1) **OCD:**
- Based on compulsions: repetitive behaviours caused by obsessions, need to be performed. If not performed aggressive reaction or believe bad things will happen and obsessions: intrusive, persistent thoughts one has no control over (link to basic need of control for anxiety disorder). As repulsive-dystonic because beyond voluntary control.
- Provokes anxiety because of the persistence of thoughts and if unable to control compulsions.
- The AAO is at young age (6-15 male / 20-29 female)
- Can become chronic if not treated
- Can have associated panic attacks, phobias and substance abuse
- Obsessions and compulsions commonly focus on aggression, sexuality, religion, symmetry & ordering, contamination (health) (all have control in common. Feeling lack of control over uncontrollable things)
- Some compulsions may not be observable because in the person’s head (e.g. checking/over counting)

*We all have obsession and compulsions, but the line that sets between normality and OCD is the control over them.

*The line between psychopathology and OCD is according to the reaction if the compulsion was not possible to be done (lack of contact with reality). OCD individuals realise thoughts/compulsions are not normal, but have no control.

2) **COMPLUSION TYPES:**
- Cleaning
- Checking & ordering
- Repeating routine
- Mostly not explainable

3) **RELATED DISORDERS:**
- Hoarding: related, but has separate diagnosis, impulsive accumulation of objects/meaningless things, because attribute meaning/attachment not OCD because commonly have social/generalised anxiety, major depression, also does not include intrusive thoughts. Experience anxiety if asked to throw away objects
- Focus: context, environment
- Hair pulling (trichotillomania) & skin picking:
  - Pulling out hair/picking scabs, compulsive behavior reinforced by pleasure of giving in to it.
- Body dysmorphic disorder:
  - Preoccupied with body parts, spends so much time checking and will consider minor body problems/irregularities as major and seek assurance from the doctor regarding body.

4) **CAUSE THEORIES:**

**Biological:**
- 3 parts of brain involved (thalamus, frontal cortex and striatum)
- They are all connected and communicate
- All have to do with interpretation
- The issue with OCD is miscommunication
- Caused by a circuit in brain, involving motor behaviour, cognition and emotion. Involves frontal cortex (basal ganglia), and thalamus (basal ganglia). Problem with “connection” - It loops back to frontal, urges are not shut down after done action, so the brain keeps sending signals to continue to perform the action. It can help to take neurotransmitter serotonin regulators (medicines) because reduces rate of activity

**Genes:**
- Not conclusive, not sure there is an OCD gene
- Is it nature (genes) or nurture (learning? Coping mechanism?)

**Biochemical imbalance:**
- Low serotonin
- If serotonin is prescribed symptoms worsen for 6 weeks and then has positive impact
- Is OCD a consequence of imbalance or imbalance a consequence of OCD?

**C-B:**
- Everyone has obsessions are everyone is more prone when distressed, what differentiates OCD individuals is the lack of control over these thoughts.
- Reason for lack of control over thoughts: depressed/GA, negative events provoke intrusive thoughts, judge their thoughts as unacceptable, believe they should be able to control all thoughts, unrealistic beliefs

Compulsions develop through operant conditioning giving up to compulsion alleviates anxiety and the loop keeps going.

5) **OCD VS ANXIETY DISORDER:**
- Once had the same diagnosis, but has been separated in the DSM 5
- Separated from anxiety disorder because, even though they have similar symptoms, OCD has very specifically focused anxiety.

6) **TREATMENT:**

**Bio:**
- Biochemical imbalance: Clompramine, Prozac, SSRI’s - Zoloft, Luvox, Paxil
- Failure of attempting to control compulsion/obsessions
- Ex: - Don’t wash hands [box with association] something bad will happen
- If serotonin is prescribed symptoms worsen for 6 weeks and then has positive impact
- Individuals feel guilt & shame because of the thoughts and engaging in compulsions
- Therefore, its important in therapy to underline that there is no need to feel ashamed or guilty

**Psychoanalytical:**
- Based on psychosexual development (Freud) that develop person’s identity
- E.g. anal personality: focus on control. Rigid parents that make the child feel ashamed during anal stage, then he/she will have conflict between explosion (contamination) and retaining (control)
- Rigid beliefs can be caused by rigid parents

**Behaviorist:**
- Classical conditioning: neutral stimuli is associated with threatening thoughts/experiences
- Operant conditioning: referred to consequences giving into compulsions bring relief from anxiety

Ex: - Don’t wash hands [box with association] something bad will happen

7) **OCD DIAGNOSIS:**

**Requirements/criteria:**
- Compulsions and/or obsessions
- Distress if compulsions are not done
- Time consuming (more than an hour)
- Struggling with everyday life (functioning)
- Recurrence
- Intrusiveness
- Fail of attempting to control compulsion/obsessions

8) **EXPLANATIONS:**

**Psychological:**
- Ppl have more rigid thinking so have a harder time to adjust
- The intrusive thoughts have the purpose to give the feeling of control and control anxiety but they increase it because have no control over it
- Individuals feel guilt & shame because of the thoughts and engaging in compulsions
- Therefore, its important in therapy to underline that there is no need to feel ashamed or guilty

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**CGN:**
- There, the more the individual gives into compulsions the better he/she feels, the more it is reinforced and learned, so will keep doing it
- Cycle created by not verifying something bad doesn’t happen because avoid it by engaging into compulsion
- If the patient does not give into the compulsion, even once, then it will trigger an effect on his thinking (not sure what effect)
- Individuals feel personal responsibility because if they don’t engage in the compulsion something bad can happen to other (too), so will always do the “right thing”

9) **EXTRA:**
- Self harm is best way to relief anxiety
- Body dysmorphic disorder - was once part of OCD category because similar - finding something wrong in your body becomes and obsession
- With BDD the issue is not visible, but with eating disorders the issue is visible
- Trust is key/needed. Ppl with control issues have a hard time trusting (are you going to protect them?). Make patient feel like you’re not threatening their rigid way of thinking.