

# What is OCD?

Obsessive Compulsive Disorder, or OCD, is characterised by the experience of intrusive, unwanted thoughts, mental images or urges (obsessions). OCD sufferers often feel pressure to engage in physical or mental actions, or rituals (compulsions), in an attempt to relieve anxiety and distress. These obsessions and compulsions consume a substantial amount of an individual's time. In turn, this can have a serious impact on the individual's relationships, work, and day-to-day functioning.

OCD has been ranked by the World Health Organisation (WHO) as one of the ten leading causes of diminished quality of life. It affects adults and children of all ethnicities and backgrounds.

# What are obsessions?

Obsessions can be intrusive and unwanted thoughts, images or impulses that repeatedly occur in the mind. Individuals who experience OCD do not welcome these obsessions. They are often accompanied by intense and distressing feelings, such as severe anxiety, doubt and shame.

The majority of OCD sufferers recognise that the obsessions they experience are not always realistic. However, simply stopping these obsessions feels outside of the individual's control.

Common obsessions include concerns about contaminating oneself or others; extreme levels of perfectionism; heightened levels of feeling responsible for other people's well-being, 'not-just-right experiences', or fears of harming someone unintentionally. Obsessions can also include intrusive thoughts and images that are often sexual, aggressive or blasphemous in nature.

# What are compulsions?

Compulsions are repetitive actions or thoughts that an individual with OCD uses in an attempt to make their obsessions go away, neutralise them, or counteract them.

Compulsions can also involve avoidance of situations that often trigger obsessive thoughts.

Put simply, OCD may be thought of as an 'itch', and the compulsion, the 'scratch' in response. Most individuals with OCD would rather not have to engage in compulsions due to their time-consuming nature. However, they often feel that it's their only way of reducing the anxiety associated with their obsessions.

Common compulsions include excessive washing or cleaning rituals; checking behaviours; collecting and hoarding objects; seeking reassurance from others; mentally reviewing decisions and behaviours until it feels 'just right'.

Compulsions can also include carrying out repetitive rituals, e.g. checking and ordering, and repeating activities in multiples. Avoidance of situations, people and places thought to trigger obsessions and compulsions is also common.

## Experiencing OCD

The experience of OCD can be differentiated from the everyday terms of being 'obsessed', 'obsessing' or being 'compulsive' by the extent to which the obsessions and compulsions impact the individual.

If a person without OCD experiences an intrusive thought, they may be momentarily concerned or distracted and able to move on. In these circumstances, the individual does not experience a prolonged disruption to their daily functioning.

Most people have experienced intrusive, unwanted thoughts at some point in their lives. However, this is a completely different experience to that of OCD sufferers. Similarly, many individuals without OCD engage in routines or 'compulsive behaviours', for example, a bedtime routine, or a preference for neatly arranging household items.

If these behaviours refer to an individual's preference and represent a positive and functional aspect to their daily life, then this is different from the experience of an OCD sufferer. For an individual with OCD, the act of performing a compulsive behaviour is inherent with the purpose of trying to reduce the presence of obsessions and associated feelings of distress.

## How is OCD treated?

OCD is a common psychiatric condition, known to impact 2-3% of the general population. It most commonly begins during the ages of 10-12; or in late adolescence/early adulthood.

Experiencing obsessions and compulsions is often accompanied by intense feelings of shame, which often leads to sufferers hiding their symptoms, and in turn, not receiving the help they deserve.

Fortunately, over the past few decades, the understanding of OCD has improved substantially. The development of effective treatments has improved daily functioning for countless sufferers worldwide. In brief, the aim of psychological treatment is to help OCD sufferers to gradually confront their obsessive thoughts, rituals and feared situations by providing alternative ways to respond.

# Exposure and Response Prevention treatment (ERP)

ERP is a specific type of cognitive-behavioural therapy. It is widely considered to be the 'gold-standard', first-line treatment option for OCD.

Research has consistently shown that between 50-60% of OCD sufferers are able to manage symptoms effectively following either stand-alone ERP, medication with serotonin reuptake inhibitors (SRIs), or a combination of both.

## ERP sessions

During an ERP session, a detailed psychological assessment will be conducted. The aim of the assessment is to identify a personalised cycle of how the individual's unique obsessions and compulsions occur and impact their daily functioning.

This personalised model then informs the ERP approach. The clinician effectively teaches alternative psychological strategies that enable the individual to gradually target obsessive thoughts, rituals, and situations that they find anxiety-provoking (exposure). At the same time, these strategies enable the individual to refrain from engaging in the compulsions (response prevention) that they feel driven to perform and keep their OCD going.

ERP is only ever undertaken at a pace that is comfortable for the individual. Clinicians are specially trained to provide supportive techniques to help individuals manage challenging situations and obstacles that commonly arise during the treatment process. They also implement maintenance programs that enable individuals to maintain their therapeutic gains. To enhance the efficacy of ERP, this form of treatment is sometimes augmented with psychological treatments including mindfulness based approaches and acceptance and commitment therapy (ACT).