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OCD and Severity

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OCD Severity?

- The severity of OCD ranges from mildly inconvenient to severe where patients can become housebound or hospitalised
- What factors determine the severity of OCD?
- Why do some people have mild symptoms, whilst others cannot leave their homes?
- Is it like a disease, where some people have a very virulent strain?
- This presentation is directed at people with OCD but carers are very welcome

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OCD Severity spectrum?

mild	moderate	acute
<p><i>Inconvenient</i></p> <ul style="list-style-type: none"> • Still functioning at work • Able to have significant relationships • Still pursuing goals and purposes 	<p><i>Problematic</i></p> <ul style="list-style-type: none"> • Difficulties functioning at work • Relationships are suffering • Difficult to pursue goals and purposes 	<p><i>Disabling</i></p> <ul style="list-style-type: none"> • Unable to work • Significant relationships are highly compromised • Little interest in goals and purposes

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How is severity measured?

- There are scales for measuring the severity of OCD, e.g., the Yale Brown Obsessive Compulsive Scale
- These are useful tools when assessing sufferers as they provide a standard which is widely used by practitioners
- However, when I do assessments I am looking for key indicators that tell me how severe a person's OCD might be
- I'm more interested in how well they are able to function in *their* life, as everyone's life is different

How do I measure the severity?

- Although we do use standard assessments, what we have come to realise, is that each of our clients is very different
- None can be categorised and pigeon-holed
- Each one never fails to surprise us, mostly for the better, sometimes for the worse
- Each person is fascinatingly unique, has different people caring for them and an individual set of personal circumstances

How do I measure the severity*?

- The indicators of severity I look for are:
 - How well are they functioning at work? (if working)
 - How well are they functioning at home?
 - How are they managing their closest relationships?
 - Who is colluding in their OCD and to what extent?
 - What percentage of their day is taken up with OCD?
 - Which areas of their life are suffering the most?
 - How long have they been experiencing symptoms?
 - To what extent are they pursuing their goals and purposes in life?

** Obviously we carry out other clinical assessments such as history, health, comorbidity and risk assessments*

What 'causes' OCD

The nature vs. nurture discussion

- There has been a long-standing debate (particularly in the UK) as to the origins of OCD
- Are they biological, i.e., caused by a clinical phenomenon such as a brain malfunction or disease?
- Or are they environmental? Does the sufferer develop OCD as a result of environmental factors, e.g., negative events, dysfunctional parents, traumatic schooling, etc.
- Let's look at the current thinking on the biology of OCD

Is it a lack of serotonin?

- You may have read that a deficit of [serotonin](#) causes OCD
- What we do know is that serotonin is present all over the brain
- It is believed to aid communication between brain cells and hence plays a role in mood regulation
- What we do know is that serotonin levels are deficient in most mental disorders, including eating disorders, depression, addictions, ADHD (attention deficit hyperactivity disorder) and not just OCD

Is it a lack of serotonin?

- Low serotonin is a factor but does it cause OCD?
- Saying low serotonin causes OCD may be a little like saying that an underperforming immune system causes an illness however, this is not strictly true, a low functioning immune system doesn't cause a cold – that would be the person who passed it on to you
- Perhaps it would be more accurate to say that an under-functioning immune system is a factor in you succumbing to it
- Scientific evidence hasn't identified the exact nature of the link between low serotonin and OCD

Is it a brain misfire?

- Based on the last 20 years of research, OCD is more likely to be a misfire within specific electrical transmissions or synapses in the brain
- One of the factors in the development of OCD is genetic
- In some cases, another factor thought to contribute to the cause and onset of OCD is an [auto-immune response](#) to a streptococcus infection (ear, nose or throat)
- An auto-immune infection is a condition where the antibodies your body produces to fight an infection, mistakenly attack healthy cells and not the rogue infection
- In the case of OCD, it is thought that the antibodies damage certain transmissions in the brain and this syndrome is known as [PANDAS](#)

Do some people misfire more than others?

- So, if the cause of OCD is thought to be biological, do some people have a more severe case of OCD?
- Yes for sure, but I am of the opinion that biology plays less of a part in the severity of the condition than you might think
- From my experience it seems more plausible that the severity is driven more by environmental and habitual factors than biology

The nature vs. nurture discussion

- So, I am saying that the *origins* of OCD are most likely to be biological whereas the sub-type of OCD and your ability to maintain the condition is largely determined by your environment

The environmental component

- Let's look at that environmental component, shall we?
- When OCD first occurs, the anxiety feels uncomfortable, inexplicable and traumatic the person feels the thought is dangerous, real and requires immediate action (fight or flight response)
- The flight or fight response is represented in OCD by avoidance, physical compulsions to neutralise or reverse the thought or to problem solve it by rumination

The environmental component

- The traumatic nature of the first OCD "misfire" sets up a habit where the person will repeat their fight or flight behaviour in response to either the original thought or any thought connected to it
- For example, the first time it occurs to a person that they might contract HIV from public toilets, the anxiety is so uncomfortable that in a very short time, they are not only avoiding public toilets but many public situations in general
- By the time you seek help, you are already behaving very much like an addict

The habitual component

- You are addicted to avoiding the rush of anxiety you experience
- You will stop at nothing to relieve the uncomfortable feelings, images and sensations associated with being very anxious
- You will risk losing relationships, work, a social life, in order not to feel anxious
- *You might wish to read our information sheet about the Anti-Anxiety Addict*

The habitual component

- I believe this component is environmental because it has much to do with your circumstances
- How easy is it for a person to maintain this habit?
- How well have they learnt to cope with anxiety before the onset of OCD? What are their previous experiences of it?
- How easy it is for them to devote time to reinforcing the habit? Can they spend time ruminating (thinking) and carrying out their compulsions?
- Who else gets involved in this process?
- Do they have close relationships where people notice their OCD?

The habitual component

- Who encourages them to get help? (70% of our initial calls are from carers)
- What are their financial circumstances?
- How many additional stressors do they have in their life?
- How might their occupation play a role in their OCD?
- There are many more contributing factors than these but I have distilled these into a number of themes

The impact of your environment

Your ability to maintain your OCD

The factors that enable OCD

- As a result of treating clients with OCD and their families we have recognised common traits and correlations between the severity of OCD and a person's environment
- In turn, their environment plays a large role in their treatment
- We realise that, if a sufferer's environment remains more or less the same pre and post treatment, they will find it hard to make progress

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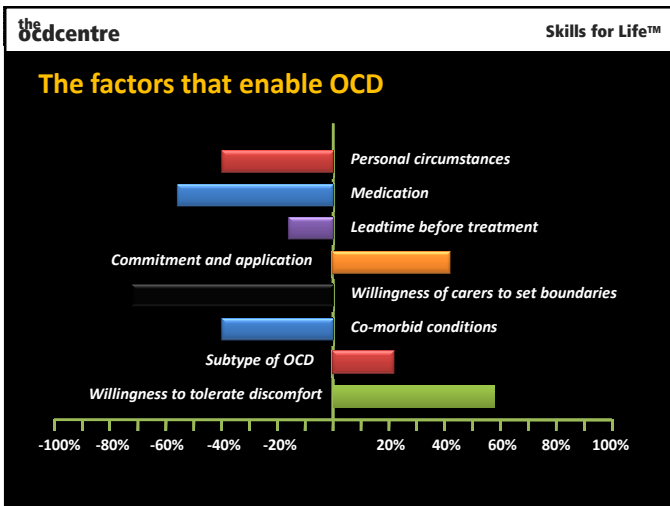
The factors that enable OCD

- An unwillingness to tolerate discomfort and change
- Lack of application and commitment to get the work done
- Unwillingness of those around you to change and set their own boundaries
- Low personal responsibility

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Exercise

- Now, let's imagine that we could put a value to these disparate factors
- Let's also imagine that we could weight them according to the impact they have on OCD
- Which of the categories do you think would have the most impact?
- Could you rank them?
- Which do you think would have the least impact?



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Your willingness to tolerate discomfort

What does this mean?

- In our clinical experience, this is the most important factor in managing OCD
- By discomfort we mean any discomfort
- It can be physical but it's more likely to be emotional discomfort we are talking about
- So we are interested in your ability to tolerate the negative emotions (the positive ones are already tolerable), e.g., anxiety, guilt, disappointment, anger, jealousy, envy, shame (failure), etc.
- How good are you at dealing with making mistakes?
- How well do you cope with personal criticism?

What does this mean?

- How well do you cope with life's ups and downs?
- How well do you cope with illness and pain?
- How much do you insist on life's comforts?
- How much do you test your comfort boundaries, e.g. run a marathon, speak in public, ask people out on dates?
- How do you feel about failing at say, exams, tests, work, relationships?
- Or do you fall into the OCD comfort traps time and time again?

The OCD comfort traps

- I mustn't be uncomfortable
- I must have certainty
- I must be perfect
- I must be a good person
- I must have structure and order
- Other people must like me
- Other people must also behave well

The comfort boundaries

- Everyone has positive and negative comfort boundaries
- It would seem as if it is impossible to have too much comfort but many people would prefer not to have everything done for them
- However, we are more interested in negative comfort boundaries
- These impact directly upon a person's ability to work on their OCD

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The comfort boundaries

Boundary at which too much comfort is unhelpful or even "uncomfortable"

neutral comfort boundary

Boundary where discomfort becomes intolerable

The diagram shows a central yellow dashed line labeled 'neutral comfort boundary' between two red dashed lines. A grey box with a dotted background points to the top red line, and another points to the bottom red line.

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OCD comfort boundaries

- In OCD, the boundaries are much narrower
- The person is bouncing constantly around in the lower section

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"ideal" comfort boundaries

Ideally, one should function around the neutral zone, with occasional helpful exercises in discomfort, e.g., running a marathon, backpacking, public speaking, etc.

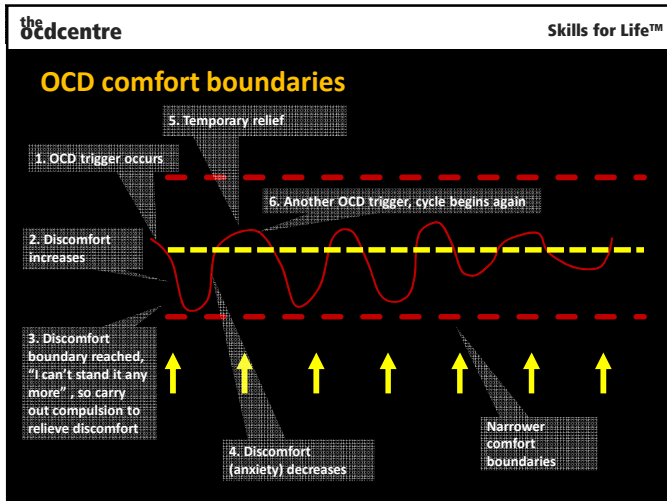
Boundary where discomfort becomes intolerable

The diagram shows a blue wavy line oscillating around a central yellow dashed line. The top and bottom red dashed lines are also present. A grey box with a dotted background points to the top red line, and another points to the bottom red line.

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OCD comfort boundaries

- Over the page you will see the repetitive & frequent cycle of OCD
- A trigger occurs
- Followed by increasing anxiety
- The comfort boundary is reached
- You carry out a compulsion to relieve it (dysfunctionally)
- Resulting in temporary relief before being triggered again



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OCD comfort boundaries

- As a therapist, a third of my work is spent on pushing the negative boundary further
- Clients are encouraged to tolerate discomfort below their boundary and not relieve it by accepting their discomfort (not avoiding or distracting from it)
- The two main outcomes of this work are that:
 - Their negative boundary is stretched further meaning they can tolerate more discomfort in the future
 - When they come back to neutral they will remain there longer because they haven't relieved their discomfort dysfunctionally, i.e., by carrying out a compulsion

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Exercise

- Make a quick list now of all the things in your life that keep you comfortable on a daily basis, e.g., your Mum, sanitizing wipes, lists, handbag, the internet etc.
- Next to each item, write down how willing you would be to give them up, right now. Mark each one on a scale of 1-5 (5 being "no way" and 1 being "happy to give them up")

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Case study exercise

- Please split into groups
- You are now therapists
- Study the following case study and answer the questions
- You can discuss the questions as a group
- Lets set 10 minutes for this exercise

Case study**History**

- 43 year old male
- Moved to the UK in the last 10 years. Works in hospitality industry. Says it was his dream job. He is able to control his symptoms at work but is only working part-time due to OCD. Recently he has been so affected that he doesn't want to go to work
- Grew up in Europe and it was fairly normal childhood but spent a lot of time by himself. One sister with OCD

Case study

- He has just discussed his OCD with his family, they were starting to take his OCD behaviour personally so he needed to explain to them the reason. His mother has mild symptoms
- Doesn't remember having OCD as a child
- Opened up to his partner thinking it would help but partner started doing things for him. They thought it would be helpful. His OCD got much worse. Just split with partner of 7 years due to OCD

Case study**Obsessions**

- Bad things happening
- People dying
- Hurting people
- Contracting HIV or other illnesses and giving them to others

Compulsions

- Repetitive tasks
- Retracing steps in road

Case study

- Folding clothes and washing in a certain way
- Lucky numbers
- Good numbers are 3,5,13,11
- Bad numbers are 16, 13
- Has to put towels over bathtub in a certain way
- Has driving issues – speed bumps in particular
- Some hoarding
- Symmetry

Case study

- Avoids words about illness, HIV, cancer, etc.
- Has to shower in certain way, has to tap shower head against towel 3 times
- Has to run towel across his back 3 times and then pass it to partner without touching left side
- Things coming from the left are bad
- If touched on left hand side would be uncomfortable
- Hand washing

Exercise

1. How severe would you rate this person's OCD? Mild, moderate or acute?
2. Which environmental factors are driving this person's OCD?
3. Before treatment, how would you rate this person's willingness to tolerate discomfort; low, moderate or high?
4. Why?

Your commitment and application

Your ability to maintain your OCD

Commitment and application

- This may not seem like an environmental factor but it isn't biological either
- I have treated a widely varying sector of the OCD population and the greatest examples of commitment and application are not tied to any type of person
- It is not determined by sex, gender, occupation, age, education or culture
- It is a conscious decision by someone to improve their life and set realistic goals

Commitment and application

- When you have OCD, you can feel and behave as if you are a victim
- You can feel powerless over your emotions, in particular, anxiety
- The answer is hard work (and no quick fix)
- There are effective skills yet they must be practiced consistently

Patience and consistency

- In order to put yourself in a directed mindset
- You may need to think of yourself as an addict, much the same as someone who has alcohol or drug dependencies
- For addicts, one of the most effective interventions is rehabilitation ("rehab")
- Rehab is usually 6 weeks for a good reason
- It has been shown that this is roughly the amount of time an addict needs to overcome the initial critical habitual element of their addiction
- This period, when they are usually based in a residential treatment centre under strict control is known as abstinence, usually 24 hrs of abstaining from their addictive substance

Patience and consistency

- It is virtually impossible for you to completely abstain from your OCD in a controlled environment for 6 weeks
- Therefore it may take longer than 6 weeks to manage your critical OCD symptoms
- You are highly likely to see improvements and progress but you will need to be patient with yourself
- Consistency is the answer and don't over commit your OCD homework time
- It's better to commit to working on your OCD for 10 minutes a day, rather than an hour you can't achieve

Patience and consistency

- Managing your OCD is a little like going to the gym
- It takes commitment, hard work, dedication, sweat, practice and repetition to maintain fitness
- Once you are there, it will take regular work to stay fit
- Stop practicing and you quickly become "rusty"
- But think about the benefits
- Additionally, you and I know, it's not exactly like going to the gym
- Because, if you don't go to the gym, you aren't likely to be in danger of losing your job, social life, partner and freedom.....there is alot at stake

Nothing worth doing is easy

- Think of those times when you have felt a sense of achievement
- I bet it wasn't an easy route!
- Relationships, running a marathon, climbing a mountain, having children, passing exams, learning an instrument
- All the above are a hard, consistent slog yet ironically, people tend to put them first before getting help with their OCD

Case study

- One of our clients, who has struggled with his OCD for over 20 years has worked hard at his recovery programme
- Initially worried about HIV and Hepatitis C, he now makes sure that everyday, he picks up a used cigarette end from the ground
- He does many other things to help himself (and cognitive work too) but this gives him focus and consistency and a sense of achievement

Exercise

1. Forget OCD for a minute
2. Think of something you have achieved
3. What drove you to that achievement?
4. What made you commit that amount of time and energy?

The willingness of those around you

Your ability to maintain your OCD

To what extent do other people play a part?

- I don't need to tell all of you here how much we can depend on others when we feel vulnerable (and at other times)
- Not only will people with OCD go to enormous lengths to stave off the harmless (but uncomfortable) emotional discomfort, but the people who love us will go to similar, if not further, lengths to relieve our distress

To what extent do other people play a part?

- OCD is very selfish
- People with OCD can become insular and self-absorbed
- Hence they will involve others in their dysfunctional means of relieving their distress
- Treatment is therefore most effective when it involves help for the person with OCD and help for their carers
- Carers need to learn to set boundaries and care for themselves

Case study

History

- 16 year old girl (*lets call her Kate*) presenting with acute contamination OCD. Parents are both teachers but Kate is no longer able to attend school due to her OCD. She spends most days in bed in her room although she occasionally will sit downstairs in only one room which she considers "safe". She lives in North London and although she rarely leaves the house now she arrives for an assessment with her Mother who has booked it for her. Kate is wearing flipflops, carries a plastic HMV shopping bag which holds one book. Her Mother opens the door for her. At first Kate won't sit down. Eventually she does but she keeps her hands and arms from touching the chair.

Case study

Obsessions

- Fears surrounding germs, particularly dog faeces

Compulsions

- Handwashing
- Showering
- Wears pyjamas all day, most days
- Spends most days in bed
- No one can enter her room
- Her bed is the only 100% safe area in the house
- Doesn't handle keys, money, phones
- Carries a plastic shopping bag which she washes upon her return
- Wears flip flops so they can be washed

Case study**Compulsions cont.**

- She doesn't eat with family
- Her food is put outside her door
- When she needs to use the bathroom, her Mother carries her across the hall from her bedroom
- Her Mother helps her clean up after using the toilet
- Her clothes must be washed separately
- Her Mother showers her and washes her hair
- She cannot be in the bathroom without her Mother
- She hasn't touched her sister or Father for two years

Case study**Notes**

- During the assessment Kate insists her Mother stays in the room with us. Her Mother tells me that she herself is taking anti-depressants and has suicidal thoughts due to the strain of caring for Kate. Her marriage has broken down and although the parents are living together, there is very little contact or communication between them. The sister has moved out. Kate's Mother is no longer able to work.

Exercise

- How much do you think Kate's Mother is contributing to the severity of her condition, if at all?
- If you were a therapist, what step would you take first?

Personal responsibility

Being responsible for your OCD

- Adopting personal responsibility and a sense of empowerment is vital to managing OCD
- We have noticed an inverse relationship between severity and personal responsibility
- The more chronic the condition, the lower a person's sense of empowerment and personal responsibility for their condition

What are you responsible for?

- For those of you who don't know
- What is personal responsibility? What are you responsible for?
- Your thoughts (OK, not perfectly, since you have OCD and intrusive thoughts)
- If you didn't think you could somewhat control your thoughts, you wouldn't be seeking help

What are you responsible for?

- Also, this is true because you are influencing your thoughts very strongly in order to maintain your OCD
- Your actions (okay, again, not perfectly)
- We have some control over our thoughts and actions and therefore we have responsibility for them
- So, we can change them
- Not immediately, not 100% of the time
- But think about it, if you didn't think you could change the way you think, why would anyone have therapy?

What are you responsible for?

- Ok, so if we have responsibility for our thoughts and emotions
- That means that no other person, event or circumstance is responsible for our happiness
- Not our partner, our parents*, our employer**, our friends, our doctor or even our therapist
- People or events can influence well-being but they are not responsible for it since they do not control it – you do!

Types of responsibility

- * *parents of small children have an enhanced sense of responsibility towards their child however.....They can influence, but not cause, the well-being of the child (as much as you might encourage a child not to put their fingers in the power sockets, you can't control another human being, and children tend to do just that. In this event, the parent cannot hold themselves personally responsible)*
- ***your employer has some professional responsibilities to you (e.g. health & safety, equal opportunities etc.). But these stop outside the workplace and also.....Are not 100% guaranteed because, as we know, these are imposed by fallible human beings upon fallible human beings and are not foolproof. Professional and personal responsibility are quite different*

What aren't you responsible for?

- The second aspect of personal responsibility involves those matters you cannot control
- What aren't you responsible for?"

anything else!

How many of these have you tried to control?

- good events
- other people
- illness & disease
- the past
- the future
- bad events
- other people's safety

Who do you think you are?

- You are not God*!
- So you may as well give up trying to control everything
- Seriously, you must be exhausted.....

Exercise

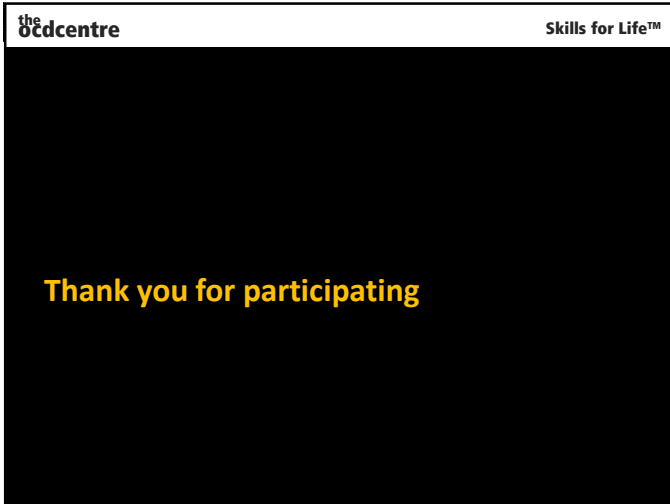
- If you think about your OCD, can you identify 5 people or situations that you have blamed for the severity of your OCD or general OCD distress?
- Similarly, can you identify 5 areas of your life that you have tried to control which are clearly outside your control? (you can include people)

Other factors which play a part

Your ability to maintain your OCD

Other factors

- Lead time before seeking treatment
- Your OCD sub-type, e.g. contamination, responsibility, religious issues etc.
- Any medication you have been prescribed
- Your personal circumstances at the moment, e.g., additional stressors
- Other co-morbid conditions, e.g., depression, eating disorder, addiction, etc.



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