



BeyondOCD

Resources to get there

telephone 773.661.9530 • fax 773.661.9535

info@beyondocd.org • www.beyondocd.org

Beyond OCD 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 contribution from Andrea Kayne Kaufman.



Lighten Your Load... Lose the OCD!

..& [**A GUIDE FOR COLLEGE STUDENTS**] &..



BeyondOCD

Resources to get there

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 basis. 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
- ☉ Care about or 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 – approximately 1 in 40 adults and 1 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 socioeconomic 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 that will help you find proper treatment, and assure you that you are not alone.

☀
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.



Answers

OCD 101

What is OCD?

OCD is an illness. It's a neurobiological disorder that interferes with how the brain functions. Areas of the brain affected by OCD actually show up on brain scans.

When you have OCD, it feels like your brain gets stuck, and you experience high levels of anxiety or discomfort. 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 thoughts, fears, doubts, worries, urges, and/or images, and
- **Compulsions** – repetitive behaviors (observable actions or mental rituals) 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 a person's daily functioning at home, work, school, or with social activities or other normal routines.

Cognitive behavior therapy (CBT) teaches people with OCD how to break this vicious cycle of obsessions and compulsions. CBT leads to changes in the brain -- changes that can also be seen on brain scans -- that help a person function more normally.

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?

Everyone has occasional intrusive, random, strange thoughts. Most people simply dismiss them. But these thoughts get “stuck” in the brains of individuals with OCD; they're like the brain's junk mail. The majority of people have a spam filter that helps them ignore incoming junk mail. But when you have untreated OCD, it's like having a spam filter that has stopped working -- the junk mail just keeps coming, and you can't make it stop. Soon, the amount of junk mail exceeds the important mail, and you become overwhelmed. So why does the brain of individuals with OCD work this way? In other words, what causes OCD?

When you have untreated OCD, it's like having a spam filter that has stopped working – the junk mail just keeps coming, and you can't make it stop.

Research indicates that OCD may involve a communication problem among several areas of the brain. But scientists don't yet know the exact cause of OCD. Evidence suggests that OCD is the result of some combination of biological, genetic, behavioral, cognitive, and/or environmental factors. Research is continually being conducted to determine what causes OCD. Fortunately, you don't need to know why or how you got it to get better.



✧ 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 sometimes called "bad thought" OCD — and he's actually treated other students with the same symptoms.

What are the common symptoms?

There is 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 themselves or items in their environment for hours
- Do things over and over in a very specific way and/or until it feels "just right"
- Reread, rewrite, and check constantly as they study or take exams
- Check things like door locks and appliances frequently so nothing "bad" will happen
- Have unwanted and intrusive thoughts, impulses, or violent images that are disturbing
- Ask repetitive questions or seek reassurance over and over from friends, family, or professors
- Doubt whether they did something correctly or did it at all
- Engage in repetitive, anxiety-driven prayer or religious rituals
- Have obsessive fears about their sexual orientation, even though there is no evidence to support those fears
- Avoid, to an excessive extent, places, people, and things that might trigger their fears or that they feel are somehow "bad"
- Believe their thoughts and everything they do (e.g., school assignments) should be "perfect," or flawless
- Hoard newspapers, wrappers, old mail and other useless objects

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 AD/HD or depression?

A properly trained therapist – we'll tell you how to find one later in this guide – can diagnose OCD and co-occurring disorders such as attention-deficit/hyperactivity disorder (AD/HD; sometimes called "ADD"), anxiety, and depression. Most people with OCD have at least one other diagnosis. Your therapist can talk with you about treatment options for these disorders, as well.

You can try online self-diagnostic tests:

- For OCD, visit www.beyondocd.org. Type "self screening test" in the search box. For a variety of disorders, visit www.ulifeline.org and click on the "Self Evaluator" button on the home page.

Remember that an online test cannot 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!" or "He's obsessed with football!"


It's become common for people to talk casually or even joke about having OCD. But when the terms "obsessive," "compulsive," or "OCD" are used incorrectly, it can lead to myths about the disorder. True OCD does not refer to people who are workaholics, "obsessed" fans or stalkers, compulsive gamblers, shoppers, or liars, or people with phobias such as a fear of flying. People with these problems may have treatable disorders, but they don't have OCD.

Real OCD causes serious suffering. It's severe enough to be time-consuming (take 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, seeking professional services will help you evaluate how they are affecting your life. Plus, OCD tends to ebb and flow – symptoms get better or worse, sometimes for no apparent reason. Symptoms frequently change over time, too. Untreated OCD frequently gets worse and can become debilitating. That's why getting the proper treatment now can help you keep it in check later.

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

Your mom 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. People with OCPD are generally preoccupied with orderliness, perfectionism, and control in virtually every part of their lives. Someone who wants 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.

—  —
Real OCD is diagnosed when obsessions and compulsions are severe enough to be time-consuming (take more than an hour a day), cause distress, and interfere with work, school, or social relationships.
=====

In contrast, people with OCD tend to have specific obsessions and compulsions, and they are distressed by their thoughts, urges, and rituals. An example is a student who reads everything in her textbooks five times because she's afraid that something terrible will happen if she doesn't.

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 like a bolt out of the blue. Others had mild OCD when they were younger, but their symptoms worsened while at college.

Stress doesn't cause OCD, but increased stress can make symptoms worse. And as you know, college comes with all kinds of new stressors: academic pressures, new independence and responsibilities, living with people you don't know, and different ideas and temptations. And all of this stress comes at you while you may be living away from your family for the first time.

Another factor that may play a role in triggering or worsening OCD symptoms is that college students frequently 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. And some people use alcohol or other drugs when they experience anxiety symptoms in an effort to feel better or forget about their problems (known as "self-medicating"). 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 about this 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 father 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 avoids, or 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 to avoid a four.

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.

Each time Sarah compulsively avoids the number four, her anxiety is temporarily reduced. Because compulsive avoidance makes her feel better, she begins to rely on it more and more. As time goes by, this ritualistic avoidance not only persists but actually becomes excessive. She knows it doesn't make sense, but obsessions about her father's death and compulsive avoidance start to fill her waking hours, making it impossible for her to function.

It can be extremely difficult to resist the urge to perform a compulsion on your own. Treatment called cognitive behavior therapy (CBT) can help you by teaching 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, just as one cannot overcome asthma or diabetes by simply willing it away. A cognitive behavior therapist uses specific techniques to help a person with OCD:

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

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.

OCD is an illness, not a character flaw or sign of weakness.



Getting Help

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

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

Compulsions consume valuable time and drain a person's energy – both physically and mentally. They force you to focus on details and insignificant – even nonexistent – issues rather than what's important.

Many people with mild to moderate OCD just live with it – they're miserable, but somehow they get by. But without treatment, symptoms are likely to get worse and take up more and more time and energy, severely limiting a person's time and capacity to study, work, and socialize with friends and family. Students with untreated OCD risk:

- Academic failure
- Social isolation
- Physical and emotional exhaustion
- Developing secondary disorders, such as depression or substance abuse

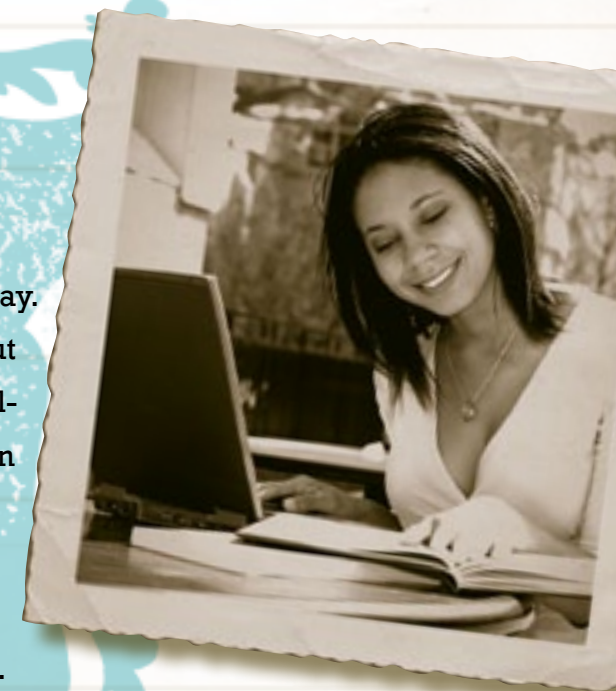
In extreme cases, people with untreated OCD can become completely incapacitated, housebound, and even suicidal.

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 fears that I might be gay.

I knew my fears didn't make any sense, but the anxiety was crushing. I couldn't take all-female P.E. classes or visit friends in certain dorms. I also avoided certain hairstyles and clothing that I thought might make me look gay. On the outside I seemed 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 by calling your school's counseling center. Making the initial phone call is often the hardest part. But don't delay; make an appointment today. Tell a counselor that you think you have OCD, and you want to see a therapist who does cognitive behavior therapy for OCD. Show them this guide.

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

CBT is the treatment of choice for OCD. Its success has been 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.

For many people, CBT alone is highly effective in treating OCD. Others need both CBT and medication. How medication is used varies from person to person – sometimes it's used only temporarily, until an individual learns to manage symptoms through CBT. Or it may be prescribed long-term. A trained therapist will help you determine what's right for you.

Contact Beyond OCD for help in finding a therapist.



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

At home, 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, I went to the student health center, where I was referred 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 help take the edge off your anxiety, and it can also help with any symptoms of depression you may have. But it cannot teach you how to manage your OCD symptoms. You need CBT to learn how to do that. Plus, many experts believe that CBT tends to be faster-acting and more cost-effective over time. And it doesn't involve the risk of side effects. Also, when people who have tried medication by itself stop taking it, their relapse rate is higher than for those who tried CBT alone. That's because once you've completed CBT, you'll have the tools you need to manage your OCD on an ongoing basis.

Despite the advantages of CBT, it may be that a combination of CBT and medication will work best for you. If you are going to take medication, it's important to work with a physician (e.g., psychiatrist) who has experience in prescribing medication for OCD. He or she can assess the effectiveness of different drugs and talk to you about possible side effects. If you need to stop taking the drug at some point, 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?

The therapist will probably use a diagnostic interview to determine if you have OCD and any other co-occurring disorders like depression or AD/HD. Then the therapist will need to determine the level of impairment and distress OCD is causing. Most therapists use the Yale-Brown Obsessive Compulsive Scale to do this. .

The first component of CBT is “exposure and response prevention,” or ERP. With ERP, you’ll first be asked to rank your symptoms from those that bother you the least to the ones that are most distressing. Starting with symptoms that cause mild anxiety, the therapist will design exercises, or “exposures,” that put you in situations that trigger your obsessions and increase your anxiety. You will then be encouraged to resist carrying out rituals until you experience a substantial drop in your anxiety (response prevention).

As you gain confidence and see that nothing bad happens from the exposures, resisting compulsions becomes easier. You can then gradually move up the list and work on the harder symptoms. Here’s an example:

Josh obsesses constantly about germs. Touching the water fountain in his dorm lobby with one finger triggers a mild level of anxiety, and grasping a wet faucet handle in the restroom causes high anxiety. In both cases, Josh’s compulsion is to wash excessively.

His therapist designs an exposure where Josh touches the water fountain in his dorm lobby with one finger, triggering his anxiety. He then refrains from washing his hands until his anxiety level has dropped substantially. Over repeated exposures in which Josh touches the water fountain with one finger, his anxiety gradually decreases until it is minimal or has faded away. Josh then moves on to the next (more difficult) exposure on his list: putting three fingers on the water fountain. From there, he moves on to the next task, which involves touching the fountain with his whole hand. This process continues with each progressively more difficult task on Josh’s list until he is able to touch the faucet in the restroom with his hands.

The second component of CBT, cognitive therapy, helps you learn to identify and modify thought patterns that cause anxiety, distress, and lead to OCD rituals. These patterns include perfectionism, catastrophic thinking, or the tendency to overestimate danger.

Your therapist will assign CBT “homework” exercises to do between sessions. It’s extremely important to do these exercises according to your therapist’s instructions. Skipping ERP homework will only delay your recovery. Your therapist will also teach you strategies 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 worth it? Absolutely! 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 all your hard work.

Keep in mind that although treatment is anxiety-provoking, a qualified therapist will teach you coping strategies for dealing with your anxiety that you can use throughout treatment. To mentally prepare for treatment, it’s best to clear your life of as much stress as possible, eat well, get plenty of sleep, and enlist 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 between sessions
- Give your therapist feedback about your progress.

Keep going – even when it’s hard – 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 within a few 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?

Unfortunately, a number of therapists aren’t well-educated about OCD, don’t know about CBT, and/or don’t have specialized training in treating the disorder. Although psychiatrists may be able to prescribe medication for OCD, they rarely do CBT. So if your counseling center can’t help, try the student health center. Or if your school has a psychology or behavioral health department, find out if CBT is done by graduate students (they will be supervised by faculty members).

Don't settle for traditional "talk therapy." While it can help with issues related to the OCD, such as relationship or family problems, talk therapy is not effective for treating OCD. It's important that you educate yourself about OCD so you get the right treatment.

If the health center cannot provide appropriate treatment, look for a therapist in private practice near your school who is experienced in using CBT to treat people with OCD. Your student health center may have a listing of local providers. Beyond OCD can help you find a treatment provider. Call 773-661-9530 or email info@beyondocd.org.

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

The treatment time for CBT is approximately 12 to 16 weekly sessions, although some people require more frequent visits. You may also need follow-up, or "booster," 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 probably 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 the time and effort to travel to a location where you can receive appropriate treatment. Larger cities frequently provide a wider range of services.

While you search for a therapist, learn more about OCD and your own symptoms.

- Carry a small notebook with you or use your smartphone or other device 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.beyondocd.org/ocd-guides and read at least one of the books listed on page 26.

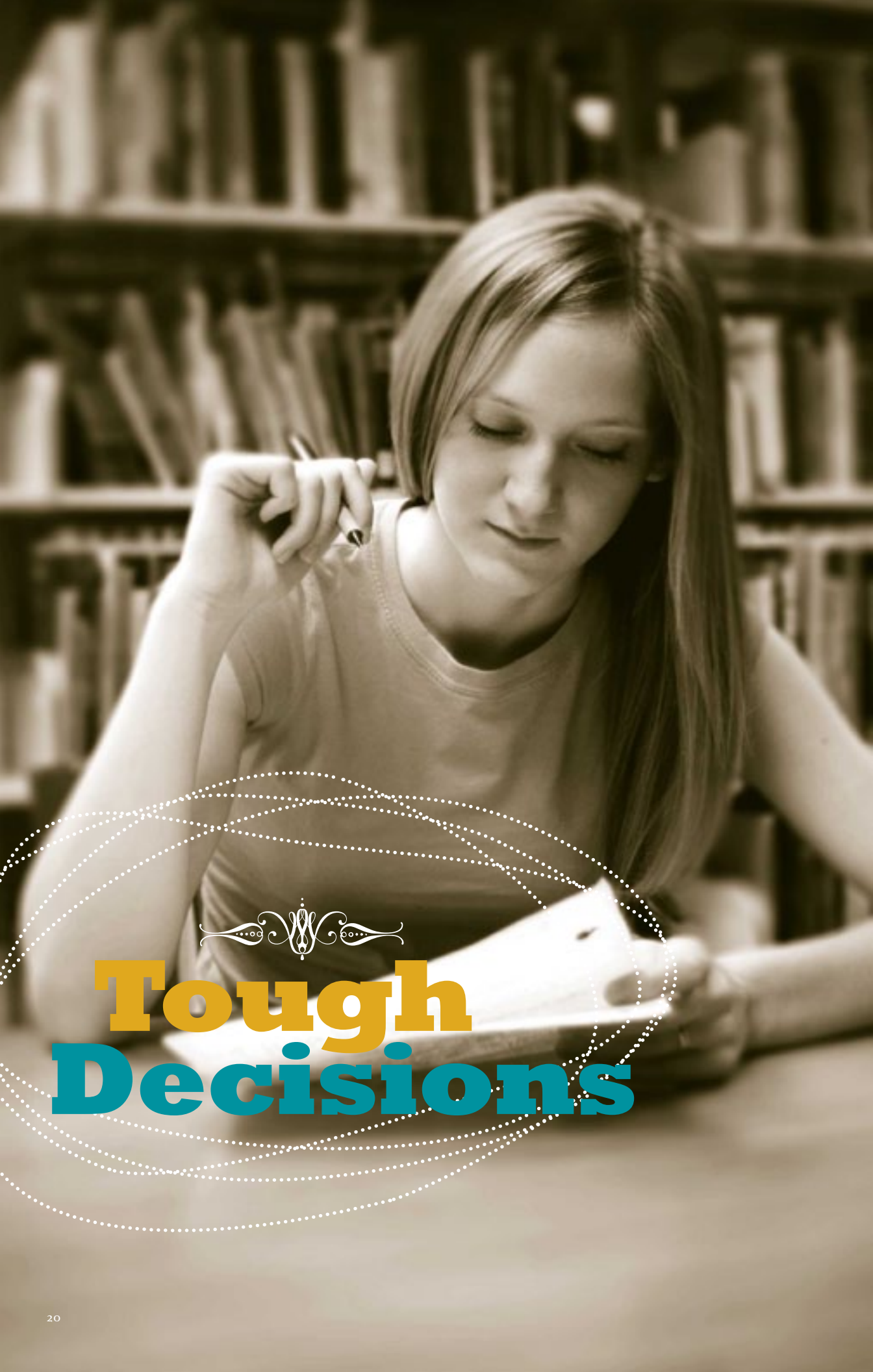
OCD has taken over my life. Do I need to be hospitalized?

We know how bad OCD can get, but most people can be treated successfully on a weekly outpatient basis. 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. When a more intensive level of care is necessary, options include intensive outpatient, day program, partial hospital, and residential programs. Hospitalization usually occurs only when patients are unable to care for themselves or they pose a danger to themselves or others. For a list of intensive therapy options, call Beyond OCD at 773-661-9530 or email info@beyondocd.org.

— ❁ —
We know how bad OCD can get, but most people can be treated successfully on an outpatient basis in one-hour weekly sessions.
=====

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

- Call 911 or go to the nearest hospital emergency room
- Talk to someone at the National Suicide Prevention Lifeline at 1-800-273-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.



Tough Decisions

Should I change schools to get treatment for my OCD?

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 (consider the size and diversity of the college population and the town/city in which it's located; proximity to home, etc.)
- Provides the mental health services you need on campus or in the local community
- Offers disability services such as academic accommodations (see next question) you may need while you learn to manage your OCD

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

Should I ask for disability accommodations?

Most colleges are required to offer accommodations to students with disabilities under the Americans with Disabilities Act. Accommodations must fit your needs: preferential seating may be helpful, whereas extended time on tests may result in increased ritualizing and actually intensify your OCD. The disabilities services center or the office of the Dean of Students typically is responsible for providing accommodations.

Your ultimate goal is to learn to manage your OCD without accommodations so you can function productively in the real world, with all its triggers and stresses. But if your grades are suffering, it may be extremely helpful to take advantage of some temporary accommodations that allow you to function in school while you get treatment.

To obtain disability accommodations at the college level, you must be prepared to get a written statement from a qualified professional documenting your disability and how it affects your capacity to participate in and benefit from the academic program. The law requires that schools keep all information about a student's disability confidential.



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.





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 the student health center. 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?

When you’re doing CBT, it’s usually best to stay in school to be around the things that trigger your obsessions and compulsions. If your OCD is triggered by cafeteria food or computerized exam forms, for example, you’ll need to deal with those issues where they occur.

In very severe cases, however, a leave of absence may be warranted. Enlist the support of your therapist and family to help you with this decision. Also, be sure to: check into accommodations that might help you remain at school (e.g., you may be able to take a reduced load yet still be considered a full-time student); look into school policies for returning to school after a leave of absence; and speak with your lender if you have a college 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. For example, it may be advisable to tell close friends and other people you trust so they’ll understand your OCD behavior. If you do ERP homework in your dorm, you’ll also need to tell your roommate. A friend or roommate may be able to serve as a “coach” to encourage you to complete your ERP 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. Because OCD often has a genetic basis, you may even find that some of your family members are already familiar with symptoms of the disorder. It may be helpful to provide friends and family accurate information about OCD by showing them this brochure or the link to Beyond OCD: www.beyondocd.org.

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

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

- What types of mental health services are covered?
- Is there a list of preferred therapists?
- What percentage of charges is covered / Is there a deductible or co-pay?
- Does your policy have 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 read about OCD, use self-help resources or technology-based resources (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 or try to locate a 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.needy meds.org).

Do's and Don'ts

Do visit your school's counseling center right away when symptoms are interfering with your functioning 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 everything you can about OCD (start with www.beyondocd.org) so you can understand what's happening to you and learn how to find treatment that will help you 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 or urges and the nature and duration of your compulsions. Also note anything that triggered your symptoms and what happens after an OCD episode. Pay attention to behaviors such as avoidance, procrastination, reassurance seeking, and perfectionism. Make a detailed inventory of your symptoms and think about which ones you most want to change.

Do take care of yourself. Eat well, exercise, and get enough sleep. Learn to manage stress in healthy ways by getting involved in activities, taking breaks, and reaching out to others when you become overwhelmed.

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.

Don't settle for talk therapy, which isn't effective in treating OCD, or for medication alone (if at all possible), which doesn't teach you how to manage your anxiety. Remember that cognitive behavior therapy is the treatment of choice for OCD.

Don't use alcohol or other substances as a way to deal with your OCD. Drugs don't get rid of your symptoms and may make them worse. You even run the risk of acquiring an addiction or creating a crisis situation. If you believe you've developed a substance abuse problem, make an appointment at the counseling center or student health services. You'll need to learn about treatment options for both your OCD and substance abuse difficulties.

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

Following are several disorders that frequently occur with OCD (descriptions are based upon information from the DSM-5, a manual that provides therapists with official definitions and criteria for diagnosing mental disorders):

Anxiety Disorders: Include Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorders (Social Phobia) and specific phobias such as fears of snakes or heights.

Major Depressive Disorder: Characterized by symptoms such as prolonged sadness, hopeless mood, and loss of interest in usually pleasurable activities that last more than two weeks.

Bipolar Disorders: Bipolar I and II are marked by extreme changes in mood, thought, energy and behavior.

Attention-Deficit/Hyperactivity Disorder (AD/HD): The three types of AD/HD (sometimes called "ADD") are: (1) predominantly inattentive presentation; (2) predominantly hyperactive-impulsive presentation; and (3) combined presentation.

Eating Disorders: Include anorexia nervosa, bulimia nervosa, and binge eating with or without compensatory behavior (e.g., self-induced vomiting, misuse of laxatives).

Tourette Syndrome (TS) or Tic Disorders: Tics are sudden, rapid, recurrent, nonrhythmic motor movements (e.g., blinking, shrugging shoulders) and vocalizations (e.g., sniffing or grunting). TS involves motor and vocal tics that occur for more than a year and are evident before 18 years of age.

Autism Spectrum Disorders (ASD): People with ASDs have varying levels of difficulties with social communication and social interaction, and exhibit restricted, repetitive patterns of behavior, interests, or activities.

Several disorders that often co-exist with OCD share many similarities with OCD, including: **Hoarding Disorder** (extreme difficulty parting with/discarding one's possessions that others would find useless, leading to clutter and obstruction of living areas); **Body Dysmorphic Disorder** (preoccupation with one or more perceived flaws in the body associated with excessive, repetitive behaviors in response to these preoccupations); and **Trichotillomania (Hair-Pulling Disorder)** and **Excoriation (Skin-Picking Disorder)** (disorders marked by the recurrent pulling out of one's own hair leading to hair loss or skin picking resulting in damage to the skin, respectively).

Helpful Resources

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

Online

Beyond OCD – www.beyondocd.org

Active Minds on Campus – www.activeminds.org

NAMI on Campus – www.nami.org (click on “Support & Programs,” then on “NAMI on Campus”)

ULifeline – www.ulifeline.org

Half of Us – www.halfofus.com

SAMHSA's Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health (ADS Center) – <http://promoteacceptance.samhsa.gov/topic/media>

Transition Year -- www.transitionyear.org

You can also gain a better understanding of OCD and its treatment by examining professionally-reviewed self-help programs found on the Internet and smartphone applications.

Educational/Self-Help Books

Obsessive-Compulsive Disorder Demystified: An Essential Guide for Understanding and Living with OCD by Cheryl Carmin, Ph.D.

Obsessive-Compulsive Disorder for Dummies by Charles H. Elliott, Ph.D. and Laura L. Smith, Ph.D.

Getting Over OCD: A 10-Step Workbook for Taking Back Your Life by Jonathan S. Abramowitz, Ph.D.

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

Getting Control: Overcoming Your Obsessions and Compulsions (third edition) by Lee Baer, Ph.D.

The OCD Workbook: Your Guide to Breaking Free from Obsessive-Compulsive Disorder (second edition) by Bruce M. Hyman, Ph.D. and Cherry Pedrick, R.N.

Overcoming Obsessive Thoughts: How to Gain Control of Your OCD by David A. Clark, Ph.D., and Christine Purdon, Ph.D.

Overcoming Compulsive Washing: Free Your Mind from OCD by Paul R. Munford, Ph.D.

Understanding Scrupulosity: Questions, Helps, and Encouragement by Rev. Thomas Santa, C.Ss.R.

The Hoarder in You by Robin Zasio, Psy.D.

The Perfectionist's Handbook: Take Risks, Invite Criticism, and Make the Most of Your Mistakes by Jeff Szymanski, Ph.D.

How Beyond OCD Can Help

Beyond OCD'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, the mental health professionals who treat them, and school personnel.

Beyond OCD 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 helping them manage the disorder.



Visit our web site at www.beyondocd.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 help in finding a therapist, email info@beyondocd.org or call **773.661.9530**.

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; Beyond OCD makes no claim as to the accuracy of their content.

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 Beyond OCD. We rely solely on donations to fund our work.