

Overcoming OCD

A GUIDE FOR COLLEGE STUDENTS

★ OCD Chicago ★



I think I might have OCD.



My mind is full of fears and strange thoughts that other people don't seem to have, and I keep having to do certain

things over and over. I know it doesn't make any sense, but I don't know how to stop. I'm miserable, I'm wasting time and energy, and it's affecting my schoolwork and social life.

What I want to know is:

- ☀ Do I have OCD?
- ☀ Am I going crazy?
- ☀ Will I ever feel better?
- ☀ What should I do?
- ☀ Where should I start?

First, you are not going crazy. Obsessive Compulsive Disorder (OCD) is a common illness that has a neurobiological cause. There's no reason to feel ashamed.

Second, if you do have OCD, effective treatment is available that can help you regain control of your thoughts and actions. With the right treatment, you can feel better and do anything you want in life.

Take a deep breath.

Let's take it one step at a time.



You Are Not Alone

This guide was created by people who:

- *Have OCD and got better through treatment*
- *Love someone with OCD*
- *Treat OCD professionally.*


We've been there. We know it can be scary. But we also know there's hope.

You may feel like you're the only person facing this illness – that other people don't think these thoughts or do these things. But that's not true. OCD is a common illness that affects millions. You're in very good company – one in 40 adults and one in 100 children have OCD.

That means if there are 10,000 students on your campus, about 250 have OCD, not to mention faculty and staff members who are affected by the disorder.

OCD can strike anyone, male or female, young or old. It affects people in every race, culture, religion and socio-economic group. Who you are and how long you've had it doesn't matter. **You can get better with the right kind of treatment.**

This guide is designed to answer your questions about OCD, point you to resources where you can get proper treatment, and let you know that you are not alone.

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Shrinks

OCD
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What is OCD?

OCD is an illness. It's a neurobiological disorder that interferes with how the brain functions, and it shows up on brain scans.

When you have OCD, it feels like your brain gets stuck, and you experience high levels of anxiety. You have a troubling thought or urge and you don't know how to let it go.

All forms of OCD – and there are many – involve:

- **Obsessions** – unwelcome and upsetting fears, doubts, worries and/or thoughts, and
- **Compulsions** – repetitive behaviors (physical or mental) that are intended to relieve the obsessions but ultimately reinforce them and make the OCD worse.

OCD is diagnosed when obsessions or compulsions cause significant distress, are time consuming (take more than one hour a day), and interfere with the person's ability to function each day.

Cognitive behavior therapy (CBT) teaches people with OCD how to break this vicious cycle of obsessive thoughts followed by compulsive behavior. It helps the brain function more normally, and that change actually shows up on brain scans, too.

Many people with OCD don't know they have a treatable illness, so they don't ask for help. Others are too embarrassed to seek treatment. If you have OCD, there's no reason to be ashamed. It's nobody's fault – not yours or anyone else's. Don't let fear stop you from getting the treatment you need and deserve.

What causes OCD?

Scientists don't know exactly what causes OCD yet, but it appears to be at least partly genetic. Fortunately, you don't need to know why you have it to get better.

Research findings suggest that the repetitive, unpleasant thoughts and feelings associated with OCD may be caused by a communication problem among several areas of the brain. Certain brain chemicals, such as serotonin, may also be involved. While the exact nature of these biological problems is not yet clear, a lot of research is underway to find the answers.

Everyone's brain churns out random and strange thoughts. Most people simply dismiss them and move on, but they get "stuck" in the brains of people with OCD. These random thoughts are like the brain's junk mail. Most people have a spam filter and can simply ignore junk mail that comes their way. But having untreated OCD is like having a spam filter that has stopped working – the junk mail just keeps coming and you cannot make it stop. Soon, the junk mail seriously outnumbers the wanted mail, and you become overwhelmed.

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❧ KYLE ❧

My mind was full of disgusting and terrifying thoughts — I didn't want to think them, but I couldn't help it. I was afraid to tell anyone for a long time, but I finally broke down and confided in a therapist at the student health center. He said it's a common form of OCD called "intrusive thoughts" — he's actually treated other students with the same symptoms.

What are the common symptoms?

There are a wide range of OCD symptoms; some people have just one, while others struggle with multiple obsessions and compulsions. People with OCD tend to:

- Clean and disinfect for hours
- Do things over and over in a very specific way and/or until they “feel right”
- Waste time rereading, rewriting and checking as they study or take exams
- Check things again and again so nothing “bad” will happen
- Worry endlessly that they might hurt themselves or someone else
- Ask for reassurance over and over from friends, family members or professors
- Count and recount
- Doubt whether they did something correctly or did it at all
- Doubt whether they were fully honest or think they cheated inadvertently
- Practice repetitive, anxiety-driven prayer or religious rituals
- Avoid places, people and things they feel are somehow “bad”
- Be plagued by perfectionism, wanting their thoughts and actions to be flawless
- Hoard newspapers, wrappers, old mail and other useless objects
- Try to know or remember everything.

While there are many common symptoms, each person is different and OCD can take virtually any form. You may have OCD even if your symptom doesn’t appear on this list.

How do I know whether I have OCD or something else, like ADD or depression?

A properly trained therapist – we’ll tell you how to find one later in this guide – can diagnose OCD and related disorders, such as attention deficit disorder (ADD), anxiety and depression. Some people have more than one diagnosis. Your therapist can tell you about treatment options for other disorders, too, if necessary.

You can try online self-diagnostic tests:

- For OCD, visit www.ocdchicago.org. Type “self-test” in the search box.
- For a variety of disorders, visit www.ulifeline.org and click on the “Self E-valuator” button on the home page.

An online test can’t take the place of a therapist, but it can give you insight into your symptoms and help you decide to seek professional help.



» LAUREN «

Before I got CBT, I was obsessed with filling in those little circles perfectly every time I took an exam. It took me forever to mark each circle. Sometimes I didn't get beyond my name and the first few questions before time was up. I knew the material, but my OCD was making me fail my classes. My parents and professors didn't know what was happening to me, and neither did I. When I finally talked to a counselor, I learned about OCD and got treatment.

Doesn't everybody have a little OCD? People say things like, "I'm so OCD about that!"

It's become common for people to talk casually, even joke, about having OCD. But real OCD causes serious suffering. It's diagnosed when obsessions and compulsions are severe enough to be time-consuming (taking more than an hour a day), cause distress, and interfere with work, school, or relationships.

Even if your symptoms seem mild or you think you can handle them, getting treatment will help you evaluate how they are affecting your life. Plus, OCD tends to ebb and flow over time and can get worse or change forms. (For example, you may have one set of symptoms now, but a very different set may emerge later in your life.) Getting the proper treatment now can help you keep it in check later.

It's unfortunate that the term "OCD" has become slang. True OCD does not refer to workaholics, "obsessed" fans or stalkers, compulsive gamblers, shoppers, or liars, or people with phobias such as a fear of flying. People with these other problems may have treatable disorders, but they do not have OCD.

My mom is a neat freak. Does she have OCD?

She might have another disorder that's often confused with OCD – it's called obsessive compulsive personality disorder (OCPD). The names are obviously similar and some of the symptoms may look the same on the outside, but these disorders are very different. OCD is an anxiety disorder, while OCPD is a personality disorder.

People with OCPD are generally preoccupied with orderliness, perfectionism and control in virtually every part of their lives. Someone who likes to keep his dorm room and car spotlessly clean is an example. The symptoms of OCPD tend to frustrate others but not the person with the disorder; they view their thoughts and behaviors as desirable and usually have no interest in changing them.

In contrast, people with OCD tend to have specific obsessions and compulsions, and they are distressed by their thoughts and behaviors. Someone who washes her hands 25 times a day because she is deathly afraid of germs is an example.



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Why is this happening to me now?

OCD tends to appear either in childhood or in young adulthood, which is why a lot of people experience their first symptoms during the college years. For some, OCD hits them out of the blue. Others who had mild OCD when they were younger find that their symptoms worsen while at college.

Stress doesn't cause OCD, and stress management cannot cure it. But increased stress *can* make symptoms worse, and college, as you know, comes with all kinds of new stress: academic pressures, new independence and responsibilities, living with people you don't know, and new ideas and temptations. And all of this new stress comes at you while you're living away from your family.

Another factor in when OCD symptoms first appear or get worse is that college students often neglect their physical health. Chances are you don't eat a balanced diet or get enough sleep or exercise, and you may drink too much caffeine. Some people use alcohol or other substances in an effort to feel better or forget about their problems (known as "self-medicating") when they experience anxiety symptoms. Neglecting your health makes any illness worse, and OCD is no exception.



❧ MANJEET ❧

I'm a biochem major, and every time I worked in the lab I was terrified about leaving traces of chemicals that could hurt someone.

I called the risk management office again and again, sometimes warning them and sometimes asking for reassurance.

Luckily for me, someone there suggested I visit the counseling center, where I was diagnosed with OCD. Once I knew what was happening to me, I was able to get the right kind of help.

When I worry — when I have an “obsession” — doing my compulsions makes me feel better. Why shouldn’t I do them?

Research shows that performing compulsions actually makes the obsession come back stronger. The compulsions may give you temporary relief, but in the long run they actually reinforce the obsessive thoughts. Here’s an example:

Sarah worries obsessively that her mother will be killed in an accident unless she avoids using the number four — that’s the obsession. Whenever she’s confronted with a four, she dodges it — that’s the compulsion.

At breakfast in the dining hall, Sarah is served four pancakes. She throws one away or maybe the whole meal, and she feels better for a moment.

Then she goes to her first class, where she is given a four-part assignment; she decides to finish only three parts. That evening, three of Sarah’s friends are going to a movie and invite her to join them; she declines because the group would be a foursome.



In this example, each time Sarah compulsively avoids the number four she strengthens her obsession about her mother’s death. She knows it doesn’t make sense, but her OCD quickly starts filling her waking hours, making it impossible for her to function.

If you try to resist the urge to perform a compulsion on your own, it can cause tremendous anxiety. Treatment called cognitive behavior therapy (CBT) teaches you how to manage the anxiety and gradually stop the compulsive behavior.

Why can’t a person with OCD just stop?

OCD is an illness, not a character flaw or sign of weakness. It cannot be overcome simply through willpower. A cognitive behavior therapist uses specific techniques to help a person with OCD:

- re-evaluate unwanted thoughts and respond to them differently, and
- gradually delay and eventually stop compulsive behaviors.


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sign of weakness.*


Very few people with OCD can learn to manage the disorder on their own, no matter how strong their character. Actually, it takes a lot of character to admit you need help.



Getting
Help

What if I don't get treatment for my OCD?

Obsessions can interfere with your thinking process. If they go untreated, these recurring thoughts can decrease your ability to concentrate and interfere with short-term memory.

Compulsions use up valuable time and energy. They tend to make you focus on details and unimportant – or nonexistent – issues rather than the “big picture.”

Many people with mild to moderate OCD just live with it – they're miserable, but somehow they get by. Left untreated, symptoms are likely to get worse and take up more and more time and energy, crowding out study, work, and social time. Students with untreated OCD risk:

- Social isolation
- Academic failure
- Physical and emotional exhaustion
- Procrastination and pathological slowness
- Development of secondary disorders, such as depression or substance abuse.

In extreme cases, people with untreated OCD can become completely disabled, housebound and even suicidal.

The good news is that the right kind of treatment can change your life..

• KEISHA •

I started avoiding places where I felt overwhelmed by my doubts. I couldn't take classes in certain buildings or visit friends in certain dorms. My world was closing in on me because I connected more and more places with my obsessions. I knew it didn't make any sense, but the anxiety was crushing. On the outside I looked fine, but my OCD was making me miserable inside. Thanks to CBT, those days are behind me now.



Where can I go for help? What kind of treatment do I need?

Start with your school's counseling center. Make an appointment today. Tell a counselor that you think you have OCD and you want to see a cognitive behavior therapist. Show them this guide.

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Some studies show that more than 85% of the people who complete a course of CBT experience a significant reduction in OCD symptoms.

Cognitive behavior therapy (CBT) is the treatment of choice for OCD. Its success is demonstrated by scientific research, and nationally recognized institutions like the Mayo Clinic and Harvard Medical School recommend it. Some studies show that more than 85% of the people who complete a course of CBT experience a significant reduction in OCD symptoms.

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For many, CBT alone is highly effective in treating OCD. Some people need both CBT and medication. The use of medication varies from person to person —sometimes it's used only temporarily until an individual learns through therapy sessions to manage symptoms, or it may be prescribed long term. A trained therapist will help you determine what's right for you.



..3[**MIGUEL**]&..

Exams triggered this intense anxiety for me. I kept having to write certain words over and over again until they looked just right — sometimes I erased so much that I tore holes in the blue books. It got to the point where I almost never finished answering the essay questions, and my grades nose-dived. It was such a relief to find out this problem had a name and could be treated.

GRACE

I had my own bathroom, but at school I had to share one with three other people. I became obsessed with the thought of their germs getting on my towels and other things. I bought bleach by the gallon and spent so much time washing everything that it interfered with my studies and my social life, even my sleep. Fortunately, someone at the student health center referred me to a cognitive behavior therapist. I joined a therapy group and gradually got control of my fears.



If OCD is an illness, why can't I just take medication?

Medication can take the edge off obsessions and compulsions and help with any depression you may be experiencing, but it cannot teach you how to manage your symptoms. You need CBT to learn how to do that. Plus, many experts believe that CBT tends to work faster than medication, which means you can get relief sooner. Depending on your situation, a combination may work best.

Once you've completed CBT, you have the tools you need to manage your OCD on an ongoing basis. When people who have tried medication alone stop taking it, their relapse rate is higher than for those who tried CBT alone.

If you are going to take medication, it's important to work with a psychiatrist who has experience prescribing medication for OCD. He or she can assess the effectiveness of different drugs and talk to you about possible side effects. If at some point you need to stop taking the drug, the doctor can provide instructions for tapering off the dosage. OCD medication should never be discontinued abruptly.

What exactly does a cognitive behavior therapist do? What can I expect to happen?

First, the therapist will probably use a special questionnaire about obsessions and compulsions –most use the Yale-Brown Obsessive Compulsive Scale –to determine whether you have OCD and, if so, what kind.

You'll be asked to rank your symptoms in order of severity, from the most distressing to the ones that bother you the least. Starting with the symptoms that cause the least anxiety, your therapist then designs exercises or “exposures” that put you in situations that trigger your obsessions and then challenges you to delay responding with a compulsion for a short time. This type of CBT is called “exposure and response prevention” or ERP.

As you gain confidence and see that nothing bad happens from the exposures, the delays become longer and you gradually move up the list and work on the harder symptoms. Here's an example:

Josh obsesses constantly about germs. He tells his therapist that touching the water fountain in his dorm lobby with one finger would trigger a low level of anxiety and that grasping a wet faucet handle in the dining hall's restroom would cause high anxiety. In both cases, Josh's compulsion is to wash his hands excessively.

His therapist designs an exposure where Josh starts by touching the water fountain with one finger and then refrains from washing his hands for 30 seconds. The exposure is repeated, and Josh waits two minutes to wash his hands, and so on, with each waiting period getting longer until, finally, Josh doesn't wash at all. The next exposure is for him to put his whole hand on the water fountain. From there, they move on to the restroom, where Josh starts by touching the faucet with one finger, etc.

The whole process takes place over a period of time, and the therapist only moves on to the next harder exposure when Josh sees that the anxiety from the previous exposure decreased or even disappeared.

Cognitive behavior therapists also use a technique called cognitive therapy – either in conjunction with ERP or afterward – to help you learn to identify and modify thought patterns that cause anxiety, distress and negative behaviors. These patterns can include perfectionism, catastrophic thinking or the tendency to overestimate danger.

You can expect “homework” exercises to do between sessions. It's extremely important to do these exercises and keep track of them according to your therapist's instructions because skipping ERP homework can delay your recovery. Your therapist will also give you tools to help you cope with day-to-day issues.

CBT sounds hard. What if I'm too afraid to try it?


Hard work, yes, but totally worth it! Learning to manage OCD can be challenging, just like reaching many meaningful goals in life. But people who seek the right treatment and stick with it find that the benefits far outweigh the effort. Just imagine what it would feel like to get relief from your OCD symptoms. Holding that vision in your head will remind you that there's a wonderful reward for the hard work.

Treatment is anxiety-provoking, but a qualified therapist will help you cope from the beginning of treatment until the end so you can learn how to deal with your anxiety. To mentally prepare for treatment, it's best to clear your life of as much stress as possible, eat well and get plenty of sleep, and gain the support of family and friends. If your treatment includes ERP exercises that you need to do in your dorm room, it's important to tell your roommate so he or she will understand any "strange-looking" behavior.

To be successful at CBT, you need to:

- Attend all of your therapy sessions
- Be completely open and honest with your therapist
- Do your therapy homework
- Give your therapist feedback about your progress.

Even when it's hard, you need to keep going to achieve the relief you deserve.


Just imagine what it would feel like to get relief from your OCD symptoms. Holding that vision in your head will remind you that there's a wonderful reward to the hard work.

How long will it take for me to start feeling better with CBT?

Every situation is different, but many people start feeling some relief from their OCD symptoms in as little as three weeks and enjoy significant relief within a few short months.

My school's counseling center couldn't help me — they don't treat OCD. What should I do?

Then try the student health center. Unfortunately, some doctors and nurses aren't well educated about OCD and don't know about CBT, and many social workers and psychologists have not had specialized training on how to treat the disorder. (Psychiatrists rarely do CBT.) That's why you need to educate yourself about this disorder to make sure you get the right treatment.

Don't settle for traditional talk therapy. While it can help with related issues such as depression, talk therapy is not effective for treating OCD.

If the health center cannot provide appropriate treatment, look for a cognitive behavior therapist in private practice near your school who is experienced in treating people with OCD using CBT. For a list of treatment providers in the Chicago area, you can request an information packet online at www.ocdchicago.org or call 773-880-1635. For information about treatment providers in other areas, visit the national Obsessive Compulsive Foundation's Web site at www.ocfoundation.org.

My college offers counseling but limits the number of visits. What are my options?

The usual treatment time for CBT is between eight and 12 weekly sessions, although many people require more frequent visits. You may also need follow-up or "maintenance" sessions later on if your symptoms return or change—that's normal.

If your counseling center doesn't offer enough sessions for you to learn to manage your OCD, you'll need to work with a trained therapist off campus.



My school doesn't offer CBT, and there's no one nearby who does. What should I do?

Don't give up! If OCD is interfering with your life, it may be worth it to travel to a place where you can receive appropriate treatment. See the inside back cover of this guide for information about finding the right kind of therapist.

- While you search for a therapist, learn more about OCD and your own symptoms.
- Keep track of your symptoms. Carry a small notebook with you and write down the time, place and intensity of any obsessive thoughts and compulsive behaviors.
- Read up on OCD, starting with this guide. To learn more, download a free copy of *Relief from OCD: A Guide for People with Obsessive Compulsive Disorder* at www.ocdchicago.org and read at least one of the books listed on page 26.


OCD has taken over my life. Do I need to be hospitalized?

We know how bad OCD can get, but most people can be treated successfully on an outpatient basis in one-hour weekly sessions. In some cases, sessions with the cognitive behavior therapist may have to be longer or more frequent, or you may need both therapy and medication.

In the most severe cases, residential treatment programs can help. These programs are expensive, however, and you may need to travel to attend one. For a list of residential treatment programs call OCD Chicago at 773.880.1635 or email info@ocdchicago.org.

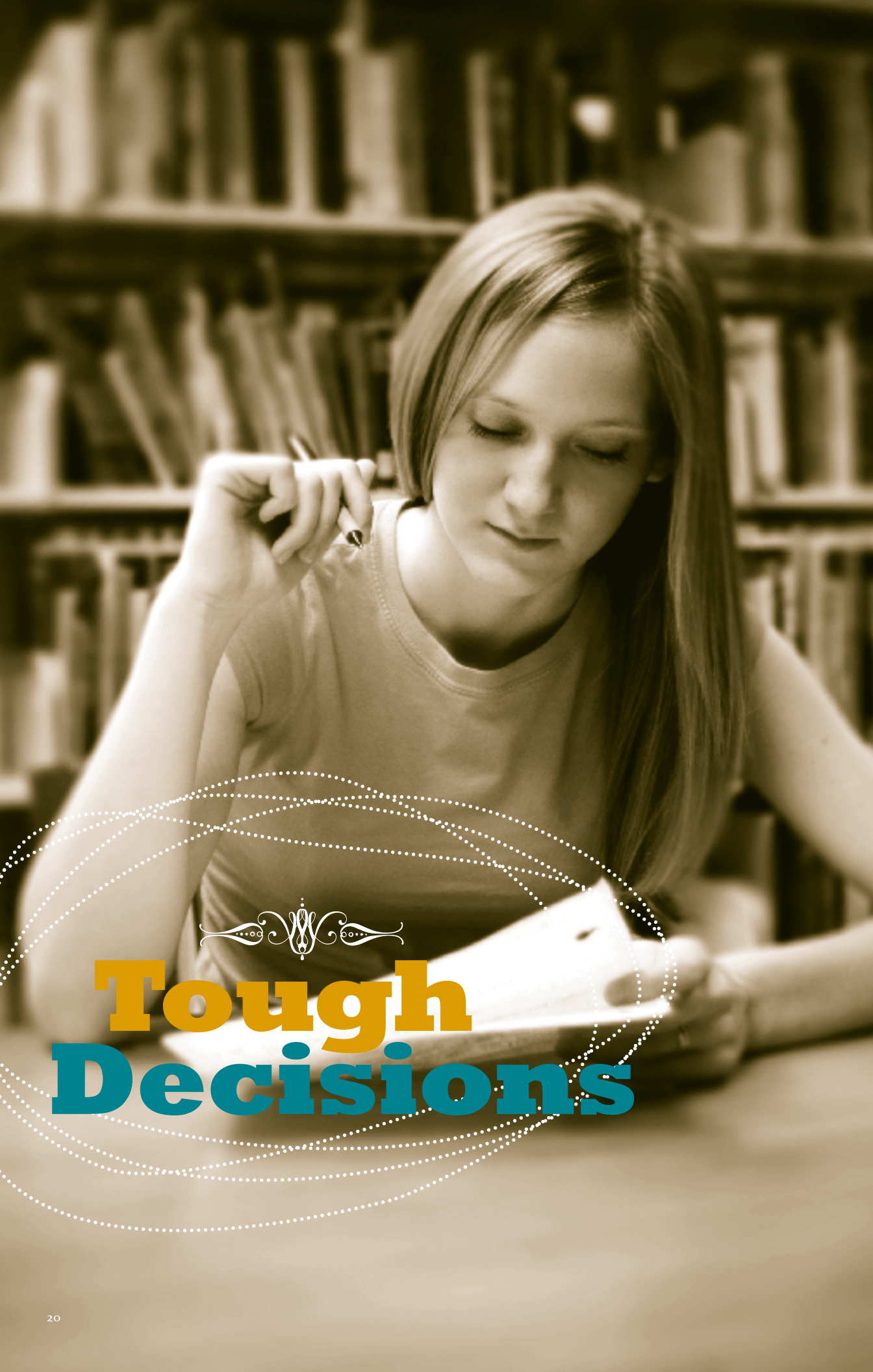
If you or someone you know is having suicidal thoughts or talking about hurting themselves, take action immediately. You can:

- Call 911
- Talk to someone at the National Suicide Prevention Lifeline at 1-800-TALK (8255)
- Call campus security
- Go to or call the student health center
- Confide in your residence hall advisor, a faculty member or a staff person.

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Tough Decisions

Should I change schools to get treatment for my OCD?

Transferring to another school is obviously a major decision, but if your OCD is severe and you can't find treatment nearby, you might consider looking for a school where treatment for OCD is available. If you do, look for one that:

- Is a good fit both academically and socially
- Provides the mental health services you need on campus or in the local community
- Offers the disability services (see the next question) you may need while you learn to manage the disorder.

Some schools and programs may offer on-campus treatment, accommodation and/or support groups for OCD and other disorders. Other schools offer flexible, nontraditional programs with online learning options.


Should I ask for accommodations through the disability services office? Maybe I could get help studying or extra time on tests?

This is a complicated and important decision that requires a lot of thought before you act.

Most colleges do offer accommodations to disabled students under certain circumstances. These modifications can include things like extended time or breaks during tests, tape-recorded lectures and books, copies of lecture notes and outlines, readers, or a quiet location for testing.

Many therapists tell people with OCD that it will take them longer to get better if those around them accommodate their symptoms. Ultimately, your goal is to learn to manage your OCD so you can live happily and productively in the real world, with all its triggers and stresses.

On the other hand, if your grades are suffering because of your OCD, and some temporary accommodations could allow you to function in school while you get cognitive behavior therapy, it might be a trade-off that makes sense. At most schools, the disabilities office or dean of students is responsible for making these decisions.



Ultimately, your goal is to learn to manage your OCD so you can live happily and productively in the real world, with all its triggers and stresses.

To obtain disability accommodations at the college level, you must be prepared to get a written diagnosis from your doctor or therapist and discuss your situation with school administrators. The law requires that schools keep all information about a student's health private.



❁❁ ANDREW ❁❁

I finally confided in a friend at Campus Ministry about the religious fears that kept intruding into my thoughts and my compulsive rituals and prayers. She told me about a kind of OCD called “scrupulosity” and urged me to talk with someone at student health. When I finally did, I was referred to a cognitive behavior therapist in town who worked with my religious advisor. Now that I’m better, my faith makes me feel good again, rather than afraid.

My coursework is really suffering because of my OCD. Should I take a medical leave of absence while I get treatment?

Many cognitive behavior therapists who treat college students with OCD encourage most of them to stay in school during treatment. The main reason is that you need to be around your “triggers” (the things that set off your obsessions and compulsions) to do your therapy work. If your OCD is triggered by cafeteria food, dorm room issues or computerized exam forms, for example, you can’t do therapy work at home.

In very severe cases, however, a leave of absence may be justified. This decision is one you should make with your therapist’s help. If you are seriously considering taking a leave and you have a college loan, check with the lender to see how a leave would affect your loan.

Should I tell my family that I have OCD? My friends?

This is a highly individual decision that varies from person to person. Your therapist can help you decide whom to tell and how to tell them. He or she may advise you to tell roommates or close friends so that those people will understand your OCD behavior and ERP homework. Often a friend can serve as a “coach” to make sure you do your homework, celebrate victories over OCD and encourage you when things get tough.

It's very possible that your family and friends have noticed something is wrong and are worried about you, even if they haven't expressed their concern. They may be relieved to hear that you're getting help. Since OCD tends to be genetic, you may find that some family members are already familiar with symptoms of the disorder.

These books are excellent sources of information for family members:

- *Loving Someone with OCD: Help for You and Your Family* by Karen J. Landsman, Kathleen M. Rupertus and Cherry Pedrick, and
- *Obsessive Compulsive Disorder: New Help for the Family* (Second Edition) by Herbert L. Gravitz.

I'm concerned about money. How can I afford a therapist and pay for medication?

If CBT is not provided free of cost at your school, your health insurance policy may pay a portion of the cost. Call your insurance company and ask:

- Which services are covered
- Whether there is a list of preferred therapists
- What percentage of charges are covered
- Whether your policy has annual or lifetime limits for mental health services.

If you don't have insurance, look for clinics and individual cognitive behavior therapists who offer services on a “sliding scale” (fees that are based on your ability to pay).

If you can't find or afford a cognitive behavior therapist, you can still make progress by reading about OCD and using an OCD workbook (see page 26) to try to reduce your symptoms until you're able to get the right kind of therapy.

If your psychiatrist recommends you use medication, ask whether you can opt for a generic version and call around to find the local pharmacy with the lowest price.

A number of resources offer information about ways to pay for prescriptions, including:

- Partnership for Prescription Assistance (1-888-4PPA-NOW or www.pparx.org)
- NeedyMeds (www.needymeds.com).

Do's and Don'ts

Do visit your school's counseling center right away and tell a health professional you think you have OCD. Ask whether cognitive behavior therapy is available at your school or in the community.

Do learn as much as you can about your disorder so you can get better, succeed in school and enjoy college social life.

Do keep track of your symptoms: the time, place, and intensity of your obsessive thoughts and the nature and duration of your compulsions, including avoidance, procrastination, reassurance seeking, and perfectionism. Make a detailed inventory of your symptoms, and consider which ones you most want to change.

Don't be afraid or ashamed to seek professional help. OCD is a medical condition – you deserve to feel better, and effective treatment is available. You won't get better by hiding your symptoms and suffering in silence.

Don't settle for talk therapy, which is not effective in treating OCD, or for medication alone, which does not teach you how to manage your anxiety. Remember that cognitive behavior therapy is the treatment of choice.

Don't use alcohol or other substances as a way to deal with your OCD. Your symptoms will still be there (and may get worse), and you run the risk of acquiring an addiction or creating a crisis situation. If you believe you have developed a substance abuse problem, make an appointment at the counseling center or student health services to learn about treatment options, and be sure to tell the counselors there about your OCD.

Do take care of yourself. Eat well and get enough sleep and exercise. Learn to manage stress in healthy ways. Learn everything you can about OCD (start with www.ocdchicago.org) so you understand what's happening to you, and check out www.gotanxiety.org for helpful information about dealing with stress, as well as tips on study habits and handling things like homesickness.



Don't be afraid or ashamed to seek professional help. OCD is a medical condition – you deserve to feel better, and effective treatment is available.



Related Conditions

These disorders often occur in combination with OCD:

Major Depression. Persistent sad, empty, or hopeless mood, loss of interest in pleasurable activities, insomnia or oversleeping, weight gain or loss, thoughts of death or suicide.

Resource: National Institute of Mental Health (www.nimh.nih.gov)

Anxiety Disorders. Generalized anxiety disorder, post-traumatic stress disorder, panic attacks, social anxiety disorder, and phobias.

Resource: Anxiety Disorders Association of America (www.adaa.org)

Eating Disorders. Anorexia, bulimia, and binge eating. About 40% of people with anorexia also have OCD.

Resource: National Eating Disorders Association (www.nationaleatingdisorders.org)

Tourette Syndrome or Tic Disorders. Involuntary movements, facial expressions, and/or vocalizations, including blinking, shrugging, sniffing, humming, or involuntary speech.

Resource: Tourette Syndrome Association of America (www.tsa-usa.org)

Body Dysmorphic Disorder. Preoccupation with an imagined or exaggerated defect in one's personal appearance. A person with BDD is overwhelmed by negative thoughts about the way they look even though others believe they look fine.

Resource: Mayo Clinic (www.mayoclinic.com)

Trichotillomania and Skin Picking. Compulsive hair-pulling ("Trich") and skin-picking are considered body-focused repetitive behaviors.

Resource: Trichotillomania Learning Center (www.trich.org)

Attention Deficit Disorder. ADD and AD/HD (attention deficit/hyperactivity disorder) can occur in children and adults. Symptoms include inattentiveness, hyperactivity, and impulsivity.

Resource: Children and Adults with Attention Deficit/Hyperactivity Disorder (www.CHADD.org)

Helpful Resources

There are so many self-help books and mental health Web sites that it can be tough to figure out which ones provide the best, most up-to-date information. Here's a list of recommended books and links to get you started; you can find more at www.ocdchicago.org.

Online

OCD Chicago – www.ocdchicago.org

Obsessive Compulsive Foundation – www.ocfoundation.org

Active Minds on Campus – www.activemindsoncampus.org

NAMI on Campus – www.nami.org (click on Find Support, then on NAMI on Campus)

ULifeline – www.ulifeline.org

Half of Us – www.halfofus.com

Resource Center to Address Discrimination & Stigma Associated with Mental Illness – <http://stopstigma.samhsa.gov/>

Educational/Self-Help Books

Stop Obsessing! How to Overcome Obsessions and Compulsions by Edna Foa, Ph.D. and Reid Wilson, Ph.D.

Freedom from Obsessive Compulsive Disorder: A Personalized Recovery Program for Living with Uncertainty by Jonathan Grayson, Ph.D.

Getting Control by Lee Baer, Ph.D.

The OCD Workbook, Second Edition by Bruce M. Hyman, Ph.D. and Cherry Pedrick

Overcoming Compulsive Washing by Paul R. Munford, Ph.D.

Overcoming Compulsive Checking by Paul R. Munford, Ph.D.

Tormenting Thoughts and Secret Rituals: The Hidden Epidemic of Obsessive Compulsive Disorder by Ian Osborn, M.D.

The Imp of the Mind by Lee Baer, Ph.D.

The Doubting Disease: Help for Scrupulosity and Religious Compulsions by Joseph W. Ciarrocchi, Ph.D.

Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding by David F. Tolin, Ph.D., Randy O. Frost, Ph.D. and Gail Steketee, Ph.D.

Overcoming Compulsive Hoarding by Fugen Neziroglu, Ph.D., ABBP, Jerome Bublick, Ph.D. and Jose A. Varyura-Tobias, M.D.

Memoirs and Novels

The Thought That Counts by Jared Douglas Kant, Martin Franklin, Ph.D. and Linda Wasmer Andrews

Devil in the Details: Scenes from an Obsessive Girlhood by Jennifer Traig

Just Checking by Emily Colas

Kissing Doorknobs by Terry Spencer Hesser

How OCD Chicago Can Help

OCD Chicago's mission

is to increase public and professional awareness of OCD, educate and support people with OCD and their families, and encourage research into new treatments and a cure. We serve adults and children with the disorder, their families and the mental health professionals who treat them, and we're the only nonprofit organization in the Chicago area dedicated solely to OCD.

OCD Chicago reaches out with compassion and encouragement to those affected by this potentially devastating but treatable neurobiological disorder. We're dedicated to assuring people with OCD that they are not alone and to helping them manage the disorder.



OCD is a medical problem that requires diagnosis and treatment by a qualified mental health professional. This guide is not intended to provide or take the place of medical care.

In the event of a medical emergency, please call 911.

Any laws or regulations mentioned in this guide are for informational purposes only and do not constitute legal advice. For more information about these laws and how they apply to an individual case, please consult an attorney experienced in the appropriate area of practice.

Links to other Web sites are provided for information only; OCD Chicago makes no claim as to the accuracy of their content.

Visit our Web site at www.ocdchicago.org for:

- Up-to-date information about OCD and related disorders
- Books, articles, events, and links to other Web sites
- Personal stories by people with OCD and their family members
- A self-screening test for OCD
- A list of support groups in the Chicago area

For a list of therapists who use CBT in metropolitan Chicago, request an information packet online at www.ocdchicago.org or call **773.880.1635**.

For information about CBT therapists in other areas, visit the national Obsessive Compulsive Foundation's Web site at www.ocfoundation.org.

If you found this publication valuable and would like to help bring this type of information to people with OCD and their families, please consider making a tax-deductible contribution to OCD Chicago. We rely solely on donations from the public.



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OCD Chicago is a tax-exempt organization under Sec. 501(c)(3) of the Internal Revenue Code and relies solely on individual contributions and grants to fund its programs.

This publication was made possible by a grant from the Obsessive Compulsive Foundation.