anxiety:** People who believe that anxiety is dangerous and that they cannot tolerate it typically find it more difficult to resist completing relief seeking rituals. e.g. Worrying that their anxiety will 'get out of control' if they do not do something to reduce it.
- **Difficulty tolerating uncertainty:** Sometimes people who experience obsessions and compulsions find it very difficult to tolerate uncertainty. e.g. They insist on being 100% sure that a task has been completed perfectly.
- **Attaching high significance to thoughts:** When people attach a high level of significance to their thoughts, they are more likely to engage in relief seeking rituals: e.g. Believing that their intrusive thought (e.g. about harming someone they love) means that they must be an evil person.

Other people sometimes worry that by thinking about something negative, it is more likely to happen (e.g. a loved one being involved in a car accident). Unfortunately, placing such high significance on thoughts encourages people to complete rituals to counteract them. If some of these thought processes resonate with how you think about things, it might be useful to try to challenge your NATs.

Below is a helpful template to track your challenging thoughts:

Where were you?	Emotion or feeling	Negative automatic thought	Evidence that supports that thought	Evidence that does not support that thought	Alternative thought	Emotion or feeling following alternative thought

- **Relaxation techniques.**

Anxiety is more than just a feeling. It's the body's physical "fight or flight" reaction to a perceived threat. Your heart pounds, you breathe faster, your muscles tense up, and you feel light-headed. When you're relaxed, the complete opposite happens. Since it's impossible to be anxious and relaxed at the same time, strengthening your body's relaxation response is a powerful anxiety-relieving tactic. Progressive muscle relaxation, deep

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breathing, and meditation can help you to relax. These are skills that might take some practice initially.

The following are a set of links to further information about these relaxation techniques.

**Progressive muscle relaxation** can help you release muscle tension and take a “time out” from your worries. The technique involves systematically tensing and then releasing different muscle groups in your body. As your body relaxes, your mind will follow.

<http://www.cci.health.wa.gov.au/docs/ACF3C67.pdf>

<http://www.anxietybc.com/sites/default/files/MuscleRelaxation.pdf>

**Deep breathing.** When you're anxious, you breathe faster. This hyperventilation causes symptoms such as dizziness, breathlessness, lightheadedness, and tingling hands and feet. These physical symptoms are frightening, leading to further anxiety and panic. But by breathing deeply from the diaphragm, you can reverse these symptoms and calm yourself down.

<http://www.anxietybc.com/sites/default/files/CalmBreathing.pdf>

<http://www.cci.health.wa.gov.au/docs/ACF3C8B.pdf>

**Meditation.** Research shows that mindfulness meditation can actually change your brain. With regular practice, meditation boosts activity on the left side of the prefrontal cortex, the area of the brain responsible for feelings of serenity and joy.

[http://www.cci.health.wa.gov.au/resources/minipax.cfm?mini\\_ID=21](http://www.cci.health.wa.gov.au/resources/minipax.cfm?mini_ID=21)

<http://cdn.franticworld.com/wp-content/uploads/2012/02/Mindfulness-Of-Body-And-Breath-from-book-Mindfulness-Finding-Peace-in-a-Frantic-World-128k.mp3>

- **Removing avoidance and safety behaviours**

As already highlighted, people who experience unwanted thoughts tend to engage in rituals and avoidance in order to bring relief from the anxiety that this causes. Although this reduces anxiety slightly initially, it is actually unhelpful in the long term and it does not actually fix the problem and often make things worse. By performing rituals, people develop a pattern of behaviours where they feel compelled to continue these rituals to the point where it becomes extremely time consuming and debilitating.

Because of this, the best approach to overcome obsessions is to gradually confront unwanted thoughts without engaging in relief seeking rituals. Of course, confronting these situations can be daunting, especially given that our anxiety levels often rise when we do so. However research shows that if we can stay in a situation that we feel anxious in for long enough (without using our rituals), gradually our anxiety will reduce. It is almost as though our body and mind become 'used to' the situation and our anxiety begins to fall. This may take around 30 minutes or more but often happens more quickly. More importantly, if we subsequently confront a similar situation again, the amount of anxiety we experience is likely to be less and less on each occasion. Not only this, but it is likely to pass more quickly each time too, until the point that the situation causes us little or no anxiety This process is often done as part of individual or group CBT-based exposure and response therapy, but you could consider developing your own exposure hierarchy to work off of by following these steps:

1. Generate ideas
2. Put them in order of easiest to most difficult

3. Start to confront items in order of easiest to hardest. Remember to challenge yourself but be careful not to be overly ambitious. Also remember that is ok to take a step back on you hierarchy if you feel that you need to. Use breathing and relaxing techniques if you need to.
  
4. Repeat the exposure exercise as necessary.

Below is a template to create your own exposure plan.



- **Reducing relief seeking rituals**

It is very important to break the cycle of performing relief seeking rituals which are also known as compulsions. For example:

- Not washing your hands when you feel contaminated
- Not checking that an electrical socket has been switched off correctly
- Not picturing your loved ones alive and well to ensure that they remain safe
- Not triple checking that you have locked your car properly

By removing these rituals, you will give yourself the chance to prove that you do not have to complete them to avoid disaster. You will also be giving yourself the chance to experience anxiety, which will become less and less each time you complete an exposure task. Here are some tips to help with this:

- Try not to cut down on your relief seeking rituals by avoiding activities that trigger your urge to do them (e.g. don't avoid knives because it brings images into your mind of harming someone).
- Try not to rely on friends or family to help you out by completing rituals for you (e.g. don't ask them to check that all the plugs are off).
- If you find it very difficult to remove a relief seeking ritual, try to gradually reduce the amount of time you spend carrying it out (e.g. wash your hands more quickly). You can even build this into your hierarchy.
- Another idea if you are struggling is to try to delay the completion of a relief seeking ritual (e.g. by 5 minutes). Begin to increase this time gradually until you no longer feel the need to carry out your ritual at all.
- Spend time thinking about if you complete other less obvious rituals during exposure tasks. If you notice any, it is important to remove these as well. In other words, try to remove all behaviours intended to bring you relief.
- Focus on removing one ritual at a time (e.g. if your exposure task is to avoid double checking that the TV is off, still allow yourself to double check that the hairdryer is off).

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As we know, a compulsion is anything that brings relief from an obsession. It is perhaps most common for the compulsions people use to be physical behaviours (e.g. washing their hands to avoid the risk of contamination). However, sometimes people's compulsions are thoughts rather than behaviours. For example, they may picture their family as healthy and happy to bring relief from an image that they have come to harm. Despite the different forms of compulsions, the idea that we should stop ourselves doing them is exactly the same (e.g. resisting picturing your family is healthy).

### **Some helpful links**

The international OCD foundation website – some great links to resources and worldwide treatment centres

<https://iocdf.org/>

Further self-help information for OCD

[http://www.anxietybc.com/sites/default/files/adult\\_hmocd.pdf](http://www.anxietybc.com/sites/default/files/adult_hmocd.pdf)

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