LAMORINDA WEEKLY

Published April 29th, 2009

Understanding and Getting Help for Obsessive-Compulsive Disorder (OCD)

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Rachel was a 16 year-old high school junior who reluctantly came to see me. Her parents were quite worried and frustrated by Rachel's recent behavior: frequent hand-washing, hour-long showers, refusing to touch certain doorknobs and furniture in the house, and refusing to drive or sit in one of the family cars. When Rachel wouldn't enter one of her classrooms at school, her parents contacted me for help.

Although Rachel preferred to be left alone to continue to practice her increasingly compulsive behavior, without intervention her symptoms would become more severe. Rachel was suffering from obsessive-compulsive disorder, a combination of recurrent, intrusive thoughts and repetitive behaviors. She had an extreme amount of anxiety that she tried to manage through her compulsive behaviors.

Rachel was a good student who was close to her family. She had many friends, was on two varsity sports teams, and was active in her church youth group. Until her junior year, Rachel had never had a significant problem. Now she felt more isolated from friends and her family as she struggled with an overwhelming internal agenda.

After a few therapy sessions, Rachel confided that a stranger had exposed himself to her on her school campus after a sports practice. She didn't tell anyone, but she increasingly felt dirty and contaminated by this experience. The car her mother drove to pick her up from practice became contaminated. So did areas of her house she walked through that day, and gradually, many other unrelated things and places became unsafe for her. Rachel tried to protect herself from her obsessive anxiety-ridden thoughts and fears by constantly cleaning herself and by practicing ritualistic behaviors. For example, she needed to open and close each of her five dresser drawers ten times before bed each night.

I referred Rachel to a psychiatrist for medication. The best treatment for obsessive-compulsive disorder is a combination of medication (usually both an antidepressant and anti-anxiety medication) and cognitive-behavioral therapy. Although the exact causes of OCD are still unknown, it is thought to have both a biochemical and genetic basis.

In addition to discussing her worries and fears in depth and other ways to manage them, we set up specific behavioral steps. Rachel practiced exposing herself to dreaded objects and places gradually and then refraining from practicing ritualistic behavior in response. With Rachel's consent, we involved her parents in many of our discussions and treatment goals. It was important, both for Rachel and her parents, for them to understand and support Rachel in her efforts.

Rachel's treatment took more than eighteen months, but by the time she graduated from high school and headed for college she felt much more in control of her thoughts and behaviors. She was aware of possible triggers for her OCD and how to manage a recurrence. Best of all, Rachel felt free from the heavy burden and embarrassment she had experienced and was able to move on with her life.

OCD is not always a result of fear of contamination. Sometimes it develops based on other fears and anxieties, such as feeling unsafe or vulnerable, or a fear of failure or isolation. If your child shows symptoms of obsessive-compulsive disorder, it is important to seek help quickly. Early intervention can help reduce

some of the distress and effects associated with this condition.

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