

ocd essentials



ocd essentials

/ what is ocd?

Obsessive-Compulsive Disorder (OCD) is a mental health condition characterized by intrusive, unwanted thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) that a person feels driven to do in response. These thoughts and behaviors are distressing, time-consuming, and interfere with daily life.

People with OCD aren't choosing their thoughts or behaviors—they're trying to reduce anxiety, prevent harm, or feel "just right." Over time, this cycle strengthens, making it more difficult to break without support.

50%

of individuals with OCD are misdiagnosed

1/40

adults live with ocd

61.5%

experience severe daily impairment

14-17 years

is the average time it takes to receive a proper diagnosis

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/ diagnosis

OCD is diagnosed by a licensed mental health professional through clinical interview and assessment.

common obsessions & compulsions

/ obsession

Unwanted, intrusive thoughts, images, or urges that cause distress

/ compulsion

Actions or mental rituals done to feel safe, neutralize thoughts, or get certainty

/ obsession



Fear of **germs** or **contamination**



Moral or religious worries (scrupulosity)



Relationship doubts (e.g., "Do I really love my partner?")



Unwanted **sexual thoughts** or images



Fear of harming others or self (Physically or emotionally)



Things feeling "**not just right**" or symmetrical



Health fears or obsession with illness



Intrusive doubts about **identity, gender, or sexual orientation**

/ compulsion



Excessive **washing** or **cleaning**



Praying, counting, or mentally "**canceling**" thoughts



Seeking reassurance, confessing



Avoiding people, places, objects, or topics



Repeating actions, movements, or phrases



Rewriting, retyping, or **restarting** tasks until it feels "right"



Comparing, scanning for feelings, or **checking** physical sensations



Mental reviewing, analyzing, or "figuring it out", Googling/researching

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/ the ocd cycle

A repetitive pattern characterized by obsessions, anxiety, compulsions, and temporary relief

01 obsession

An intrusive, unwanted thought, image, or urge that causes distress or anxiety.

02 anxiety

Intense fear, shame, or guilt—the thought feels dangerous or meaningful, even if it’s irrational.

03 compulsion

A behavior or mental action done to reduce distress or prevent a feared outcome.

04 short-term relief

The anxiety fades—for now. The compulsion provides temporary relief.

05 long-term consequences

The compulsion reinforces the obsession and makes it feel more dangerous and real.

06 return of the obsession

The cycle restarts—often with more intensity. Breaking free feels harder over time.

ocd & comorbid conditions

OCD often overlaps with other conditions. Understanding the full picture allows for more tailored and effective treatment.

generalized anxiety

depression

ADHD

autism spectrum

tics / body-focused repetitive behaviors

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/ how ocd shapes thoughts & perceptions

OCD isn't just about intrusive thoughts—it's about how those thoughts are interpreted, experienced, and responded to.

ocd is:

- ✓ misinterpreting intrusive thoughts
- ✓ struggle with ego-dystonic thoughts
- ✓ make inferences tied to worst-case fears
- ✓ create vivid mental scenarios
- ✓ experience hyper-responsibility
- ✓ feel heightened sensitivity to stimuli

ocd is not:

- ✓ a personality quirk
- ✓ about being neat or organized
- ✓ helpful or enjoyable
- ✓ a want or choice
- ✓ something you can “just stop”
- ✓ a preference or lifestyle

causes & risk factors

brain based differences ✓

OCD is linked to chemical, structural, and functional changes in the brain.

cognitive distortions ✓

OCD is fueled by perfectionism, intolerance of uncertainty, over-responsibility, and fear of causing harm.

learned behaviors ✓

Compulsions are reinforced because they provide temporary relief from anxiety.

autoimmune factors ✓

In some children, OCD symptoms may follow strep infections or other immune responses.

genetics ✓

OCD can run in families, but genes alone don't determine whether someone develops it.

environment ✓

Stress, trauma, or rigid family, cultural, or religious environments can increase OCD vulnerability.

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/ understanding ocd therapies

There's no one-size-fits-all treatment for OCD. Different approaches target different parts of how OCD operates—whether it's your thoughts, behaviors, values, or how you relate to anxiety itself.

It's important to work with a provider trained in evidence-based treatment for OCD. ERP and I-CBT are the most effective, research-backed approaches. ACT and mindfulness can also be helpful, especially when thoughtfully integrated into a specialized OCD treatment plan.

therapies

	/ focus	/ purpose	/ example
/ inference-based CBT (I-CBT) "learn to spot when ocd is tricking you with doubt and imagination."	Thought patterns and internal logic	Helps you recognize when OCD has pulled you into doubt and imagination, and teaches you to trust your senses instead of the "what ifs."	"What if I might have hit someone with my car?" I-CBT helps you notice that this doubt didn't come from reality—and teaches you to exit that obsessional loop.
/ exposure and response prevention (ERP) "face the fear. skip the ritual. build real freedom."	Behavior and avoidance	Helps you face what OCD tells you to fear without doing rituals to feel better. Over time, your brain learns that fear doesn't have to run the show.	Touching a doorknob and resisting the urge to wash—learning you can handle the discomfort without giving in.
/ acceptance and commitment therapy (ACT) "let your values guide your actions—even when fear shows up."	Values and psychological flexibility	Teaches you how to stop fighting your thoughts and instead take action based on your values—even when anxiety shows up.	Choosing to spend time with your child, even if OCD tells you "what if you're dangerous?" You act from love, not fear.
/ mindfulness "notice your thoughts without getting pulled in."	Present-moment awareness	Helps you observe your thoughts without judgment, slow down reactive cycles, and stay grounded in the here-and-now.	Noticing an intrusive thought pass through your mind without trying to analyze it—just letting it come and go like a cloud.

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/ treatment takes practice, not perfection

OCD recovery isn't about eliminating anxiety or intrusive thoughts—it's about learning how to respond differently to them. Progress means:

- Choosing values over fear
- Practicing discomfort without avoidance
- Living your life, even when OCD is loud

It's not easy—but it is possible.

/ you might have ocd if

- You have unwanted thoughts or images that feel disturbing or intrusive
- You try to get rid of these thoughts with actions, rituals, or mental review
- You avoid people, places, or topics out of fear/guilt
- You seek reassurance, confess, or mentally check to feel 'just right' or certain
- Your thoughts go against your values and cause distress
- You feel stuck in a loop of doubt and "what if" thinking

reminders

/ for therapists

- ✓ Use structured, evidence-based models (ERP, I-CBT, ACT, Mindfulness)
- ✓ Learn to spot covert compulsions like rumination, checking, mental reviewing, reassurance seeking
- ✓ Resist colluding with OCD by over-accommodating fear or uncertainty
- ✓ Encourage values-based actions, even when anxiety is high
- ✓ Normalize the ego-dystonic nature of intrusive thoughts

/ for family & friends

- ✓ Reassurance feels kind—but it feeds OCD's need for certainty
- ✓ Set kind, clear boundaries around rituals and avoidance behaviors
- ✓ Learn to respond with compassion and firmness at the same time
- ✓ Ask how to support recovery, not just reduce distress
- ✓ Remember: OCD is the problem—not your loved one

/ for individuals with ocd

- ✓ Your thoughts don't define you
- ✓ You are not alone (1 in 40 adults live with OCD)
- ✓ Getting better is possible—even when it feels impossible
- ✓ You can learn to tolerate anxiety and discomfort
- ✓ Treatment works. You are not your thoughts and you are not alone."

getting help



Seek help from an OCD specialist who offers ERP and I-CBT



Don't wait for thoughts to "get worse"—earlier support leads to better outcomes



Visit ocdmn.com for therapy, assessments, and education



For more resources, visit: iocdf.org & adaa.org

Contact Us Today



-  763-620-9083
-  contact@ocdmn.com
-  www.ocdmn.com
-  @ocd.mn
-  370 Selby Ave, Suite 215
St Paul, MN 55102

