

Information Handout

Professional Version | US English

What Keeps Obsessive Compulsive Disorder (OCD) Going?



Description

Obsessions are unwanted thoughts and images that pop into your mind which you find unacceptable, or which make you feel anxious. Compulsions are things that you do in response to your obsessions, often to stop harm from occurring, or to make you feel better. People whose obsessions and compulsions interfere significantly with their lives are said to have obsessive compulsive disorder (OCD).

Research studies have shown that Cognitive Behavioral Therapy (CBT) is one of the most effective treatments for OCD (Ponniah, Magiato & Hollon, 2013). CBT therapists work a bit like firefighters: while the fire is burning they aren't very interested in what caused it, but are more focused on what is keeping it going. This is because if they can work out what keeps a problem going, they can treat the problem by 'removing the fuel' and interrupting this maintaining cycle.

In 1985, psychologist Paul Salkovskis described key components that are thought to explain why some people keep suffering from OCD, and his model has subsequently been refined further. The *What Keeps Obsessive Compulsive Disorder Going?* information handout describes some of these key factors, which maintain OCD. It illustrates these maintaining factors in a vicious flower format in which each 'petal' represents a separate maintenance cycle. Helping clients to understand more about the cognitive model is an essential part of cognitive therapy for OCD. Therapists can use this handout as a focus for discussion, or as a template from which to formulate an idiosyncratic model of a client's experiences.

Instructions

Suggested Question



One interesting way of thinking about OCD is to look at why, for some people, it does not get better by itself. This handout shows some of the most common reasons why some people's OCD persists. I wonder if we could look at it together and think about whether it describes some of what is happening for you?

References

Ponniah, K., Magiati, I., & Hollon, S. D. (2013). An update on the efficacy of psychological treatments for obsessive-compulsive disorder in adults. *Journal of Obsessive-Compulsive and Related Disorders*, 2(2), 207-218.

Salkovskis, P. M. (1985). Cognitive-behavioural problems: A cognitive-behavioural analysis. *Behaviour Research and Therapy*, 23, 571-583.

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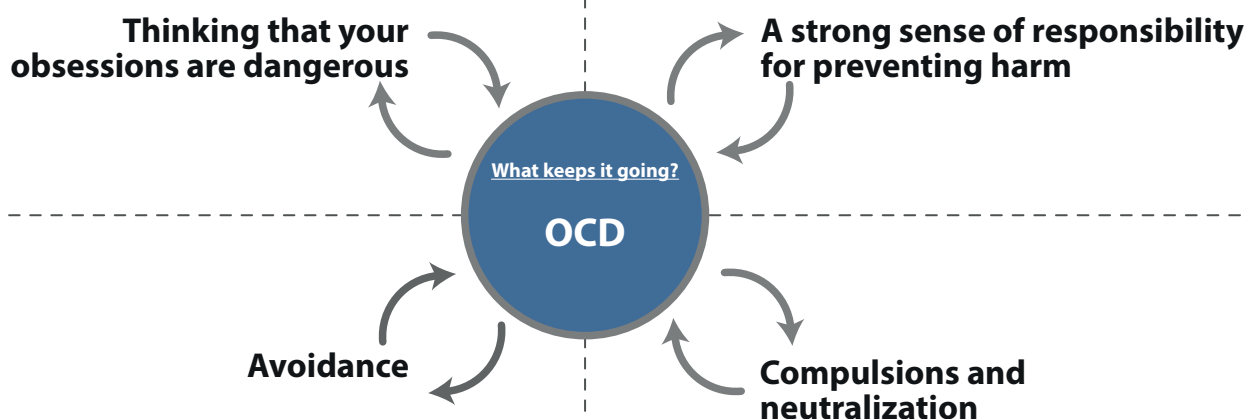
Everybody has intrusive thoughts and images that just 'pop' into their minds. People with OCD tend to interpret them as signs of danger. You might think:

- This means I am bad.
- This means I am responsible.
- Having this thought means it will happen.

If you decide that your intrusions are significant, you are likely to take action to protect yourself and others. All of the other problems of OCD flow from this decision.

We all have unspoken beliefs. People with OCD often believe that they will be responsible for causing a terrible and preventable outcome by doing something wrong, or by failing to act. You might believe that you have to take particular care about your thoughts or actions.

Having too strong a sense of responsibility can be a problem. It can 'trick' you into seeing things as more likely, more important, or more awful than they really are.



If you are worried about something, it is natural to try to avoid it. For example, if you are worried about being contaminated, you might avoid going out. If you are worried about being a danger to your children, you might avoid being alone with them. The problem of avoidance is that it 'buys into' and reinforces your belief that the intrusions are dangerous and need to be prevented or regulated. Avoidance can prevent you from learning how likely it is that your fears will come true.

Compulsions and neutralizing behaviors are things you do in response to an obsession, particularly when you can't avoid feared situations. You might do things like washing your hands so that you don't contaminate people you love, say a prayer to cancel out blasphemous thoughts, or check the plug sockets repeatedly before you leave the house.

Compulsions and neutralizing behaviors might make you feel better in the short-term. The problem is that they reinforce your belief that the obsessions are dangerous and need to be managed or controlled.

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