NEWPORT HEALTHCARE

Empowering Lives.
Restoring Families.™

A Guide to OCD: Symptoms, Types, and Treatment

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Thank you for taking the first step in healing and education.

Whether you seek healing for yourself or for a loved one, or education as a professional or for personal reasons, we are grateful to you and privileged to be part of your journey.

As you may or may not know, obsessive-compulsive disorder (OCD) is defined by recurrent and persistent thoughts, urges, or images that are distressing or disturbing for those who experience them. In order to reduce, avoid, or tamp down those feelings of distress, sufferers engage in repetitive behaviors or mental acts known as compulsions. These compulsions, or rituals, are applied rigidly and do not always connect to the obsessions in a realistic way.

OCD impacts about 1 in 40 adults and 1 in 100 children. It affects all races, ethnicities, and genders, and presents with a range of symptoms and subtypes, such as contamination-based OCD, relationship OCD, "just right" OCD, and many more. Individuals suffering from OCD often feel tormented and scared by their thoughts. Families often feel at a loss for how to support their loved ones. Fortunately, OCD is easily treated through an evidence-based therapeutic model called Exposure and Response Prevention (ERP) therapy.

ERP therapy was developed in the 1970s and has since been thoroughly researched, with studies showing it has an effectiveness rate of 65 to 80 percent in both children and adults. Newport Healthcare offers specialized programming for OCD that incorporates ERP along with the other elements of our whole-person clinical model (see page 16).

In this guide, you will find information on OCD, effective treatments, and ways to help those struggling with this disorder, whether you're a parent, other family member, or professional in the youth mental health field. If you have questions or need additional support, please know that we at Newport Healthcare would be honored to walk side by side with you.

Meredith Hettler, LMFT

National Director of OCD and Anxiety Programs, Newport Healthcare

About This Guide

From incessant handwashing to checking the locks on the doors (just one last time), to arranging and rearranging items until they are “just so,” the symptoms of OCD might seem familiar to you. Perhaps you’ve even known someone who “seems a little OCD.”

The term OCD is often used casually in conversation to describe one’s perfectionist or germophobic tendencies. This offhand use, however, undermines the seriousness of the disorder and the profound effect it can have on a person’s quality of life. OCD can completely consume a person’s thoughts and behaviors, cause them to avoid certain places or people, and for some, can lead to unhealthy coping mechanisms, like problematic substance use.

One of the best ways you can support someone with OCD is to learn more about the disorder. OCD is not just a fear of germs or being a “neat freak.” There are various forms, which can impact each person differently and to varying levels of severity. Whether it’s your own child, a student, or one of your clients, approaching the topic of OCD with understanding, empathy, and compassion can make all the difference in getting them the help they need.

In this guide, you’ll find information and resources on OCD to help you better understand the disorder, treatment options available, and ways you can support someone you know. Living with OCD can be difficult, but there is hope through treatment.

The ABCs of OCD

What Is OCD?

OCD is a psychological disorder that creates intense anxiety and distress. People with OCD have repetitive, intrusive thoughts, fears, and worries (obsessions) that are unwanted and uncontrollable. In fact, adults with OCD typically know these thoughts are illogical, but they can't overcome them.

Obsessions are followed by intense and uncomfortable feelings like fear, disgust, uncertainty, and doubt. They are often accompanied by the feeling that things must be done in a certain way so that it is "just so" or "exactly right."

Common Obsessions

- Contamination (fear of dirt, germs, bodily fluids)
- Perfectionism (fear of making mistakes, need for symmetry)
- Violence (fear of harming self and others)
- Identity (concern regarding one's sexual orientation and/or gender identity)

People with OCD can find short-term relief by engaging in compulsions, or rituals. These are habits or actions performed to reduce the anxiety brought by the obsession and its feared consequence. Compulsions can be external, such as excessive handwashing, or internal actions, such as repeating a word or phrase in your head to reduce the fear caused by the obsession.

Common Compulsions

- Excessive washing, cleaning, and sanitizing
- Orderliness (e.g., arranging canned goods to face the same way)
- Following a strict routine
- Checking doors repeatedly to make sure they're locked
- Checking the stove repeatedly to make sure it's off
- Counting in certain patterns
- Silently repeating a prayer, word, or phrase

People with OCD may have obsessions, compulsions, or both. They may also avoid places, situations, and people that cause anxiety. Ultimately, however, the distress associated with obsessions will return. When this happens, OCD sufferers may find themselves engaging in compulsions more frequently and for longer periods of time. Compulsions can completely alter the daily functioning and quality of life of those with OCD.

What Causes OCD?

There is no known single cause of OCD, but possible risk factors include:

- Genetics
- Communication problems between the front part of and deeper structures of the brain
- Childhood trauma
- Childhood infections, such as streptococcal infection
- Anxiety or PTSD

OCD often starts in teens or early adulthood but can begin in childhood. According to the National Institute of Mental Health, approximately 76 percent of those with OCD have at least one other mental health disorder, including mood or other anxiety disorders.

Some people with OCD, especially children, have an accompanying tic. These brief, sudden movements can come in the form of blinking, head/shoulder jerking, throat-clearing, sniffing, or grunting.

OCD affects 2.5 million adults, about **1% of the US population.**
At least **1 in 200**—or 500,000— kids and teens have OCD.

Source - National Institute of Mental Health

How to Tell If It's OCD

You may suspect someone close to you has OCD. But how do you know for sure? The *Diagnostic and Statistical Manual of Mental Disorders* criteria for OCD states that a person will have obsessions, compulsions, or both at the same time. These behaviors "cause significant distress" and last up to 1 hour per day.

People with OCD generally:

- Are aware their obsessions/compulsions are excessive and illogical but can't control them
- Spend more than 1 hour a day on their obsessions or compulsions
- Don't find joy/pleasure in their compulsions, but they provide temporary relief for their anxiety
- Have a lower quality of life due to the time-consuming thoughts and behaviors

Take Our OCD Quiz

Take our short quiz to see if a teen or young adult you know may have OCD.

OCD Deep Dive

10 Types of OCD

1. Contamination OCD

People with contamination OCD have an intense fear of dirt and germs. They believe that they will contaminate themselves or others, and therefore engage in excessive handwashing and cleaning rituals, sometimes for hours. This is the most common type of OCD, affecting up to 46 percent of OCD patients.

The level of severity of symptoms can vary from person to person. Compulsions associated with contamination OCD include:

- Repeated, excessive washing and cleaning oneself (handwashing, disinfecting, showering, or bathing)
- Avoiding public spaces
- Avoiding touching things or others (handshakes, hugs)
- Constantly changing clothes
- Discarding “contaminated” items

People with contamination OCD will often seek reassurance from others that they are not contaminated, even going as far to have them check parts of their body they can’t see or get to. The excessive cleaning compulsions can leave its sufferers with red, chapped, cracked, and bleeding skin. Additionally, the overuse of antibacterial soaps and other disinfectants can cause further skin damage.

2. Checking OCD

Checking OCD is one of the most widely known forms of OCD, characterized by repeatedly checking things to ensure they are “as they should be.” Checking is also a symptom of other OCD subtypes. People with this subtype feel a strong responsibility to make sure nothing bad happens to those around them. Checking serves as evidence that they are doing what is necessary (in their mind) to protect oneself and others from harm.

Fears among people who have this type of OCD include:

- Burning the house down because they’ve left the stove on
- Being robbed because they’ve left the doors unlocked or forgot to close the garage door
- Losing personal items such as phone, wallet, or keys
- Putting their children at risk by leaving them in someone else’s care

People with checking OCD will engage in repeated checking rituals to ensure their fears are unwarranted. They will ask for reassurance from their partner or loved ones that they have locked the doors and turned off the stove, or that all of the candles have been blown out. They may obsess over the safety of their loved ones, making multiple trips to their baby's crib to ensure they're still breathing. They may check in with the babysitter excessively to make sure their children are safe.

3. Harm OCD

Many people experience violent thoughts at some point in time. But for some, the thought of hurting themselves or someone else is uncontrollable and can consume their minds.

People with harm OCD constantly question their character and live in fear that they will act on these disturbing thoughts. However, having harm OCD does not mean the person will carry out the violent acts. Due to their fear of hurting others, some will avoid or distance themselves from others out of safety.

Sometimes, obsessions can take the form of intrusive and violent images of harming someone. For example, someone might picture what it would look to drive their car into a crowd of innocent bystanders.

Harm OCD obsessions may look like:

- What if I harm my spouse or child?
- What if I lose control and harm or kill myself?
- Why do I have violent thoughts?
- Does this mean I actually want to harm someone?

Harm OCD Compulsions

- Seeking reassurance from others that they are not a violent person and they would never act on their disturbing thoughts
- Performing mental rituals to convince themselves they would never hurt anyone
- Avoiding people they have had thoughts about harming
- Hiding sharp objects

4. Sexual Orientation OCD

Sexual orientation OCD, or SO-OCD, occurs when someone has obsessive, intrusive thoughts questioning their sexual orientation. These continuous thoughts cause guilt, shame, distress, and anxiety. This isn't healthy, normal questioning of sexual orientation: The obsessions and compulsions are unwanted and distressing, and they take up more than an hour a day.

SO-OCD can occur in someone of any sexual orientation. This could mean that a person who identifies as heterosexual questions whether they are gay. It could also mean that someone who identifies as gay questions whether they are straight.

Obsessions and compulsive behaviors can include:

- Doubting your sexual orientation when there is no reason to
- Obsessing about past sexual encounters
- "Testing" different sexual behaviors in your mind to see if you become aroused
- Constantly worrying that others think you are of a different sexual orientation than you are
- Seeking reassurance from others that you are not of a different sexual orientation
- Avoiding certain social situations or people of the same sex

5. Relationship OCD

Relationship OCD involves obsessions, preoccupations, doubts, and compulsive behaviors related to a relationship with another person. Someone with ROCD may constantly question if they really want to or should be with their partner, placing intense focus on perceived physical or personality "flaws." They may continuously seek reassurance from others that they should be with their partner.

Additionally, a person with ROCD may obsess over past relationships. They may ask themselves, "Did I make the right decision?" or "Where would I be if we didn't end the relationship?" These intrusive thoughts can put a strain on current relationships or cause someone to avoid new relationships altogether.

6. Hoarding OCD

People with hoarding OCD experience great distress parting with seemingly worthless items. These items often include old magazines, clothes that are old, torn, or no longer fit, receipts, or containers. The homes of hoarding OCD sufferers can become so cluttered that rooms or areas are completely inaccessible or unusable. In severe cases, the person will allow the buildup of trash or food to reach unsanitary levels.

Typically, those with hoarding OCD have irrational and obsessional fears of losing items that may be needed one day or remind them of a specific time in life. They have an intense emotional and sentimental attachment to the objects and the thought of parting with them creates enormous anxiety, distress, and anger toward anyone suggesting they do so.

7. Symmetry OCD

Symmetry OCD is characterized by intrusive thoughts and compulsive behaviors surrounding sameness, orderliness, balance, and symmetry. The person is consumed by the thought that objects must be in a certain order or position, and when they are not, it causes high levels of distress and anxiety. They will experience a persistent feeling that things are "off" or imperfect, which drives the compulsion to make things "just right" or "perfect."

Compulsive behaviors associated with symmetry OCD include:

- Organizing items by color, size, number, or other standards set by the individual
- Ensuring items are placed with the same amount of space in between them
- Counting steps to make sure the left and right foot are equal

8. Obsessions Without Compulsions (Pure O)

This OCD subtype, referred to as pure obsessional OCD, or "Pure O," is defined by intrusive, unwanted, and uncontrollable thoughts (or obsessions) without obvious, visible compulsive behaviors. While those with Pure O may not engage in behaviors such as counting, arranging, or excessive handwashing, they still perform compulsive behaviors. They are just hidden mental rituals that calm the anxiety brought on by the intrusive thoughts. For example, those with Pure O may repeat certain words or phrases in their head, undo and redo certain actions repeatedly in their mind, or visualize things that bring comfort.

9. Religious OCD

Also known as scrupulosity, this subtype involves obsessive and compulsive behaviors of a religious and moral nature. These individuals are overly concerned that their thoughts or actions are sinful or go against their religion. They constantly worry about offending or angering God.

Scrupulosity fears include:

- Committing a sin
- Being punished by God/going to hell
- Losing impulse control
- Needing certainty about certain religious beliefs
- Being possessed

Compulsive behaviors could include:

- Cleansing/purifying rituals
- Needing constant reassurance from religious leaders
- Excessive confession
- Writing out prayers to ensure they are done “correctly”

10. Magical Thinking

You probably remember reciting this old superstition as a child: “Step on a crack and break your mother’s back!” Magical thinking is a type of OCD that involves thoughts and behaviors around superstitious beliefs. It could be as simple as knocking on wood to avoid something bad happening or having to sit in the same seat at a sporting event because otherwise your team will lose. It could be the baseball player who believes they must spin their bat three times before stepping up to home plate or they’ll jinx the team’s outcome.

Magical thinking can develop out of associations learned in childhood. For example, “When something breaks at home, Dad gets angry.” A child can begin to associate the negative occurrence with something they’ve said or done.

Magical thinking can cause uncontrollable fears that something bad will happen to them or others unless they engage in a particular ritual. Therefore, if they are unable to perform this ritual, they can experience extreme anxiety and guilt. Like any form of OCD, the level of severity could reach a point that diminishes quality of life for the person affected.

Some rituals associated with magical thinking may include:

- Touching things in a certain sequence or a particular number of times
- Obsessively counting steps
- Washing one’s hands a certain number of times to avoid contamination

OCD Treatment and Support

Exposure and Response Prevention Therapy

What Is ERP?

Exposure and Response Prevention therapy (ERP or ExRP) is considered the gold standard in OCD treatment. It is a behavioral therapy that is designed to gradually expose individuals to situations that elicit obsessions. It also teaches individuals how to prevent the rituals or compulsions they use to mitigate the distress related to obsessions.

Why Is ERP Effective?

ERP is different from talk therapy in that the focus isn't on "talking" your way through OCD, it's about "behaving your way" through OCD. While talk therapy can be helpful, it can sometimes make OCD worse by asking the individual to "think too much about their thoughts." This can reinforce the obsessions rather than ending the OCD cycle. In ERP therapy, individuals are asked to confront their fears in order to overcome them.

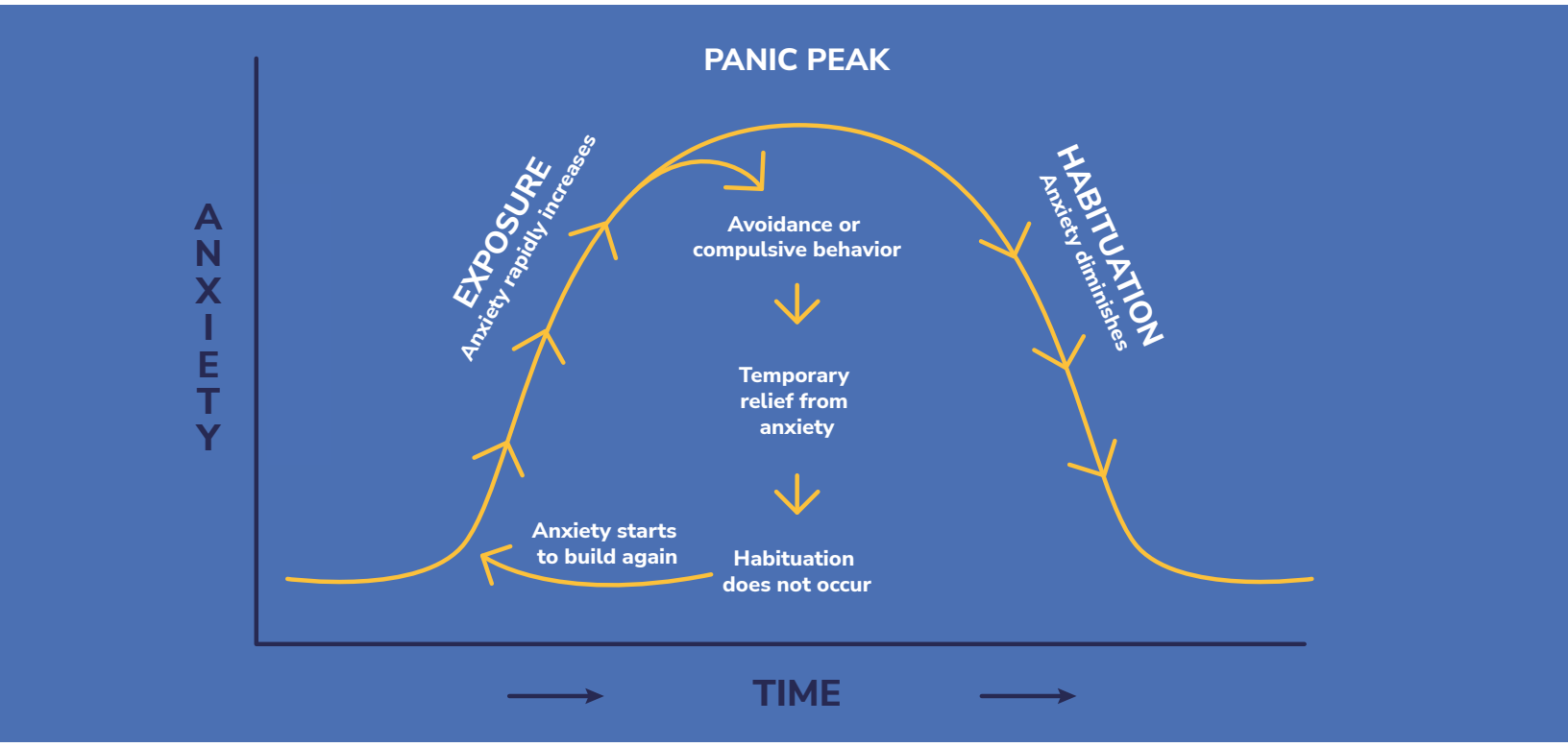
How Does ERP Work?

ERP is introduced in a gradual and systematic way. In the first few sessions, the ERP therapist will help the young person better understand their OCD through psychoeducation and increased awareness about their obsessions and compulsions.

Therapists will also work with them to co-create a hierarchy list that outlines the intensity of each obsession and build a road map for when they will engage in exposures for each of those identified obsessions.

More than 50% of people with OCD may have severe impairment resulting from the condition.

Source - National Institute of Mental Health



ERP Visualization

The graph above outlines the ERP process and the OCD cycle. ERP is designed to bring teens and young adults through the panic peak and into habituation (the diminishing of a physiological or emotional response to a frequently repeated stimulus), whereas the OCD cycle leads to continued reinforcement of avoidance/escape and rituals.

In-Vivo Exposures: An in-vivo exposure involves directly exposing oneself to feared situations in real life. For example, a person with contamination OCD might develop a hierarchy of in-vivo exposures that involve purposefully touching things that they define as "dirty" or "contaminated." The goal of these in-vivo exposures is to face their fear without engaging in any rituals or compulsions. More specifically, the person engaging in the in-vivo exposure will be asked to refrain from washing their hands, using hand sanitizer, getting reassurance etc., after touching the "contaminated" item.

Imaginal Exposures: Imaginal exposures are utilized in instances when it is not possible to complete an in-vivo exposure. For example, an imaginal exposure could be utilized for an individual fearing illness or someone experiencing aggressive obsessions. When creating an imaginal exposure, assist in the development of a narrative that outlines the client's worst fear. The story will describe a catastrophe impacting the client or others in their life as a direct result of their failure to perform rituals.

What Is Ritual Prevention?

Ritual prevention eliminates compulsions (the things someone does to reduce their anxiety/distress). For example, a client with contamination fears could be asked to stop excessive handwashing, or a person who engages in excessive reassurance-seeking could be asked to prevent themselves from reaching out to others to obtain reassurance.

Ultimately, the goal is for clients to completely eliminate rituals and compulsions. However, it is important to note that some individuals may not be ready to completely eliminate when immediately starting treatment. Therefore, the clinician will work with the client to learn how they can reduce, delay, or change their compulsions as part of the process, with the goal of eventual elimination.

Learn more about ERP.

Rates of OCD are **higher among women** (1.8%) than men (.5%).

Source - National Institute of Mental Health

How to Support Someone with OCD

It can be difficult to watch someone you love or are close to suffer with intrusive thoughts and compulsive behaviors. Whether you are a family member or a professional who works with a teen or young adult with OCD, there are several ways you can support them.

Learn About OCD

Many adolescents will hide their experiences because of the fear, distress, and shame they feel. Others will be afraid to talk about what they're feeling for fear of getting in trouble.

As a family member or professional, it is important for you to understand that OCD comes in many forms. It is more than just being a "neat freak" or germaphobe. It can take the form of violent intrusive thoughts, or the need for things to be "just right." It can manifest as fears of contamination, religious fears, perfectionism, and various other scary or unnerving thoughts.

Once you learn more about the OCD subtype the young person is struggling with, you will have a better understanding and empathy toward their condition. This will help you learn their triggers and patterns.

Online Resources

- International OCD Foundation (IOCDF)
- IOCDF's directory of Support Groups and Treatment Groups

Books for Families

- *The Family Guide to Getting Over OCD: Reclaim Your Life and Help Your Loved One* by Jonathan S. Abramowitz, PhD
- *Freeing your Child from Obsessive-Compulsive Disorder* by Tamar E Chansky, PhD
- *Helping Your Child with OCD* by Lee Fitzgibbons, PhD, and Cherry Pedrick, RN
- *Stolen Child: A Mother's Journey to Rescue Her Son from Obsessive Compulsive Disorder* by Laurie Gough
- *When a Family Member Has OCD: Mindfulness and Cognitive Behavioral Skills to Help Families Affected by Obsessive-Compulsive Disorder* by Jon Hershfield, MFT

Encourage Treatment

If you recognize that OCD symptoms in someone close to you are severe and interfering with their daily functioning, you may want to encourage them to seek treatment. Approaching the topic can be scary, but the outcome could give them back their life.

Use a tone that is empathetic and encouraging. Be sure to practice patience and understanding. The thought of treatment can be frightening to a teen, and even to a young adult, and it may take a few tries to convince them of the benefits.

Approaching the topic can be intimidating, but the outcome could change their life for the better.

In general, OCD in children is diagnosed before age 19, and **25%** of cases are diagnosed by age 14.

Source - National Institute of Mental Health

OCD Treatment at Newport Healthcare

Whole-Person OCD Treatment for Adolescents and Young Adults

Our multidimensional treatment model for obsessive-compulsive disorder provides individualized care, based in authentic connection and built around scientifically validated modalities.

Experiential Modalities

Embodied connection with self, others, and the natural world

Young people access joy and build self-esteem in activities such as Adventure Therapy, yoga and meditation, music and art therapy, and Equine-Assisted Therapy.

Exposure and Response Prevention (ERP) Therapy

The gold standard of care for OCD

Patients receive 3 hours of ERP therapy delivered in group and individual sessions and 1.5 hours of exposure homework, 4–5 days/week, facilitated by clinicians with Advanced ERP training.

Attachment-Based Family Therapy (ABFT)

A family therapy model rooted in attachment theory

Evidence suggests insecure attachment style may increase the severity of OCD. We integrate ABFT as an essential element of our treatment model, strengthening the family system while reducing OCD symptoms.

Evidence-Based, Trauma-Informed Care

A foundation of support and positive coping skills

Newport's model goes beyond other OCD-specific programming, by integrating a variety of clinical modalities, along with skills-based and process-oriented groups, to address underlying trauma and co-occurring depression.

Expert Therapists and Staff

- Clinicians trained and supervised in Exposure and Response Prevention (ERP) Therapy
- All staff members trained to work with populations experiencing OCD/anxiety

Individualized Care

- Separate programs for teens and for young adults
- Industry-leading staff-to-client ratio
- Small program sizes
- Tailored treatment plans

Telehealth and Family Support

- Continuing care after discharge via our virtual Intensive Outpatient Program
- Biweekly OCD-specific support group for family members of patients

Grounded in Compassion, Driven by Outcomes

We track the impact of our OCD treatment through our patients' stories of recovery, and by measuring symptomology using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS). Early research outcomes indicate that patients experience significant improvement as a result of our treatment model. Our approach is designed not only to reduce symptoms, but also to heal isolation, nourish compassion for self and others, build emotional regulation, and nurture passions and talents.

One Patient's Story

"Before coming to Newport, I wasn't able to do normal day-to-day tasks, and I felt like everything was moving in slow motion. I couldn't focus on school. I could only focus on things in my head, like germs and getting sick. I felt like OCD was taking over my life.

Starting treatment was scary, because I didn't know what I was getting myself into. But I didn't feel forced to do anything, which was one of my biggest fears. I didn't feel rushed. The whole process was very personalized. The staff understood me and did things in a way that would help me the best. And my peers understood me—we were all different people, but we could relate on some level.

The ERP work helped me get back to how I was before OCD crept in. Just being able to be in proximity to my brother and to simply touch door handles in my house. Being able to share a bathroom with my family and use the same faucet as them. Doing things that I would have never done before.

Since treatment, things are going really well. I got a new job. I'm a personal trainer, and I have to touch people and equipment. Using the gym was really hard for me before, but being around people that are sick doesn't bother me anymore.

A lot of people are hesitant to start treatment because exposure is scary. But everyone at Newport was super welcoming, and being surrounded by them was an opportunity. You have to take that big step to get to the other side."

—Sam B., Newport alum

Sam's Y-BOCS score at admission = **30 (severe symptoms)**
Sam's Y-BOCS score at discharge = **11 (mild symptoms)**

Learn more about our teen OCD treatment.

Learn more about our young adult OCD treatment.

Call us or visit our websites to access more resources and support for teens, young adults, and families.

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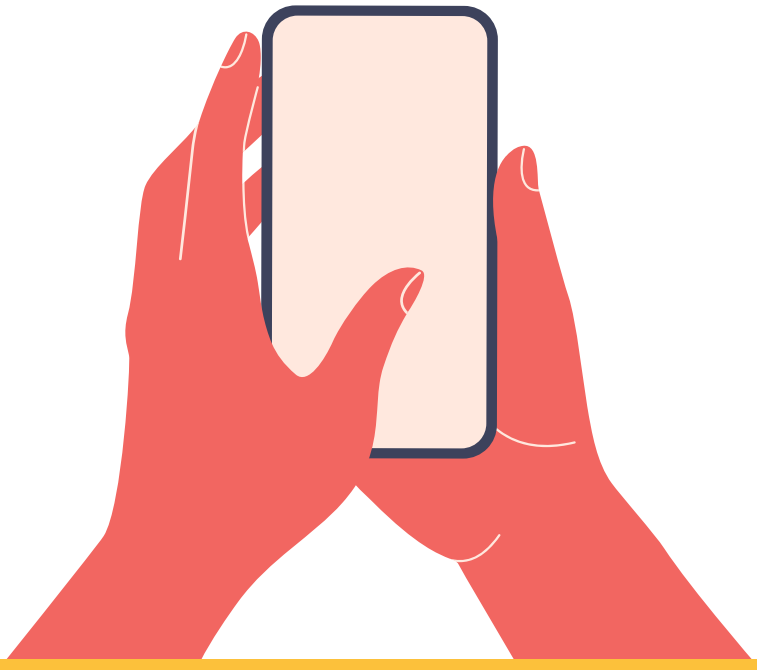

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