

# UNDERSTANDING OBSESSIVE-COMPULSIVE DISORDER

## Young Adult: Get the Facts

What does it mean when a health care professional says “obsessive-compulsive disorder”?

“ I remember when I was first diagnosed like it was yesterday. For me, the only examples I had of mental health made me feel like my future was over. I didn’t understand that with treatment, support, coping skills, and determination I would be able to still achieve my dreams. ”

—Haley, Youth



Hearing a health care professional say you have obsessive-compulsive disorder (OCD) can be confusing. The good news is that the emotions and behaviors you have been concerned about are actually symptoms of a treatable disorder. By getting treatment and entering recovery, people with OCD can manage their symptoms, feel better, and lead productive and meaningful lives. Recovery does not necessarily mean a cure. It does mean that people are actively moving towards wellness.

It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that you may have OCD, it is important to seek a thorough evaluation. The evaluation includes talking about your symptoms, blood and urine tests, and perhaps other tests to ensure there is no underlying medical condition causing the symptoms. It is also important to ensure that you can tolerate medication, if recommended as part of your treatment plan.

### What do we mean by recovery?

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.<sup>1</sup>*

*Recovery focuses on wellness and resilience, encouraging [people] to participate actively in their own care.<sup>2</sup>*



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# What is OCD?

OCD involves recurring, persistent, and unwanted thoughts (obsessions) or urges (compulsions) that cause distress or excessive worry. These obsessions and compulsions are intrusive and interfere with daily activities. Obsessions can have themes such as: fear of contamination or germs, distress when things are not orderly or symmetric, horrific thoughts involving harm to others or yourself, or unwanted thoughts regarding sex, religion, or aggression. Obsessions are typically linked with compulsions—behaviors performed as a response to the obsession—for example, repeated hand-washing in response to an obsession about germs. These compulsions may strictly adhere to rules or rituals, such as putting on clothes in a specific order, which, if not done precisely, must be repeated. These urges are far stronger than simply double-checking something (*Is the stove turned off?*). The feelings seem irresistible and trying to avoid them can cause anxiety and distress that may significantly interfere with daily life. For many people with OCD, symptoms tend to come and go over time.

OCD can be an ongoing and recurrent disorder. The outcome for OCD is better than originally thought. Many children and youth will stop having symptoms over time or, with treatment, their symptoms will get better. Symptoms that continue into adulthood can be managed. Treatments that involve medications, psychotherapy, and other elements of an individualized treatment program can help you improve your coping skills, manage symptoms, improve daily functioning, and lead a full, meaningful life. An individualized treatment program can include positive family or peer support.



## What causes OCD?

Researchers and health care professionals do not completely understand what causes OCD. It is unlikely that a single factor causes OCD. However, research has linked OCD to changes in the structure or function of several areas in the brain, factors in a person's history or environment, and personal factors such as how one copes with stressful life events. Traumatic experiences can also add to the development of mental health disorders. If you have experienced a traumatic incident, it is important to share that information with your mental health specialist and pediatrician.

## How common is this disorder?

The rate of pediatric OCD is around 1% to 2% in the United States and elsewhere. There appear to be two peak periods for OCD across the life span, one occurring in preadolescent children and a later peak in young adult life (mean age, 21 years).<sup>4,5</sup>

## What do we mean by resilience?

*Resilience is the ability to respond to stress, Anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>*

## What are the treatment approaches?



**Having lived experience with mental illness has helped me realize the importance, necessity, and reciprocal nature of peer-to-peer support and leadership to empower one another.**

—Hayden, Youth



OCD can be managed in many ways, including the use of psychotherapy, or with a combination of medication and therapy. Family or peer support may be helpful for some people. If you are of consenting age, you may need to provide written consent for parents or caregivers to participate on the treatment team. It is important to talk to your health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to have good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. You should collaborate with your family and health care provider to consider treatment options. Decisions should be made that include the severity of symptoms and fit your own priorities and goals.



### *Medications*

Medications (particularly a class of medications called selective serotonin reuptake inhibitors, or SSRIs) may help to manage many of the symptoms of OCD. Because each person reacts differently to these medications, the prescribing health care professional may try different doses and different kinds of medication before finding the most effective approach for you. Finding the most effective dose may take time and patience. For some people with mild or moderate OCD, the health care professional may not need to prescribe medication.

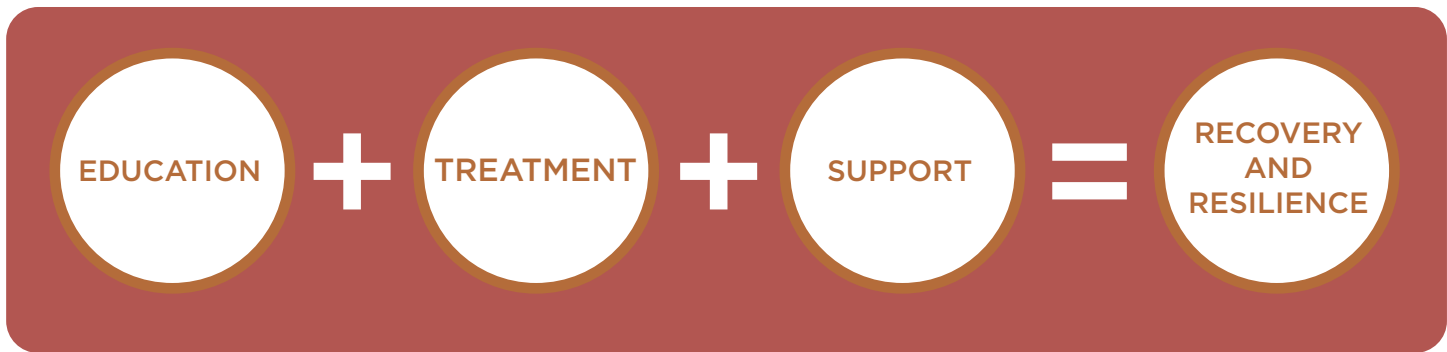
### *Therapy*

Cognitive behavioral therapy (CBT), may be used alone (for mild or moderate conditions) or in combination with medications (for more severe symptoms or if symptoms don't improve with CBT alone). This kind of treatment also helps you to enhance your resilience skills and develop behaviors and routines that can protect you from experiencing frequent, severe, or prolonged symptoms. One approach is Exposure and Response Prevention. This is a technique through which an individual is exposed to the thoughts, images, objects or situations that trigger anxiety, obsessive thoughts, and/or compulsions. The therapist will support the person in resisting these compulsions with the hope of decreasing anxiety and helping them to be better able to resist the compulsion (behavior) associated with the obsession (thought).

### *Support*

Your family or peers that have managed similar challenges can be an important part of your treatment team for OCD. Talking with peers lets you learn from others who are further along in recovery. Supportive family members, caregivers, and peers who are part of your treatment team can help you recognize mood and behavior changes before they become a greater problem. These partners can provide valuable support and encouragement, so you can stay focused on your recovery and life goals.

It is important to tell your health care professional about all of your symptoms, such as any particular fears or phobias, including social situations, or persistent low mood that may be bothering you. Be sure to report any problems or changes to your prescriber, including any use of drugs or medications, smoking, excessive caffeine (energy drinks), or alcohol. Sometimes when people try to self-medicate symptoms of OCD with alcohol or drugs, they can get worse. If you have thoughts or plans to harm yourself or others, contact your prescriber or the **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** or via the web chat function at <http://www.suicidpreventionlifeline.org> immediately.



Where can I learn more and get support?



- American Academy of Child and Adolescent Psychiatry**  
[http://www.aacap.org/AACAP/Families\\_and\\_Youth/Glossary\\_of\\_Symptoms\\_and\\_Illnesses/Obsessive\\_Compulsive\\_Disorder\\_OCD.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Glossary_of_Symptoms_and_Illnesses/Obsessive_Compulsive_Disorder_OCD.aspx)
- Find Youth Info**  
<http://www.findyouthinfo.gov/youth-topics/youth-mental-health>
- International OCD Foundation**  
<http://www.iocdf.org>
- Mental Health America**  
<http://www.mentalhealthamerica.net/conditions/ocd>
- National Alliance on Mental Illness**  
<http://www.nami.org/Learn-More/Mental-Health-Conditions/Obsessive-Compulsive-Disorder>
- National Center for Complementary & Integrative Health**  
<https://nccih.nih.gov/health/integrative-health>
- National Institute of Mental Health**  
<http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>
- National Suicide Prevention Lifeline**  
<http://www.suicidepreventionlifeline.org> / 1-800-273-TALK (8255)
- OK2Talk**  
<http://ok2talk.org>
- Substance Abuse and Mental Health Services Administration**  
<http://www.samhsa.gov/disorders/mental>
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline**  
<http://www.samhsa.gov/find-help/national-helpline>
- Teen Mental Health**  
<http://teenmentalhealth.org/learn/mental-disorders/obsessive-compulsive-disorder-ocd>
- Youth Motivating Others through Voices of Experience**  
<http://www.youthmovenational.org>

SAMHSA would like to thank the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, the American Psychiatric Association, and the Caring for Every Child's Mental Health Campaign Family and Young Adult Councils for their collaboration in developing and disseminating this fact sheet. This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS280201500007C, with SAMHSA, U.S. Department of Health and Human Services. Lisa Rubenstein served as the Project Manager and Eric Lulow served as the Government Project Officer.

**REFERENCES:**

- <sup>1</sup> (2012). *SAMHSA's Working Definition of Recovery*. SAMHSA.
- <sup>2</sup> American Psychiatric Association. (2005). *Position Statement on Use of the Concept of Recovery*.
- <sup>3</sup> (2013). *SAMHSA Annotated Bibliography*.
- <sup>4</sup> Flament, M., Whitaker, A., Rapoport, J. et al. (1988). Obsessive Compulsive Disorder in Adolescence: An Epidemiological Study. *J Am Acad Child Adolesc Psychiatry*, 27, 764-771.
- <sup>5</sup> Apter, A., Fallon, T.J. Jr, King, R.A. et al. (1996). Obsessive-Compulsive Characteristics: From Symptoms to Syndrome. *J Am Acad Child Adolesc Psychiatry*, 35, 907-912.

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