OCD Diagnosis and Assessment

The Center for OCD & Anxiety, LLC
Pittsburgh, PA

Course Objectives

- Participants will develop an understanding of OCD diagnosis as dictated by DSM V by the end of this training.
- Participants will be prepared to competently assess for OCD symptoms using the YBOCS or CYBOCS by the time this course is completed.

OCD Diagnosis, DSM V

- Requires the presence of obsessions, compulsions or both
- The obsessions and/or compulsions are time consuming or cause significant distress or impairment in social, occupational, or other important areas of functioning.
- These disturbances are not better explained by some other mental disorder, some other medical condition, or the effects of the use of a substance.
- Specifiers:
    - With good or fair insight (the individual knows the beliefs are definitely or probably not true)
    - With poor insight (the individual thinks the beliefs are probably true)
    - With absent insight/delusional beliefs (the individual completely believes the OCD beliefs are true)

Common OCD Assessment Tools

- YBOCS or CYBOCS (Yale Brown Obsessive Compulsive Scale or the Children's Yale Brown Obsessive Compulsive Scale; clinician administered)
- FOCI (Florida Obsessive Compulsive Inventory; clinician administered)
- OCI or ChOCI (Obsessive Compulsive Inventory or the Children's Obsessive Compulsive Inventory; self report)
- FAS (Family Accommodation Scale; many versions so can be clinician administered or self report)
- Behavioral Observations and Clinical Interview

OCD Prevalence & Impact

- Lifetime prevalence rate is around 2-3% globally
  - For adults in US: about 1 in 40 adults has or will develop it at some point in their lives
  - For kids in US: 1 in 200 kids, so a typical elementary school has about 4-5 kids with OCD, while a large high school would have about 20 students
  - Males are more often diagnosed when younger, females are more often diagnosed in adulthood
- Significantly impacts daily functioning, relationships, work, and overall quality of life
  - OCD ranks 10th in the WHO's ten leading causes of disability, and in the case of women ages 15-44 it is 5th!

Evidence Based Best Practice Treatment for OCD

- Exposure with Response Prevention (ERP or EXRP) is based on the idea that repeated exposures to the anxiety/distress trigger and a change in the ritual response will lead to habituation either within the exposure or over time.
- Inhibitory Learning Model is based on the idea that the trigger may always be present and habituation may not occur, but the ritual can be reduced or eliminated
- Acceptance and Commitment Therapy (ACT) is often used as a supplement to OCD treatment, often by using values to help drive the exposure process
- Inference Based Cognitive Behavior Therapy (ICBT) is an emerging treatment model
    - Anecdotally, this has been really successful in helping to challenge mental compulsions/rumination

What Are Obsessions?

- Per DSM:
  - they are recurrent and persistent thoughts, urges or images that are experienced, at some time during the disturbance, as intrusive, unwanted, and that in most individuals cause marked anxiety or distress
  - the individual attempts to ignore or suppress such thoughts, urges or images, or to neutralize them with some thought or action (i.e. by performing a compulsion)
- In plain English, it is an unwanted experience that can:
  - Pull the individual into the imagination (creating a“feeling” that the thought/image is happening)
  - Causes tunnel vision (the individual is fixated on the concern, can’t see the big picture)
  - Creates intense emotion (the individual feels at risk, depressed, angry, panicked, etc.)
  - Generate somatic symptoms (the individual feels dizzy, nauseous, aroused, etc.)
  - Facilitates uncertainty and doubt (the individual fears never being able to disprove the thought or to have certainty around it)
- The trigger for these obsessions is often an everyday occurrence
- The unwanted part of this “experience” is often the mental/internal aspects

Aggressive Obsessions

- Fear of harming self
- Fear of harming others
- Violent or horrific images
- Fear of blurting out obscenities or insults
- Fear of doing something else embarrassing
- Fear of acting on an unwanted impulse (e.g. to stab a friend)
- Fear of stealing something/shoplifting
- Fear of harming others because not careful enough (e.g. hit/run accident)
- Fear of being responsible for something else terrible happening (e.g. fire, flood, burglary)
- Other

Contamination Obsessions

- Concern or disgust with bodily waste of secretions (e.g. urine, feces, saliva, semen)
- Concern with dirt or germs
- Excessive concern with environmental contaminants (e.g. lead, asbestos, radiation, toxic waste)
- Excessive concern with household items (e.g. chemicals, cleaning products, solvents)
- Excessive concern with animals (e.g. insects, stink bugs, lanternflies, cicadas)
- Bothered by sticky substances or residues
- Concerned will get ill because of a contaminant
- Concerned will get others ill by spreading a contaminant
- No concern with consequence of contamination other than how it may feel

Somatic Obsessions

- Concern with illness or disease (Health Related Anxiety)
- Excessive concern with a body part or aspect of appearance (Body Dysmorphic Disorder)
- Other

Sexual Obsessions

- Forbidden or perverse sexual thoughts, images, or impulses
- Content involves children or incest
- Content involves sexual and gender identity
- Fear of engaging in sexual behaviors towards others (aggressive)
- Other

Religious Obsessions/Scrupulosity/Morality

- Concerned with sacrilege, blasphemy
- Fear that they have offended God
- Excessive concern with right/worn, morality, fairness
- Other

Obsessions with Symmetry/Exactness

- Accompanied by magical thinking (e.g. someone else will have an accident unless things are in the right place)
- Not accompanied by magical thinking (e.g. it just won’t look or feel right)

Hoarding/Saving Obsessions

- Distinguished from hobbies, items of monetary or sentimental value
- Consider what is being hoarded and where (Hoarding Disorder)

Miscellaneous Obsessions

- Need to know or remember
- Fear of saying certain things
- Fear of not saying just the right thing
- Fear of losing things
- Intrusive (non violent) images, sounds, words, music
- Bothered by certain sounds/noises (Misophonia)
- Lucky/unlucky numbers
- Colors with special significance
- Superstitious beliefs
- Other

Often Missed Obsessions (NOT on the YBOCS)

- Perfectionism (e.g. social, performance based)
- Fears of developing new OCD obsessions from hearing about them
- Doubts about whether or not I want to do something (linked to wishes/desires)
- Fear of anxiety/being anxious
- Fear of not feeling anxious anymore (after ERP–who am I really?)
- Fear of positive thoughts/being happy
- Do I even have OCD?
- What if I will be doing this COMPULSION for the rest of my life?

Scoring on the YBOCS

- Time occupied by obsessive thoughts (range is none to more than 8 hours per day)
- Interference due to obsessive thoughts (range is none to incapacitating)
- Distress associated with obsessive thoughts (range is none to near constant and disabling distress)
- Resistance against obsessive thoughts (range is trying to resist all the time to completely and willingly yielding to all obsessions)
- Degree of control over obsessive thoughts (range is complete control to obsessions are completely involuntary, rarely able to even momentarily alter obsessive thinking)
- All are rated on a 0-4 Likert scale; total is combined with score on compulsive questions at the end of assessment to determine severity of OCD symptoms

What Are Compulsions?

- Per DSM:
  - Repetitive behaviors (e.g. handwashing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession or according to rules that must be rigidly applied.
  - The behaviors or mental acts are aimed at reducing distress or preventing some dreaded situation or event. However, these behaviors or mental acts are either not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.
- In plain English:
  - Almost anything can be a compulsion–it's anything that becomes a repetitive strategy of neutralizing or avoiding the intense emotional experience of the obsession
  - Can be physical (tic like movements, verbal behaviors, arranging, re-doing, washing, researching) or mental behaviors (blocking thoughts, zoning out, arguing with thoughts)
- They create the "illusion of control" and are often an attempt to avoid some aspect of reality.
- Compulsions DO NOT need to logically follow obsessions.

Cleaning/Washing Compulsions

- Excessive or ritualized handwashing
- Excessive or ritualized showering, bathing, grooming toothbrushing or toileting routine
- Cleaning of household items, other inanimate objects
- Other measures to prevent or remove contact with contaminants
- Other

Checking Compulsions

- Checking locks, stoves, appliances, etc.
- Checking that did not/will not harm others
- Checking that did not/will not harm self
- Checking that nothing terrible has happened/will happen
- Checking that did not make a mistake
- Checking tied to somatic obsessions
- Other

Repeating Compulsions

- Rereading or rewriting
- Need to repeat routine activities (e.g. in/out through the door, up/down from the chair)
- Other

Counting Compulsions

- Need/urge to count while completing certain tasks
- Need/urge to complete tasks a certain number of times

Ordering and Arranging Compulsions

- Need to order or arrange items in specific ways

Hoarding/Collecting Compulsions

- Differentiate from hobbies, concerns with items of monetary or sentimental value–e.g. carefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless objects, amount of items needed

Miscellaneous Compulsions

- Mental rituals (other than checking or counting)
- Excessive list making
- Need to tell, ask, confess
- Need to touch, tap, rub
- Rituals involving blinking or staring
- Measures (not checking) to prevent harm to self, harm to others, terrible consequences
- Ritualized eating behaviors
- Superstitious behaviors
- Picking, pulling or other self damaging behaviors (e.g. skin picking, hair plucking, scab picking)
- Avoidance
- Other

Scoring on the YBOCS

- Time spent performing compulsive behaviors (range is none to more than 8 hours per day, or near constant performance of compulsive behaviors–too numerous to count)
- Interference due to compulsive behaviors (range is none to incapacitating)
- Distress associated with not performing compulsive behaviors (range is none to incapacitating anxiety from any intervention aimed at modifying activity)
- Resistance against compulsions (range is always try to resist to completely and willingly yield to all compulsions)
- Degree of control over compulsive behavior (range is complete control to drive to perform behavior is completely involuntary and overpowering, rarely able to even momentarily delay activity)
- All are rated on a 0-4 Likert scale; total is combined with score on obsessive questions to determine severity of OCD symptoms

Scoring on the YBOCS

- Severity rating is summing up all scored responses:
  - 0-7: Subclinical
  - 8-15: Mild
  - 16-23: Moderate
  - 24-31: Severe
  - 32-40: Extreme
- Measuring progress
  - Repeat the assessment throughout treatment
  - A decrease of 25% in score is mild to moderate improvement
  - A decrease of 35-50% is considered moderate to marked improvement; any decrease more than 35% is considered clinically meaningful

Course Objectives–Have We Met Them?

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Reminders & Resources

- To get CEU credit, you MUST complete and submit the post test and evaluation
- DSM V TR
- International OCD Foundation (iocdf.org)
- Assessments—widely available online for FREE:)
- Ongoing supervision, consultation, and training options
  - IOCDF BTTI
  - NOCD
  - Rogers
  - Sheppard Pratt
  - COA
- Contact information:
  - admin@pittsburghocdtreatment.com: for CEU questions or to schedule supervision/consultation
  - amanda@pittsburghocdtreatment.com: for other questions or comments