

# Guide to Obsessive Compulsive Disorder

R E L I E F



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If you or your loved one is struggling with any disorder and don't know where to turn, call **RELIEF** at **718.431.9501** and get the help and support you need.



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## Introduction

If you or someone you care about has been diagnosed with Obsessive-Compulsive Disorder (OCD), you may feel you are the only person facing the difficulties of this illness. But you are not alone. In the United States, 1 in 50 adults currently have OCD. Fortunately, very effective treatments for OCD are now available to help you regain a more satisfying life.

*Relief Resources does not endorse or recommend the use of any specific treatments or medications listed in this publication. For advice about specific treatment or medications, individuals should consult their physician and/or mental health professional.*

## *What is Obsessive- Compulsive Disorder?*



**W**orries and doubts are all common in everyday life. However, when they become so extreme, such as hours of hand washing or the repetition of davening that a Rabbinic authority would deem excessive, then a diagnosis of OCD is a possibility. Everyone has intrusive thoughts from time to time. What differentiates OCD is the fixation on the thought, the anxiety it creates and the rituals that are performed to suppress the thought and diminish the anxiety. In OCD, it is as though the brain gets stuck on a particular thought or urge and just can't let go. People with OCD often say the symptoms feel like a case of mental hiccups that won't go away. OCD is a medical brain disorder that causes problems with information processing. It is not your fault or the result of a "weak" or unstable personality.

## *What are the symptoms of Obsessive- Compulsive Disorder?*



**O**bsessions are recurrent, intrusive, unwanted thoughts, and impulses or images that cause significant anxiety. At first, the obsession may be relatively benign. However, over time, the person associates it with fear and disabling anxiety.

### TYPICAL OBSESSIONS

- ☞ Fear of contamination with dirt, germs, or poisons
- ☞ Fear of having a serious illness
- ☞ Excessive fear of having committed an aveirah (sin)
- ☞ Fear that one's actions hurt other people or cause bad things to happen
- ☞ Excessive doubts whether you fulfilled a halachic obligation
- ☞ Need for symmetry, order, or exactness
- ☞ Inability to discard useless items (hoarding)
- ☞ Inappropriate sexual and aggressive thoughts and images

People who fear contamination may obsess about shaking hands or touching public doorknobs. Those who obsess about the implications of their actions often fear they will endanger others. They may feel they have left a door unlocked or hit someone while

driving. Obsessions with symmetry and order may cause significant anxiety over furniture arrangement, eating habits, or clothing. Inappropriate sexual impulses and pornographic images, often of an aggressive nature, can dominate a person's mind. Hoarding useless items, like outdated catalogs or clothing, is also common in OCD.

People suffering from OCD sometimes realize that they create their obsessions. They feel that the content of their obsessions is out of their control, and not indicative of their character, and something they wouldn't normally think, or communicate to others. Thus, their anxiety is intensified not only by recurrent obsessions, but by their strangeness.

Compulsions are repetitive, often ritualized behaviors that are intended to suppress the anxiety caused by obsessions.

#### TYPICAL COMPULSIONS

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- ☞ Washing, e.g., excessive hand-washing or bathing
- ☞ Doubting and rechecking, e.g., locks, lights, and ovens
- ☞ Asking the same or similar halachic questions repeatedly
- ☞ Ordering or arranging
- ☞ Counting
- ☞ Repeating behaviors, including speech and action such as repeating *davening* many times (more than a Rav would consider appropriate)
- ☞ Cleaning
- ☞ Hoarding possessions

Compulsive washing and cleaning are subsequent to the obsessive fear of germs or contamination. Compulsive people have been known to shower for 4 hours, or to wash their hands until they are raw. Others make sure their bath towels are arranged by some exact design, or that the soap is dry before they leave it. People may check the lock on a door several times an hour, or repetitively return home to make sure the oven is off. Some

people count incessantly in an attempt to distract or soothe aggressive thoughts. Others depend on patterned behavior such as avoiding traffic intersections or avoiding a change in routine, to control anxiety.

A general theme of compulsive behavior is adherence to some often elaborate set of rules or routine. People with OCD will go to great lengths to satisfy the requirements of a routine, which often results in patterned, idiosyncratic behavior, e.g., slowly and meticulously preparing a bathroom for a shower that lasts for several hours.

Obsessive-compulsive behavior often leads to secondary avoidance behavior. For example, people who obsess about germs compulsively wash their hands, and may also compulsively avoid places and situations that cause their anxiety in the first place, like public restrooms, doorknobs, and handshaking. Avoidance-related anxiety prohibits some people from leaving the house.

The fact that compulsive behavior can consume most of a person's time makes OCD a particularly devastating disease, especially when behavior becomes a daily routine. In fact, the time aspect is stipulated in the criterion for diagnosis. Ironically, behavior that is intended to suppress anxiety usually causes greater distress, prohibits concentration, and interferes with normal daily activities.

OCD usually involves having both obsessions and compulsions, though a person with OCD may sometimes have only obsessions with mental compulsions.

## *Other Features of Obsessive- Compulsive Disorder*



**O**CD symptoms tend to wax and wane over time. Some may be a little more than background noise; others may produce extremely severe distress.

A person with OCD has obsessive and compulsive behaviors that are extreme enough to interfere with everyday life. People with OCD should not be confused with a much larger group of individuals who are sometimes called “compulsive” because they hold themselves to a high standard of performance and are perfectionistic and very organized in their work and even in recreational activities. This type of “compulsiveness” often serves a valuable purpose, contributing to a person's self-esteem and success on the job. In that respect, it differs from the life-wrecking obsessions and rituals of the person with OCD.

People with OCD often feel embarrassed and ashamed of their illness and attempt to hide their disorder rather than seek help. Often they are successful in concealing their obsessive-compulsive symptoms from friends and coworkers. An unfortunate consequence of this secrecy is that people with OCD usually

do not receive professional help until years after the onset of their disease. By that time, they may have learned to work their lives – and family members’ lives – around the rituals.

Most people with OCD struggle to banish their unwanted, obsessive thoughts and to prevent themselves from engaging in compulsive behaviors. Many are able to keep their obsessive-compulsive symptoms under control during the hours when they are at work or attending school. But over the months or years, resistance may weaken, and when this happens, OCD may become so severe that time-consuming rituals take over the sufferers’ lives, making it impossible for them to continue activities outside the home.

### *When does Obsessive- Compulsive Disorder begin?*



**O**CD can start at any time from preschool age to adulthood. One third to one half of adults with OCD report that it started during childhood. Unfortunately, OCD often goes unrecognized.

OCD tends to be underdiagnosed and undertreated for a number of reasons. People with OCD may be secretive about their symptoms or lack insight about their illness. Many healthcare providers are not familiar with the symptoms or are not trained in providing the appropriate treatments. Some people may not have access to treatment resources. This is unfortunate, since early diagnosis and proper treatment, including finding the right medications, can help people avoid the suffering associated with OCD and lessen the risk of developing other problems, such as depression or marital and work problems.

### *Is Obsessive- Compulsive Disorder Inherited?*



**N**o specific genes for OCD have yet been identified, but research suggests that genes do play a role in the development of the disorder in some cases. Childhood-onset OCD tends to run in families (sometimes in association with movement disorders such as Tourette's Disorder). When a parent has OCD, there is a slightly increased risk that a child will develop OCD, although the risk is still low. When OCD runs in families, it is the general nature of OCD that seems to be inherited, not specific symptoms. Thus a child may have checking rituals, while the mother washes compulsively.

## What Causes Obsessive-Compulsive Disorder?



There is no single proven cause of OCD. The old belief that OCD was the result of life experiences has been weakened before the growing evidence that biological factors are a primary contributor to the disorder. The fact that OCD patients respond well to specific medications that affect the neurotransmitter serotonin suggests the disorder has a neurobiological basis.

Research suggests that the brain chemical messenger serotonin may be prominently involved in OCD. Drugs that increase the concentration of serotonin in parts of the brain often help improve OCD symptoms. Although it seems that serotonin may play a role in OCD, there is no laboratory test for OCD. Rather, the diagnosis is made based on an assessment of the person's symptoms.

Current research suggests it is possible that OCD symptoms in some children may have been triggered by a strep infection. When children start suddenly having OCD symptoms dramatically “overnight”, an autoimmune mechanism may be involved and antibiotic treatment for strep throat may prove helpful. The term PANDAS - Pediatric Autoimmune NeuroPsychiatric Disorders Associated with Streptococcal Infections - is used to describe this small group of children with OCD.

## How is OCD Treated?



The first step in treating OCD is educating the patient and family about OCD and its treatment as a medical illness. During the last 20 years, two effective treatments for OCD have been developed: cognitive-behavioral psychotherapy (CBT) and medication with a serotonin reuptake inhibitor (SRI).

Traditional psycho-analytic therapy, aimed at helping the patient develop insight into his or her problem, is generally not helpful for OCD.



### STAGES OF TREATMENT

- ACUTE TREATMENT PHASE: Treatment is aimed at ending the current episode of OCD.
- MAINTENANCE TREATMENT: Treatment is aimed at preventing future episodes of OCD.



### COMPONENTS OF TREATMENT

- EDUCATION: This is crucial in helping patients and families learn how best to manage OCD and prevent its complications.
- PSYCHOTHERAPY: Cognitive-behavioral psychotherapy (CBT) is the key element of treatment for most patients with OCD.
- MEDICATIONS: Medication with a serotonin reuptake inhibitor is helpful for many patients.

## *Education*



**O**ne of the most important things you can do to help your disorder is to become an expert on your illness.

Since OCD can improve and worsen many times during your life, you and your family or others close to you, need to learn all about OCD and its treatment. This will help you get the best treatment and keep the illness under control. Read books, attend lectures, and talk to your doctor or therapist. Being an informed patient is the surest path to success.

## *Psychotherapy*



**C**ognitive Behavioral Psychotherapy (CBT) is the psychotherapeutic treatment of choice for children, adolescents, and adults with OCD. In CBT, there is a logically consistent and compelling relationship between the disorder, the treatment, and the desired outcome. CBT helps the patient internalize a strategy for resisting OCD that will be of lifelong benefit.

## *What is CBT?*



**T**he BT in CBT stands for behavior therapy. Behavior therapy helps people learn to change their thoughts and feelings by first changing their behavior. Behavior therapy for OCD involves exposure and response prevention (E/RP).

Exposure is based on the fact that anxiety usually decreases the longer you stay in contact with something feared. Thus people with obsessions about germs are told to stay in contact with “germy” objects (e.g., handling money) until their anxiety disappears. The person’s anxiety tends to decrease after repeated exposure until he no longer fears the contact.

Exposure is most effective when combined with response or ritual prevention (RP). In RP, the person’s rituals or avoidance behaviors are blocked. For example, those excessively worried about germs must stay in contact with “germy things” and also refrain from ritualized washing.

People react differently to psychotherapy, just as they do to medicine. CBT is relatively free of side effects, but all patients will have some anxiety during treatment. This anxiety does decrease as the treatment begins to take effect. CBT can be individual (you and your doctor), group (with other people), or family. A psychiatrist may provide both CBT and medication, or a psychologist or social worker may provide CBT, while a physician manages your medications. Regardless of their specialties, those treating you should be knowledgeable about the treatment of OCD and willing to cooperate in providing your care.

## *How to Choose a Behavior Therapist*



**H**ow do you know a therapist is the right one for you? Educate yourself about OCD and its treatment. This will help you decide if the treatment a therapist is proposing is appropriate for OCD.

According to Dr. Michael Jenike, MD, Professor of Psychiatry at Harvard University and Director of the OCD Clinic at Massachusetts General Hospital, one should ask the therapist what technique he or she uses to treat OCD. “If the therapist has never heard of exposure and response prevention [sometimes called exposure and ritual prevention] or is vague about discussing these treatments, it may be best to look elsewhere. You need to know what these techniques involve to interpret what you are being told,” he says.

“Thus, if the therapist says that his main technique involves relaxation therapy, you can be quite confident that he is not experienced because relaxation is not effective for treating OCD. If the therapist tells you that the root of your problem lies in some difficulty with your early toilet training and this is why you have OCD, you should also find someone else.”

Compose a list of questions to ask your therapist including:

- Are you licensed?
- How many cases of OCD have you treated?

- ☞ What kind of therapy would you use to treat OCD?
- ☞ How many patients have you treated with CBT?
- ☞ Did the patients get better?
- ☞ How many of your current patients have OCD?
- ☞ Do you support the use of appropriate medication?
- ☞ What is the goal of CBT?
- ☞ How "cured" do you expect I will be by the end of treatment?

Please note that behavior therapy and cognitive-behavior therapy are very similar. Exposure and ritual prevention (E/RP) is the cornerstone of behavioral treatment for OCD. Cognitive-behavior therapy uses E/RP and cognitive techniques that will help you change the faulty beliefs people with OCD often maintain.

Note the potential therapist's response to your questions. A good therapist will be happy to involve you in the planning of your treatment. If you are not happy about the answers you are getting, or if the person you are talking to is being evasive, don't hesitate to go elsewhere. Keep trying until you find someone you feel comfortable with. In any case, be persistent and don't give up.

### ***How to get the most out of Psychotherapy***

- ☞ Keep your appointments
- ☞ Be honest and open
- ☞ Do the homework assigned to you as part of your therapy
- ☞ Give the therapist feedback on how the treatment is working

### ***Commonly asked questions about CBT***



#### ☞ ***How successful is CBT?***

While as many as 25% of patients refuse CBT, those who complete CBT report a 50%-80% reduction in OCD symptoms after 12-20 sessions. Just as important, people with OCD who respond to CBT usually stay well, often for years to come. When someone is being treated with medication, using CBT with the medication may help prevent a relapse when the medication is stopped.

#### ☞ ***How long does CBT take to work?***

When administered on a weekly basis, CBT may take 2 months or more before significant improvements are noticed. Intensive CBT, which involves 2-3 hours of therapist-assisted E/RP daily for 3 weeks, is the fastest treatment available for OCD.

#### ☞ ***What is the best setting for CBT?***

Most patients do well with gradual weekly CBT, in which they practice in the office with the therapist once a week and then do daily E/RP homework. Homework is necessary because the situations or objects that trigger OCD are unique to the individual's environment and often cannot be

reproduced in the therapist's office. In intensive CBT, the therapist may come to the patient's home or workplace to conduct E/RP sessions. On occasion, the therapist may also do this in gradual CBT. In very rare cases, when OCD is particularly severe, CBT is best conducted in a hospital setting.

☞ ***How can I find a behavior therapist in my area?***

Depending on where you live, finding a trained cognitive-behavioral psychotherapist may be difficult, especially one trained to work with children and adolescents.

If your OCD involves religious rituals or obsessions, it may be helpful to find a therapist who has worked successfully with members of the frum community and has a good understanding of the line that separates OCD and justifiable religious stringencies. Relief has created an extensive database of trained CBT therapists in many areas around the country and can help you find the right therapist to treat your condition.

Remember, though, if you are not getting real CBT, which involves exposure and response prevention using a list of OCD symptoms that are ranked from most difficult to easiest to resist, you are probably not getting the treatment you need. Don't be afraid to ask for a second opinion where necessary.

***How often  
should I  
talk to my  
therapist?***



**W**hen beginning treatment, most people talk to their therapist at least once a week to develop a CBT treatment plan and to monitor symptoms, medication doses, and side effects. As you get better, you see your therapist less often. Once you are well, you might see your therapist only once a year.

Regardless of scheduled appointments, call your therapist if you have:

- ☞ Recurrent, severe OCD symptoms that come out of nowhere
- ☞ Worsening OCD symptoms that don't respond to strategies you learned in CBT
- ☞ Changes in medication side effects
- ☞ New symptoms of another disorder (e.g., panic or depression)
- ☞ A crisis (e.g., a job change) that might worsen your OCD

## Medication



**W**hat medications are used to treat Obsessive Compulsive Disorder?

Research clearly shows that the serotonin reuptake inhibitors (SRI's) are uniquely effective treatment for OCD. These medications affect serotonin, a chemical messenger in the brain. The six medications currently used to treat OCD are:

1. Anafranil (clomipramine, manufactured by Ciba-Geigy)
2. Prozac (fluoxetine, manufactured by Lilly)
3. Luvox (fluvoxamine, manufactured by Solvay)
4. Paxil (paroxetine, manufactured by GlaxoSmithKline)
5. Zoloft (sertraline, manufactured by Pfizer)
6. Celexa (citalopram, marketed by Forest Laboratories, Inc.)

(In addition, Lexapro and Effexor are sometimes used but are less studied in their effectiveness with OCD.)

Prozac, Luvox, Paxil, Zoloft, Celexa are called selective serotonin reuptake inhibitors (SSRIs) because they primarily affect only serotonin. Anafranil is a nonselective SRI, which means that it affects many other neurotransmitters besides serotonin.



### HOW WELL DO MEDICATIONS WORK?

When patients are asked about how well they are doing compared to before starting treatment, they report marked to moderate improvement after 8-10 weeks on a serotonin reuptake inhibitor (SRIs). Unfortunately, fewer than 20% of those treated with medication alone end up with no OCD symptoms. This is why medication is often combined with CBT to get more complete and lasting results. About 20% don't experience much improvement with the first SRI and need to try another SRI.



### WHICH MEDICATION SHOULD BE CHOSEN FIRST?

Studies show that all the SRIs are about equally effective. However, to reduce the chance of side effects, most experts recommend beginning treatment with one of the selective serotonin reuptake inhibitors. If you or someone in your family did well or poorly with a medication in the past, this may influence the choice. If you have medical problems (e.g., an irritable stomach, problems sleeping) or are taking another medication, these factors may cause your doctor to recommend one or another medication to minimize side effects or to avoid possible drug interactions.



### WHAT IF THE FIRST MEDICATION DOESN'T WORK?

First, it is important to remember that these medications don't work right away. Most patients notice some benefit after 3 to 4 weeks, while maximum benefit should occur after 10 to 12 weeks of treatment at an adequate dose of medication. When it is clear that a medication is not working well enough, most experts recommend switching to another SRI. Since some patients will do better on one SRI and not respond at all to another, it is important to keep trying until you find the medication and dosage schedule that is right for you.



### WHAT ARE THE SIDE EFFECTS OF THESE MEDICATIONS?

In general, the SRIs are well tolerated by most people with

OCD. The five SSRIs (Prozac, Luvox, Celexa, Paxil, and Zoloft) have similar side effects. These include nervousness, insomnia, restlessness, nausea, diarrhea, weight gain and sexual side effects. The most common side effects of Anafranil are dry mouth, sedation, dizziness, and weight gain. Anafranil is also more likely to cause problems with blood pressure and irregular heart beats, so that children and adolescents and patients with preexisting heart disease who are treated with Anafranil must have electrocardiograms before beginning treatment and at regular intervals during treatment.

Tolerance to side effects may be more likely to develop with the SSRIs than with Anafranil, so that many patients are better able to tolerate the SSRIs than Anafranil over the long term. All SSRIs, except Prozac should be tapered and stopped slowly because of the possibility of the return of symptoms and withdrawal reactions. This is especially true with Paxil.

Tell your doctor right away about any side effects you have.

Some people have different side effects than others and one person's side effect (for example, unpleasant sleepiness) may actually help another person (someone with insomnia). The side effects you may get from medication depend on:

- The type and amount of medicine you take
- Your body chemistry
- Your age
- Other medicines you are taking/other medical conditions you have

If side effects are a problem for you, your doctor can try a number of things to help:

- Reducing the amount of medicine: The doctor may gradually lower the dose to try to achieve a dose low enough to reduce side effects but not low enough to cause a relapse.
- Adding another medication may be helpful for some side effects, such as trouble sleeping or sexual problems.

- Trying a different medicine to see if there are fewer or less bothersome side effects: even when a medication is clearly helping, side effects sometimes make it intolerable. In such a case, trying another SRI is a reasonable strategy.

**Remember: Changing medicine is a complicated, potentially risky decision. Don't stop your medication or change the dose on your own. Discuss any medication problems you are having with your doctor.**



## ANSWERS TO OTHER QUESTIONS ABOUT MEDICATIONS:

If you think you might be pregnant or are planning to become pregnant, most experts prefer to treat OCD with CBT alone. However, if medications are necessary (and they may be since OCD commonly gets worse during pregnancy), it may be best to find a doctor that specializes in perinatal psychiatric treatment.

- The SSRIs are preferred in patients with renal failure or coexisting heart disease who require medication.
- When another psychiatric disorder is present, your doctor will likely mix and match treatment for the other conditions with treatment for OCD. Sometimes, the same medication can be used for two disorders (e.g., an SRI for OCD and panic disorder). In other cases, such as concurrent mania and OCD, more than one medication will be necessary (e.g., a mood stabilizer and an SRI).
- Laboratory tests are necessary before and during treatment with Anafranil but not with the SSRIs.



## WHAT SHOULD I DO IF I FEEL LIKE QUITTING TREATMENT?

It is normal to have occasional doubts and discomfort with your treatment. Discuss your concerns and any discomforts with your doctor, therapist, and family. If you feel a medication is not working or is causing unpleasant side effects, tell the doctor. Don't stop or adjust your medication on your own. You and your doctor can work together to find the best and most comfortable medicine for you. Also, don't be shy about asking for a second opinion from another therapist.

Remember, it is harder to get OCD under control than to keep it there, so don't risk a relapse by stopping your treatment without first talking to your therapist.



### IS HOSPITALIZATION AN OPTION?

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People with OCD can almost always be treated on an outpatient basis. In rare cases, such as when a person is unable to function due to the OCD, traveling to a specialized center where intensive CBT is available, on an outpatient or inpatient basis, may be the most practical solution. When a person has very severe OCD or the OCD is complicated by a medical or neuropsychiatric illness, hospitalization can sometimes be a useful way to give intensive CBT. There are only three specialized residential OCD treatment centers in the United States. Inpatient units that do not specialize in OCD are often not helpful and can make the OCD worse.



### WILL I NEED TO TAKE MEDICATIONS?

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The need for medication depends on the severity of the OCD and the age of the person. In milder OCD, CBT alone is often the initial choice, but medication may also be needed if CBT is not effective enough. Individuals with severe OCD or complicating conditions that may interfere with CBT (e.g. panic disorder, depression) often need to start with medication, adding CBT once the medicine has provided some relief. In younger patients, therapists are more likely to use CBT alone. However, trained cognitive-behavioral psychotherapists are in short supply. Thus, when CBT is not available, medication may become the treatment of choice. Consequently, it is likely that many more people with OCD receive medication than CBT.

Before deciding on a treatment approach, you and your therapist will need to assess the OCD symptoms, any other disorders, the availability of CBT, and your wishes and desires regarding treatment. Try to find a therapist who will talk to you about these possibilities so that you can make your own best choice among the options available to you.



## Maintenance Treatment

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Once OCD symptoms are eliminated or much reduced—a goal which is practical for the majority of those with OCD—then maintenance of treatment gains becomes the goal.



### MAINTAINING TREATMENT GAINS

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- When patients have completed a successful course of treatment for OCD, most experts recommend monthly follow-up visits for at least 6 months and continued treatment for at least 1 year before trying to stop medication or CBT.
- Relapse is very common when medication is withdrawn, particularly if the person has not had the benefit of CBT. Therefore, many experts recommend that patients continue medications if they do not have access to CBT.
- Individuals who have repeated episodes of OCD may need to receive long-term or even lifelong preventative medication. The experts recommend such long-term treatment after 2 to 4 severe relapses or 3 to 4 milder relapses.

### DISCONTINUING TREATMENT

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When someone has done well with maintenance treatment and does not need long-term medication, most experts suggest

discontinuing medication only very gradually, while giving CBT booster sessions to prevent relapse. Gradual medication withdrawal usually involves lowering the dose by 25% and then waiting 2 months before lowering it again, depending on how the person responds.

Because OCD is a lifetime waxing and waning condition, you should always feel comfortable returning to your therapist if your OCD symptoms come back.

### *What can families do to help?*



**M**any family members feel frustrated and confused by the symptoms of OCD. They don't know how to help their loved one. If you are a family member or friend of someone with OCD, your first and most important task is to learn as much as you can about the disorder, its causes, and its treatment. At the same time, you must be sure the person with OCD has access to information about this disorder.

Helping the person understand that there are treatments that can help is a big step toward getting the person the help needed. When a person with OCD denies that there is a problem or refuses to go for treatment, it can be very difficult for family members. Continue to offer educational materials to the person.

Family problems don't cause OCD, but the way families react to the symptoms can affect the disorder, just as the symptoms can cause a great deal of disruption and many problems for the family. OCD rituals can tangle up family members unmercifully, and it is sometimes necessary for the family to go through therapy with the patient. The therapist can help family members learn how to become gradually disentangled from the rituals in small steps and with the patient's agreement. Abruptly stopping your participation

in OCD rituals without the patient's consent is rarely helpful since you and the patient will not know how to manage the distress that results. Your refusal to participate will not help with those symptoms that are hidden and, most important, will not help the patient learn a lifelong strategy for coping with OCD symptoms.

Negative comments or criticism from family members often make OCD worse, while a calm, supportive family can help improve the outcome of treatment. If the person views your help as interference, remember it is the illness talking. Try to be as kind and patient as possible since this is the best way to help get rid of the OCD symptoms. Telling someone with OCD to simply stop their compulsive behaviors usually doesn't help and can make the person feel worse, since he or she is not able to comply. Instead, praise any successful attempts to resist OCD, while focusing your attention on positive elements in the person's life. You must avoid expecting too much or too little. Don't push too hard. Remember that nobody hates OCD more than the person who has the disorder.

Treat people normally once they have recovered, but be alert for telltale signs of relapse. If the illness is starting to come back, you may notice it before the person does. Point out the early symptoms in a caring manner and suggest a discussion with the doctor. Learn to tell the difference between a bad day and OCD, however. It is important not to attribute everything that goes poorly to OCD.

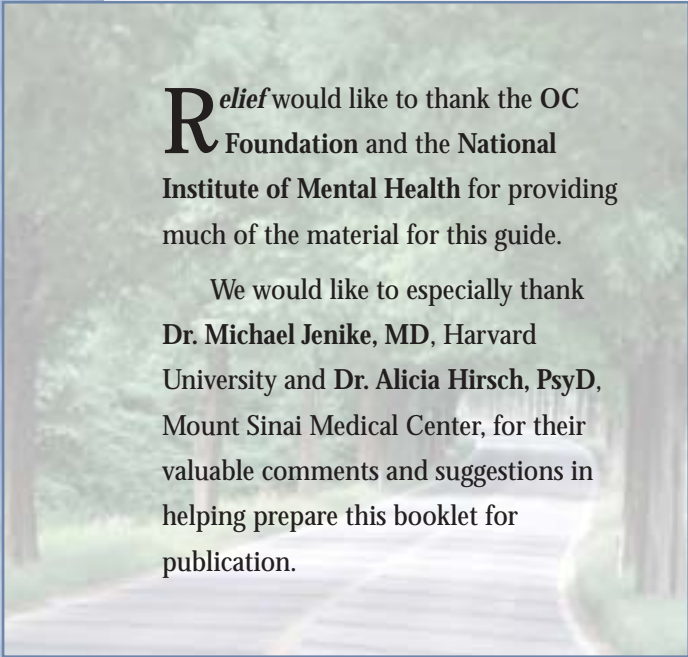
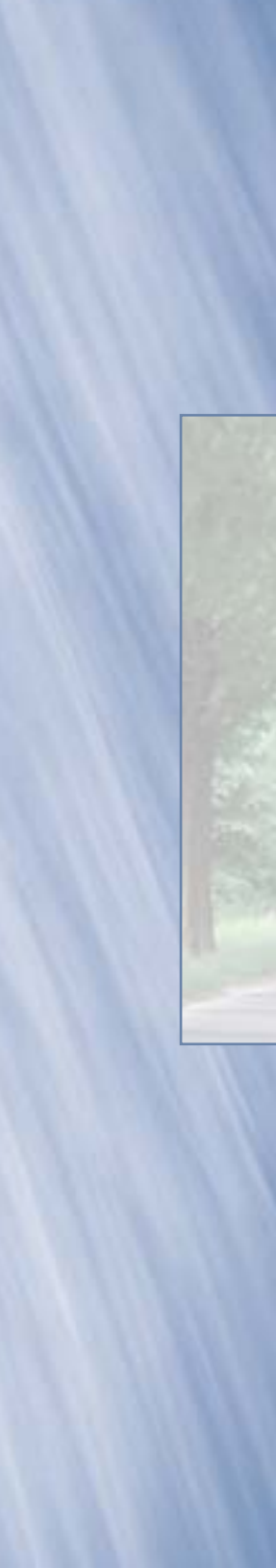
Family members can help the therapist treat the patient. When your family member is in treatment, talk with the therapist if possible. You could offer to visit the therapist with the person to share your observations about how the treatment is going. Encourage the patient to stick with medications and/or CBT. However, if the patient has been on a certain treatment for a fairly long time with little improvement in symptoms or has troubling side effects, encourage the person to ask the doctor about other

treatments or about getting a second opinion.

When children or adolescents have OCD, it is important for parents to work with schools and teachers to be sure that they understand the disorder. Just as with any child with an illness, parents still need to set consistent limits and let the child or adolescent know what is expected of him or her.

Be sure to make time for yourself and your own life. If you are helping to care for someone with severe OCD at home, try to take turns "checking in" on the person so that no one family member or friend bears too much of their burden. It is important to continue to lead your own life and not let yourself become a prisoner of your loved one's rituals. You will then be better able to provide support for your loved one.

**W**ith the right help and support, Obsessive Compulsive Disorder can be overcome. There have been enormous strides made in the treatment of OCD allowing people to live better and more successful lives. **Remember, you are not alone.** There is a lot of support and guidance to assist you on this journey. Call Relief at 718-431-9501 and get the help and encouragement you need.



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