

Obsessive Compulsive Disorder



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An information guide for Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder (OCD) is an anxiety disorder and each person that suffers from OCD may record different problems. We all experience obsessions and compulsions from time to time but it can be considered to be more of a disorder when it is more severe and impacts a lot on the person's life. There is however some common features...

What is an obsession and what is a compulsion?

Obsessions:

These may be in the form of thoughts, images or impulses. These are unpleasant and will just pop into our mind seemingly without any triggers. This will then lead to an increase in anxiety and anxiety symptoms.

The compulsion:

This is what is done to help manage the obsession. This may be an action, something that is said or doing something over and over again. Sometimes this action will seem logical, sometimes it will seem irrational. Most people with OCD recognise that their reaction was extreme but feel unable to break the pattern.

“OCD affects us in several ways including what we think, how we think and what we do...”

Can OCD be treated?

Most people do recover from OCD. The most commonly used treatments are CBT (cognitive behaviour therapy) and medication. CBT will be described in more detail later in the booklet.

Medication:

This may be prescribed by a psychiatrist or by your GP. The medication that is most commonly prescribed for OCD is anti-depressant medication. These can be effective even if you do not think that you are depressed. They do usually take a few weeks before people feel the benefit from them; but they are not addictive and have few side effects.

It is important that you continue with the treatment in the early days even if you do not feel that it is helping you.

Cognitive Behaviour Therapy (CBT):

This approach helps you to identify the thoughts (cognitions) or images and learn about how they trigger



the changes in how you feel, what you do and how you behave.

You can access this treatment through local IAPT service, which you can be referred to by your GP or in some areas you can self-refer.

Examples of obsessions and compulsions:

Obsession	Compulsion
Thoughts about being responsible for the spread of AIDS.	Wash and disinfect frequently. Avoiding touching other objects that others will need to touch. Examining your body for injuries.
Thoughts that something bad will happen to a loved one if you step on a drain.	Avoid stepping on drains. Cross over the street to avoid being near drains.
Thoughts that I am a bad person and will hurt someone I love.	Will seek reassurance from others that have not hurt them and that they are well.
Things need to be in a specific order, if anything was moved this can trigger distress.	You have the need to put things in specific places, you often need to do this several times until it feels right.
Images coming to mind of people close to you being dead.	Tell yourself repeatedly they are not dead. Try to contact them to prove they are still living.

What do we know about OCD?

OCD affects us in several ways including what we think, how we think and what we do.

How does your obsession make you feel? Tick any of the following boxes that apply to you...

Anxious

Distressed

Worried

Scared

Uneasy

How do you feel when you have done the ritual? Again, tick any of the following boxes that apply to you...

Relieved

Calm

Less anxious

More settled

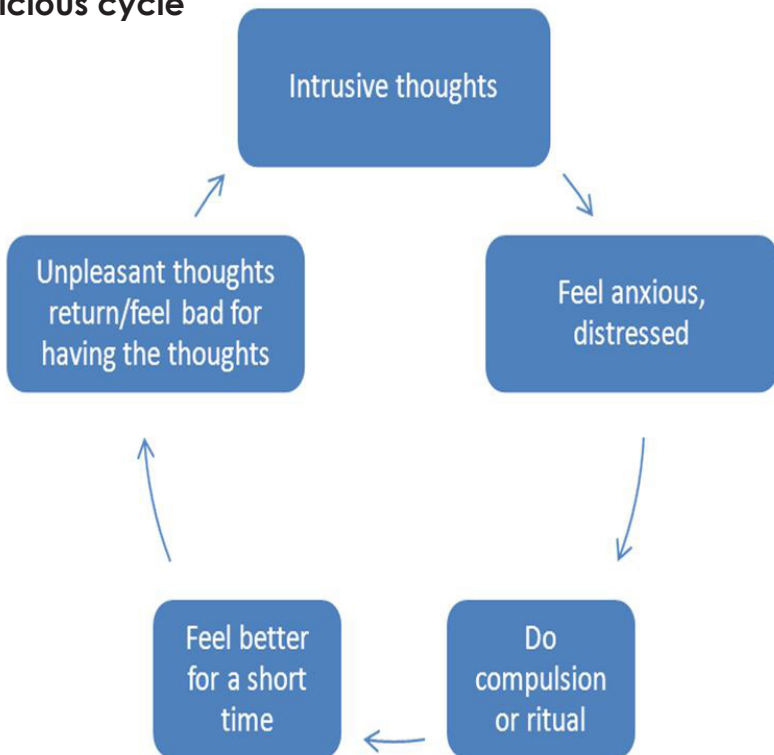
Less distressed

Less worried

If you have ticked several of the boxes you may have an OCD.

Most people that have OCD find there is a pattern to what they experience. They will have the thought or image that will trigger the anxiety, which then decrease when they have done their compulsive act.

The vicious cycle



Exposure Response Prevention (ERP).

ERP is a form of cognitive behavioural therapy. This means exposing yourself to, or gradually facing the things that you fear, without responding with the ritual behaviour that you would have done previously.

For example - If your obsession is not believing that the door is locked then the compulsion may be to check the door handle three times before you can comfortably walk away. With ERP you would only check the door once and then walk away, even though the anxiety would rise and possibly feel unbearable, it is important not to go back and check the door.

By doing this you are providing evidence that even though you did not respond in your usual way and go back and check the door, **nothing bad happened**.

Please note, not all the examples in this booklet will be exactly like your experiences, do not worry, use the parts that apply to you.

Facing your fears.

For many people with OCD, facing your fears can seem like an impossible task. The anxiety and distress that is triggered may feel unmanageable which will put you off trying ERP treatment.

Therefore, it is more helpful to make a list of all the things you find you do/think to reduce your distress and then start

with the easiest to tackle.

For example - Edward has a fear that he is full of germs and may contaminate his family. As a result of this, he has started carrying hand sanitizer around, using it every time he touches anything and he has been avoiding any physical contact with his children.

Edward listed his fears as: 1 = most feared 6 = least feared.

1. Cuddling his children after they have had a bath
2. Cuddling his children before they have a bath
3. Holding his children's hands
4. Preparing a meal for his children
5. Shaking another person's hand
6. Passing a pen to another person

Edward will focus on his least feared problem and will address this with exposure therapy, for example he will pass a pen to a colleague several times a day but will resist the urge to clean his hands with hand sanitizer before he passes the pen.

Edward may feel extremely anxious and uncomfortable but needs to allow the anxiety to reduce, **(it will reduce)**.

Can you make a list of your own fears; starting with your worst fears, ending with the least feared?

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Most people will notice that when they first start this their anxiety increases, and as such the urge to perform the ritual will be strong. Do not worry, this is to be expected.

Stopping yourself from carrying out the compulsive act...

It is difficult to stop yourself from carrying out the compulsive act; however it is a necessary stage in over coming OCD. Below are some tips that may help you.

Not to seek reassurance - If people offer reassurance this may stop or lessen the anxiety but it will stop you from completely facing your fear.

Give praise - Remember to compliment yourself when you have not completed a ritual/compulsive act. This is a big step forward in breaking the vicious cycle!

Keep a diary - You can track your progress this way. You will find the more that you respond without using the compulsive acts the anxiety will lessen and you will feel uncomfortable for shorter periods of time.

Look out for substitutions! - 7.30-8.00 am sort out problems; (1) agenda for meeting; (2) sort out holiday arrangements; (3) phone bank manager about overdraft.

Watch out! - If you find you have started this compulsive act without realising it, stop as soon as you notice.



How to tackle your negative thinking

When you start to tackle the OCD behaviours you may notice some negative thoughts. These thoughts may be criticisms of you, for example:

“It would be irresponsible of me to cuddle my children without cleaning my hands”

Or “If I spread germs to my children that would make me a bad father”.

These thoughts will affect your mood, it is important that you do not accept these thoughts as **facts**. You need to find a more balanced view point.

Firstly, write down what these thoughts are. Then try following these steps...

- Try to argue against this thought
- Ask yourself ‘How do I know this?’
- Remember your good points, not just the bad.

Dealing with an obsessional thought when the compulsion is another thought

For example - Cyril has a thought about hurting his wife, this thought left him anxious and distressed.

Tips for Cyril:

- Don't try to get rid of the thought, this will only mean you focus on it more
- Accept it as just a thought, it is not an indication of what you want to do, and we all get odd thoughts at times

Trying to stop the thought would only lead to him paying it more attention, which would then cause him more distress. He needs to stop trying to neutralise the thought because again this only leads to him paying a lot of attention to it.

He needs to accept it as **just a thought** and then let it fade, not to be afraid of the thought.

In summary

1. **Recognise** the unwanted or distressing thoughts (obsessions) and the things that you do to manage the anxiety and distress (compulsions).
2. **Start to break** the cycle by starting to face the things that you fear (use the list of what you fear for this).
3. **Remember** not to use the compulsions to manage your distress and anxiety.



4. Challenge any unwanted or distressing thoughts that you may experience.

Recognise - break - remember - challenge

[Useful reading](#)

Some useful books you may like to buy or borrow from your local library...

Living with fear - Issac Marks (1978). McGraw Hill.

Overcoming Obsessive Compulsive Disorder. A self help guide to using Cognitive Behavioural Techniques. David Veale and Rob Wilson. Robinsons London.

The boy who wouldn't stop washing - Judith Rapoport (1990)
Fontana

The following organisations and help lines may also be useful:

Your GP may be able to advise you of how to seek help. They may suggest talking therapies or medication or both.

If you wish to access talking therapies your GP can refer you to Open Minds, however Open Minds do welcome self-referrals between 10am and 4pm Monday to Friday.

Open Minds –

Grimsby Branch
7 - 9 Osborne Street
Grimsby
DN31 1EY
Tel: 01472 625100

Cleethorpes Branch
13 - 15 Grimsby Road
Cleethorpes
DN35 7AQ
Tel: 01472 252760

Email: NAV.OpenMinds@nhs.net

Single Point of Access - The crisis home treatment service

provides an open referral system where people can self-refer via the Single Point of Access.

The service can be contacted 24 hours a day, seven days a week.

Tel: 01472 256256 - press **option three** for mental health

The acute crisis home treatment service is based at - Harrison House, Peaks Lane, Grimsby.

Rethink - telephone support service for anyone affected by mental health issues

Tel: 0808 800 1010

Web: www.rethink.org

Cruse Bereavement Line - help for bereaved people and those caring for bereaved people

Grimsby, Cleethorpes and Louth Branch

Tel: 01472 814455

<http://www.crusebereavementcare.org.uk>

National Debt Line - help anyone in debt or concerned they may fall into debt

Tel: 0808 808 4000

Monday - Friday 9 am - 9 pm, Saturday 9:30 am - 1 pm

www.nationaldebtline.co.uk/england_wales





NAVIGO, NAVIGO House, 3 - 7 Brighowgate, Grimsby, DN32 0QE

T: (01472) 583000 E: info.navigo@nhs.net

W: www.navigocare.co.uk



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