Did you know…?

• In the United States, 1 in 50 adults have OCD, and twice that many have had it at some point in their lives.
• OCD starts at any time from preschool age to adulthood (usually by age 40).
• One third to one half of adults with OCD report that it started during childhood.
• OCD often goes unrecognized.
• On average, people with OCD see three to four doctors and spend nine years seeking treatment before they receive a correct diagnosis.
• It takes an average of 17 years from the time OCD begins for people to obtain appropriate treatment.

Our mission is to provide the much-needed assessment, diagnosis and treatment for OCD sufferers.

Lori Riddle-Walker, MA, MFT
CA License MFC40306
502 W. El Norte Parkway
Escondido, CA 92026
www.lrwalker.net
### About OCD and Related Disorders

#### What is Obsessive Compulsive Disorder?

People with OCD have either obsessions or compulsions, or both. **OBSESSIONS** are recurrent and persistent thoughts, impulses or images that are experienced as intrusive and inappropriate and cause marked anxiety or distress. Some common obsessions include unrealistic fears of being contaminated or contaminating others, being harmed or harming others, losing things, intrusive violent or horrific images, unwanted sexual thoughts, or a need for symmetry, completeness or perfection. Obsessions can include feared outcomes that are not possible, e.g., changing into another person or becoming infected with HIV by wearing the color red. **COMPULSIONS** are repetitive behaviors or mental acts, aimed at preventing or reducing distress or preventing some dreaded event or situation. A person feels driven to perform these acts in response to an obsession or according to a set of rigid rules. Common compulsions include rereading, rewriting, checking, cleaning and washing, excessive grooming, counting, ordering, mental tracing, mental prayers or mantras, reassurance seeking, touching or tapping. Compulsions may also be complex rituals with multiple behaviors and can be very time-consuming.

---

#### Signs of OCD

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Even though most sufferers attempt to hide their symptoms, some common indicators that OCD may be present include:</td>
<td></td>
</tr>
<tr>
<td>• high levels of anxiety or panic</td>
<td>Habit Reversal Training, which uses many different cognitive behavioral techniques, is very effective in treating Impulse Control Disorders and tics.</td>
</tr>
<tr>
<td>• repetitive questions or other reassurance-seeking, repetitive behaviors</td>
<td><strong>EXPOSURE-RESPONSE-PREVENTION</strong> therapy consists of gradually learning to tolerate the anxiety associated with a triggering event or situation. For example, a child who refuses to go to school because of germs might touch something only very mildly “contaminated” (such as a tissue that has been touched by another tissue that has been touched by a book that came from the “contaminated” location, in this case the school). That is the &quot;exposure.&quot; The &quot;response prevention&quot; is not washing, changing clothing,</td>
</tr>
<tr>
<td>• avoidance of certain places, situations, activities or objects.</td>
<td>etc. After habituation occurs, the child moves to a more difficult task such as omitting one of the tissues, then touching the book, and ultimately going to the school.</td>
</tr>
</tbody>
</table>

When the feared event is a break-in and the compulsion or response has been multiple lock-checks, the exposure may be leaving the house and checking the lock only twice without going back, then checking only once without going back. Then the person can progress to leaving home without rechecking the lock at all.

When the exposure is done properly, a person can quickly habituate to the anxiety-producing situation and will discover that their anxiety level has dropped considerably without performing the response behaviors or compulsions.

Obsessions without obvious compulsions can also be treated using Exposure-Response-Prevention by addressing avoidances and subtle mental compulsions.

**HABIT REVERSAL TRAINING** includes awareness training, stimulus control, competing response training, and relaxation training. The first step is to become aware of the full context in which the behavior occurs. Steps can then be taken to modify the stimulus and to create a competing response.

Using relaxation training or other coping strategies can also be an important part of gaining control.

---

#### Offering Help and Hope

Those suffering from OCD and related disorders often hide their pain and suffer alone for many years before seeking support or treatment. Misdiagnosis is common, especially in children, and at times appropriate treatment is difficult to find.

Lori Riddle-Walker, a Licensed Marriage and Family Therapist in North San Diego County, specializes in treating these disorders in adults, teens and children. Along with expert and compassionate care, she offers help and hope to sufferers. Learn more about Lori and her practice at [www.lrwalker.net](http://www.lrwalker.net).

---

#### What are OCD Spectrum Disorders?

OCD Spectrum Disorders are disorders that share some common characteristics with OCD. These can include hoarding, hypochondrisis, other health anxieties, body dysmorphic disorder, Tourette’s syndrome, tic disorders, generalized anxiety disorder, and some impulse control disorders such as trichotillomania or compulsive skin picking. For more information on spectrum disorders, visit [www.lrwalker.net](http://www.lrwalker.net).

---

#### How are these disorders treated?

OCD and spectrum disorders are usually treated with a combination of medication and Cognitive Behavioral Therapy. **Exposure-Response-Prevention**, a form of cognitive behavioral therapy, is the primary technique used to treat OCD.