

Information Handout

Professional Version | US English

Recognizing Obsessive Compulsive Disorder (OCD)



Description

Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the '*Recognizing...*' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

Obsessive compulsive disorder (OCD) is characterized by obsessions (cognitive intrusions in the form of thoughts, urges, images, or impulses) and compulsions (behaviors which the individual feels driven to perform, usually in response to the obsession). *Recognizing Obsessive Compulsive Disorder* compares the DSM-5 and ICD-10 criteria for OCD and the *Obsessive Compulsive Disorder Checklist* is an assessment tool for clinicians.

Instructions

The 'Recognizing...' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated.

Information for the 'Recognizing ...' series was drawn from:

- The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)*. The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

References

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Frances, A. J., & Widiger, T. (2012). Psychiatric diagnosis: lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Clinical Psychology*, 8, 109-130.

Perkins, A., Ridler, J., Browes, D., Peryer, G., Notley, C., & Hackmann, C. (2018). Experiencing mental health diagnosis: a systematic review of service user, clinician, and carer perspectives across clinical settings. *The Lancet Psychiatry*, 5(9), 747-764.

World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization.

World Health Organization. (1993). *The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research*. Geneva, World Health Organization.

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Recognizing Obsessive Compulsive Disorder (OCD)

	DSM-5	ICD-10
Obsessions	3 of:	5 of:
Recurrent, persistent, and intrusive thoughts, urges or images.	✓	✓
Thoughts, urges, or images cause significant distress / anxiety or are time consuming.	✓	✓
The individual attempts to suppress, ignore, or neutralize the thoughts, urges, or images.	✓	✓
Thoughts, urges, or images are acknowledged as originating in the individuals own mind.		✓
The individual acknowledges at least one thought, urge, or image as excessive or unreasonable.		✓

	4 of:	6 of:
Compulsions		
Repetitive behaviors or mental acts that the individual feels driven to perform, typically in response to an obsession.	✓	✓
Repetitive behaviors or mental acts are time consuming or cause distress.	✓	✓
The behaviors or mental acts are aimed at preventing or reducing anxiety / distress or preventing some dreaded situation.	✓	
Behaviors or mental acts are not realistically connected with what they are designed to neutralize / prevent or are clearly excessive.	✓	
Carrying out the behavior or mental act is not in itself pleasurable.		✓
Behaviors or mental acts are not imposed by outward influence.		✓
Individual attempts to resist carrying out the behavior or mental act.		✓
Individual acknowledges at least one behavior or mental act as excessive or unreasonable.		✓

	1 of:	2 of:
Obsessive compulsive disorder		
Presence of obsessions, compulsions, or both.	✓	✓
Obsessions and / or compulsions are present (on most days) for at least 2 weeks.		✓

Obsessive Compulsive Disorder (OCD) Checklist

	DSM-5	ICD-10
Obsessions	3 of:	5 of:
Recurrent, persistent, and intrusive thoughts, urges or images.	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts, urges, or images cause significant distress / anxiety or are time consuming.	<input type="checkbox"/>	<input type="checkbox"/>
The individual attempts to suppress, ignore, or neutralize the thoughts, urges, or images.	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts, urges, or images are acknowledged as originating in the individuals own mind.		<input type="checkbox"/>
The individual acknowledges at least one thought, urge, or image as excessive or unreasonable.		<input type="checkbox"/>

	4 of:	6 of:
Compulsions		
Repetitive behaviors or mental acts that the individual feels driven to perform, typically in response to an obsession.	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive behaviors or mental acts are time consuming or cause distress.	<input type="checkbox"/>	<input type="checkbox"/>
The behaviors or mental acts are aimed at preventing or reducing anxiety / distress or preventing some dreaded situation.	<input type="checkbox"/>	
Behaviors or mental acts are not realistically connected with what they are designed to neutralize / prevent or are clearly excessive.	<input type="checkbox"/>	
Carrying out the behavior or mental act is not in itself pleasurable.		<input type="checkbox"/>
Behaviors or mental acts are not imposed by outward influence.		<input type="checkbox"/>
Individual attempts to resist carrying out the behavior or mental act.		<input type="checkbox"/>
Individual acknowledges at least one behavior or mental act as excessive or unreasonable.		<input type="checkbox"/>

	1 of:	2 of:
Obsessive compulsive disorder		
Presence of obsessions, compulsions, or both.	<input type="checkbox"/>	<input type="checkbox"/>
Obsessions and / or compulsions are present (on most days) for at least 2 weeks.		<input type="checkbox"/>

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Resource details

Title: Recognizing Obsessive Compulsive Disorder (OCD)

Type: Information Handout

Language: English (US)

Translated title: Recognizing Obsessive Compulsive Disorder (OCD)

URL: <https://www.psychologytools.com/resource/recognizing-obsessive-compulsive-disorder-ocd>

Resource format: Professional

Version: 20230721

Last updated by: JP

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