

CHAPTER 15

Two Steps Forward, One Step Back: Maintaining Your Gains for the Long Haul

If you're trying to achieve, there will be roadblocks. I've had them; everybody has had them. But obstacles don't have to stop you. If you run into a wall, don't turn around and give up. Figure out how to climb it, go through it, or work around it.

—Michael Jordan

As you work through the self-directed program, you will have good days and bad days. As time goes on, you will have more and more good days. But what about the bad days? And what about those persistent OCD symptoms that seem to linger despite your efforts?

IT'S NOT WORKING: COMMON PROBLEMS

If you aren't making progress with your OCD problem, various factors could be involved. Among the most common are overvalued ideas, "compulsion creep" (substituting or modifying compulsions, rather than blocking them altogether), protecting yourself from exposures with distraction, continuing to avoid

triggering situations, minimizing the importance of compulsions, denial and its cousin righteous denial, not taking medication or taking a less effective medication, family problems and life stress, lack of social support, lack of motivation, complicating illnesses, and alcohol or drug abuse. In the following sections, we'll help you identify what may be impeding your progress and discuss how to overcome these roadblocks.

Overvalued Ideas

Do you typically believe your obsessions are reasonable? Do you truly believe your compulsions are necessary to prevent misfortune or tragedy? If so, you've attached too much importance to your obsessions and compulsions. These faulty beliefs fall into the category of overvalued ideas, discussed in chapter 8. Overvalued ideas indicate a greater level of impairment from OCD and predict a poorer response to cognitive behavioral therapy. Loosening the grip of these unrealistic beliefs, even just a little, can make a difference in your progress. In the following space or in your journal, list any overvalued ideas or faulty beliefs you still hold. Then reread the relevant sections of chapter 8 to help you confront these thoughts and develop realistic appraisals and coping self-talk to counter them.

People with overvalued ideas almost always need to consider taking medication for OCD as an important component of their recovery. Review chapter 3 for a more in-depth discussion of medication options for OCD. It may take patience and persistence, but getting on the right medication or combination of medications can help people with overvalued ideas make significant progress. This is because a positive response to the medication can help you participate in and benefit from the cognitive behavioral strategies discussed throughout this book.

Compulsion Creep

OCD can be sneaky and persistent in reinvading your life. Sometimes people accommodate their OCD by substituting a new compulsion for an older one or change a compulsion by speeding it up or performing it differently. The new compulsion is likely to be less obvious than the old one was. For example, instead of checking the locked door a second time, you may tap the door, wiggle the doorknob, or cautiously stare at the door as you lock it. Or maybe you avoid checking the door altogether as long as you know your spouse is responsible for doing it. While shortening or altering compulsive behaviors can be a way of lessening their impact on your daily functioning, be aware that even less intrusive compulsions have the potential to grow more disruptive over time. Catch new, small compulsions before they

grow into big ones. In the following space, list any substitute or modified compulsions that you may still be performing. Those that could potentially pose a bigger problem later should be added to your list of symptoms to be addressed using the ERP strategy you devised in your self-directed program.

Protective Distraction

You may be distracting yourself or unwittingly avoiding the full impact of exposure exercises so you won't feel too uncomfortable. This is self-defeating. Perhaps you're holding on to unrealistic beliefs about the dangerousness of anxiety and aren't willing to fully challenge those appraisals. As much as possible, try to hold the most horrific consequences of the fear-provoking situation vividly in your mind while doing an exposure. Be sure to allow the anxiety to rise and then wait for it to fall *on its own*. Try on an attitude of acceptance and tolerance of the anxiety. The faulty belief that the practice of exposure should eliminate all of your anxiety is the surest way to ensure that it will persist.

Think of handling the anxiety as similar to allowing yourself to be lifted by a wave. Picture yourself in the water at the seashore. In the distance you see a big wave coming your way. It looks scary, and you feel tempted to rush out of the water—it's that big. But you decide to stay and ride it out. You can feel the butterflies in your stomach as it approaches. You can handle the wave in two ways: You can tense up, hold your arms close, and make your body very tight and compact, like a deadweight. If you do that, when the wave hits you it will slam into you, tumble you over, and spin you around dizzily. A better way to handle it is to loosen your muscles and relax, making your body light. Spread your arms, and when the wave comes, allow it to lift you up off the ground. Then, as it passes by, gently descend back down and plant your feet firmly on the ocean floor. This is an apt metaphor for how you can get through anxious OCD moments.

Remember, the anxiety always passes eventually. How much you allow it to disrupt your life at any one moment is up to you. In the following space, list the ways you may be distracting yourself or resisting anxiety during ERP:

Avoidance

Be on the alert for any forms of avoidance that may persist. After working with your self-directed program, do you still avoid touching objects most people wouldn't usually consider dangerous? Do you avoid leaving the house so you won't be faced with having to lock the door without checking it? Do you still avoid being around young children? Do you continue to avoid driving near elementary schools for fear of running someone over? Remember that the situations that you continue to avoid for OCD-related reasons are like a tinderbox and may cause more severe OCD symptoms to flare up when you're under increased stress from life circumstances.

Getting to the next step in your recovery from OCD requires a high degree of courage—the courage to do the very things that your OCD brain screams you must not do! Treat these feelings and sensations as false alarms and do your best to ignore them. Treat the situations you avoid as you do all compulsions: with ERP. In the following space, list all of the situations that you still avoid. Use this list as a reminder of the ERP work you still need to do:

Minimizing the Importance of Compulsions

A compulsion is a compulsion. Don't fool yourself or thwart your progress by minimizing the importance of any compulsion, no matter how seemingly small, with statements such as these:

- That's not really a compulsion.
- I can stop it whenever I want.
- I just don't think I need to stop doing it.

Once you've overcome your major OCD compulsions, go after smaller ones. You may feel satisfied with only partial improvement of your OCD. If you've gotten rid of the major problems, you may feel ready to stop following the program. Don't do it! This will increase the likelihood that your next lapse will be more severe. If you were able to break free from major symptoms, chances are good that you can break free from minor symptoms too.

Denial: “Maybe It’s Not OCD”

One of the most common barriers to progress in overcoming OCD is the idea that maybe this time, it isn’t your OCD. This thought often occurs after people have made significant progress. You can hit a brick wall if you buy into the nagging thought that by not doing compulsions, somehow you or someone you love will be punished for your “negligence.” This leaves you vulnerable to all of the irrational catastrophic thinking that generated the compulsions in the first place. Here are some examples of these sorts of ideas:

- If I touch the doorknob and don’t wash this time, maybe I really will die of AIDS. Maybe I just dodged a bullet all of those other hundreds of times when I didn’t wash.
- By not undoing this bad thought just this one time, I probably will cause harm to come to my loved one. I’ve been testing fate by not doing my compulsions, and now it’s payback time.
- By not getting just this one extra medical test, I will pay for my flippant attitude and die of some dreaded disease.
- If I don’t check the stove just one more time, in this particular instance fate will surely punish me for my inattention and cause a horrific accident.
- Just this one time, maybe having this thought of harming my loved one means I’ll really do it. I could be the one in a billion who doesn’t fit the standard profile.

No wonder OCD is called the doubting disease! Don’t be fooled by this type of thinking. The OCD wants to pull you back into its grasp. Don’t let up now. Continue to practice response prevention in triggering situations.

Righteous Denial, or the “Martyr Complex”

Righteous denial is a form of self-deception that enables those with OCD to avoid change by rationalizing their symptoms to themselves and others with the notion that they perform their rituals for everyone’s good. This faulty belief shields them from the painful impact of their OCD on themselves and those around them. Their OCD becomes a secret source of pride and provides feelings of uniqueness and superiority. The rationale goes something like this: “How noble and wonderful I am! I’ll gladly sacrifice my life doing endless compulsions (washing, counting, checking, and so on) all day long as a small price to pay to protect those I love from danger and harm. And since no one close to me yet died or suffered inordinately, I must be doing something right!”

Not Using Medication or Using a Less Effective Medication

If you find that, despite your best efforts to help yourself using ERP, your OCD is still quite disabling, it may be time to consider taking medication or asking your doctor to change your current medication regimen. For information on finding a qualified physician to prescribe or manage the medications you take, refer to chapter 19. Discuss with your physician the possibility of changing the type or dosage of your present medications or augmenting them with additional medications. There are a number of medication strategies that can help significantly decrease the severity of OCD symptoms.

Many people with OCD have fears about taking medication. Their fear may be due to overall discouragement, a previous negative experience with side effects, a particular physician, or just plain old what-ifs. Here are some common what-ifs, along with information to help combat them:

- **What if the medication doesn't help?** If one doesn't help or helps only minimally, another one or a new combination probably will help.
- **What if I have to take it the rest of my life?** Not a bad trade-off if it gives you greater freedom from OCD.
- **What if I get addicted to it?** OCD medications, specifically the SSRIs, aren't addictive. You can stop taking them anytime you and your doctor decide it's advisable to do so. To avoid withdrawal effects, it may be necessary to taper the dosage, rather than stopping all at once.
- **What if I take medication and don't get to the root cause?** That's okay. The root cause of OCD is unknown at present, and medication can help you feel a lot better as you search for it!

Don't give up on medication. Take a chance and keep trying. Use the knowledge you've gained from this book to locate a qualified medical professional who can help you find the right medication for your problem. It's worth it!

Family Problems and Life Stress

Family conflict, distress, and divisiveness can seriously interfere with your ability to maintain your progress. Likewise, economic distress and instability can topple even the most successful treatment efforts. An additional complication is that family members may unconsciously sabotage your progress. If your family has organized itself around your OCD, when you get better your family must reorganize itself. For example, you and your family members may find yourselves with spare time on your hands once you stop participating in OCD rituals. What then? Most families are elated by the added freedom that recovery from OCD brings. In some cases, however, family members may resent you because they feel unneeded now that you're breaking free from OCD.

Together, you must develop a new way of life within the family that isn't dependent on OCD symptoms. Chapter 18 provides more specifics on how to go about this. If problems persist, you may want to consider seeking family therapy from a qualified mental health professional who's familiar with OCD. Chapter 19 can help you make decisions in getting professional help.

Lack of Social Support

Often, the discouragement and isolation that accompany OCD can significantly interfere with making progress with your self-directed program. It can be so difficult to find people in your life who understand. Attending an OCD support group can be very helpful in this regard. When you share openly with other kindred spirits about the daily struggles and dilemmas of the disorder, their acceptance and understanding can make a huge difference in your recovery from OCD. Many groups welcome immediate family members as well, in which case the group can serve as a valuable resource for the entire family as all of you attempt to cope with the presence of OCD. Chapter 19 provides suggestions on how to locate an OCD support group. If there isn't one in your area, consider starting one yourself. Guidelines for starting a support group can be obtained from the Anxiety Disorders Association of America (see the resources section for contact information).

Lack of Motivation

Breaking free from OCD is hard work, and it takes time. You may sometimes find your motivation weakening. Here's a tip to help with that: In the following space, write several statements about how your life would be different, and better, without OCD—in your family life, relationships, job or career, and other aspects of life. Be very specific. Then, write these statements on small pieces of paper and post them in various places in your home, such as the refrigerator door or the bathroom mirror, to serve as reminders. When your enthusiasm wanes and you're tempted to give up, read what you've written. It will provide a quick boost and help you stay on track.

Here's another tip. Compose a short, five- to ten-minute self-motivational narrative, then make an audio recording of your script. We've provided guidelines for composing your narrative. Fill in the blanks using your particular symptoms and situation. Then read it as one complete narrative, using lots of expression to make it believable. You may want to ask your spouse, parent, or therapist to record it for you to make it more believable. Or you may want to record it in your own voice. The choice is yours.

Hello _____, this is _____ speaking. I've (you've) had OCD for years (months). My (your) problem is _____ (washing, checking, repeating, ordering, intrusive thoughts, or whatever). This problem has prevented me (you) from living life freely. It has affected my (your) life in the following ways: (list several ways that OCD has negatively impacted your life in the areas of family and work, goals, hopes, and dreams). While neither I (you) nor anyone else is responsible for the fact that I (you) have OCD, I am (you are) responsible for taking every possible

step to overcome it. I (you) have reached a point in my (your) life where I am (you are) unwilling to tolerate OCD symptoms anymore. I am (you are) committed to achieving a life in which OCD is, at most, a small, insignificant inconvenience.

To achieve this, I (you) must change my (your) attitude from one of hopelessness and defeat to one of hope and possibility. I am (you are) no longer willing to hide in shame in a dark corner with my (your) OCD. I am (you are) a whole person. I (you) have many great qualities. I am (you are) _____ (list at least five positive qualities or strengths in yourself).

I am (you are) not just my (your) OCD symptoms!

Despite feeling alone with this disease much of the time, I (you) now realize I am (you are) not alone. There are literally thousands who understand what I am (you are) going through. I can (you can) reach out to these people for help and understanding. And regarding those who don't understand, I (you) must give up my (your) anger, cynicism, and negativity. I (you) must learn patience. With proper information and education, many others will someday see the light and understand what OCD is, one person at a time. I (you) must give up my (your) insistence that the world change just for me (you). I (you) can promote change when I (you) begin to change myself (yourself), my (your) attitude, and my (your) OCD.

To live life free of OCD, I (you) must strive to change my (your) attitude from mistrust to trust. Though I've (you've) been disappointed and discouraged before, I (you) must wipe the slate clean. I (you) may need to put my (your) faith in a doctor, expert, group, person, or program that will help me (you) confront and face the things I (you) fear, and guide me (you) toward the light of recovery. Though it's extremely scary, I'm (you're) ready and willing to do whatever it takes. I'm (you are) committed wholeheartedly to this.

I am (you are) committed to following through with medication—to take it religiously and only according to the directions of my (your) physician. I'm (you're) now ready to live a clean life, without any abuse of medication, which will only negatively affect the delicate balance of my (your) brain chemistry.

I'm (you're) willing to confront my (your) fears daily using the principles of cognitive behavioral therapy. I am (you are) working to recognize the differences between my (your) logical brain and my OCD. I (you) realize that the irrational messages from my (your) OCD brain are false and the compulsions only a waste of time. The obsessive thoughts are mere "ghosts and goblins," like a bad B-grade movie—they may look real for a moment, but they are not.

If I (you) let the OCD trick me (you) into reacting to the images and messages as if they were real, the OCD wins and it gains more and more control over me (you). I (you) win when I (you) resist the magnetic pull of the compulsive urge. And although there is great discomfort in not giving in to it, if I (you) wait and hang on through the discomfort, the urge will eventually diminish on its own. I am (you are) now willing to fight the battle of my (your) life to be victorious against this monster! I (you) hate this OCD so much, and my (your) commitment to recovery is so very strong, that I'm (you're) willing to put everything on the line and withstand the urge to perform a compulsion. Daily, I am (you are) gaining the strength and courage to begin to take charge of my (your) OCD.

Complicating Illnesses

Depression, other anxiety disorders, attention deficit disorder (ADD), Tourette syndrome, body dysmorphic disorder (BDD), trichotillomania, eating disorders, and substance abuse are just a few of the disorders that can complicate breaking free from OCD. See chapter 16 for a discussion of some of these complicating illnesses. As mentioned early on in the book, an important first step before starting the self-directed program is obtaining an accurate medical diagnosis from a qualified mental health professional. This will also determine whether other conditions are present that could complicate the process of recovery from OCD. Once these conditions are identified, a mental health professional can help you create a program that's tailored to your specific problems.

Alcohol or Drug Abuse

Excessive use of alcohol or drugs greatly complicates OCD treatment. If substance abuse is an issue for you, chances are good that you're self-medicating to relieve anxiety symptoms caused by the OCD. Be aware that these substances can cause adverse interactions with medications, unwanted side effects, and toxic reactions. In addition, illegal drugs and alcohol can neutralize the therapeutic effects of a prescribed medication. The health risks of mixing illegal drugs or alcohol with OCD medications are significant, so the obvious first step is detoxification and treatment from mental health professionals who specialize in dual-diagnosis psychiatric disorders. Once these conditions are under control, you have a much greater chance of success in breaking free from OCD.

MANAGING LAPSES AND PREVENTING RELAPSE

Expect lapses and beware of relapse—especially upon making progress. What's the difference between a lapse and relapse? There's a world of difference. Lapses are accompanied by a relatively minor increase in OCD symptoms, are usually short or limited in duration, and almost always occur during a period of short-term life stress or transition. Both happy and unhappy events—getting married or divorced, changing jobs, the birth of a child, a move to a new location or community, illness in the family, and so on—can be associated with a short-term lapse in your recovery from OCD. Lapses are completely normal and to be expected as part of the normal waxing and waning of OCD symptoms throughout your life. When life stresses subside, you should find that your recovery rebounds to its previous level.

Relapse, on the other hand, is much rarer and involves severe regression back to pretreatment levels of symptoms. It's usually associated with a significant life stressor or disruption in social support, plus additional factors such as alcohol or drug abuse and, in many cases, quitting a prescribed OCD medication.

In either case, lapse or relapse, the sooner you face the issues, the better. It's also a good idea to learn techniques to both prevent them and manage them when they occur. Here are some suggestions that will help you.

- Several weeks or months after successful treatment, you may feel you have it made. You may even think that you're cured. Don't be fooled! OCD is sneaky and persistent. It will give you a sucker punch when you least suspect it. In fact, we believe that recovery without having experienced and successfully endured a lapse in OCD symptoms is only partial recovery. Successfully managing lapses is a skill that will help you throughout your life with OCD.
- Lapses and relapses are not signs of failure; they're opportunities to further refine the skills you've learned in the self-directed program and strengthen your recovery from OCD. Be honest with yourself. When you slip up and perform a compulsion, admit it and make plans for how you can resist the compulsion in the future. Get back on track and don't get down on yourself. This can be challenging, as people with OCD are often very self-critical. If possible, immediately expose yourself to the feared situation again, and then move on.
- Don't compare yourself with others—with or without OCD. Your OCD problem is uniquely your own, and therefore your path to recovery will be uniquely your own.
- It isn't uncommon for those who make significant progress with their OCD in a relatively short time to go through a phase of feeling depressed. It's almost a state of bereavement: mourning for the years that were lost to OCD and the devastating toll it has taken. There may be a period of deep sadness and regret about what your life might have looked like had you recovered sooner. Forgive yourself and others for mistakes of the past. No life is ever perfect. Remember that without all of those blind alleys, you would never have gotten to the point you are at today. They were an inevitable part of your recovery. Use the painful past to further safeguard and solidify the recovery you've achieved now.
- The goal of this book is progress with your OCD, not a perfect cure. Be realistic in your expectations about recovery from OCD. Recovery is a lifelong process with many ups and downs—and with your OCD under good control, hopefully, many more ups!
- Sometimes it will be just plain difficult. When you're working hard at maintaining your previous gains, you may become discouraged and frustrated, as if you've accomplished nothing at all. At these times, don't lose sight of the progress you've made. Even at difficult times, find compassion for yourself, realize your self-worth, and give yourself a pat on the back for how far you've come. Then keep moving forward!
- Appreciate your small victories against OCD. Over time, even minor improvements eventually add up to larger gains.
- *Never, and we repeat, never* go off your medications without first consulting your physician. Many people make the mistake of discontinuing medications when they're feeling well only to discover later that they were feeling well only because they were taking the medication.
- While medication can make a big difference in your OCD symptoms, don't overly rely on medication to help you. The fact is, you can't medicate away all of your OCD symptoms. Sometimes the best "medicine" for nagging, residual OCD symptoms is a stronger effort with ERP.

Even when you're doing very well, you'll get spikes of anxiety on occasion. Don't be alarmed, and be aware that this is normal. How you engage with your OCD in those moments has a lot to do with whether those symptoms remain fleeting or stick around. The following metaphor illustrates the optimum stance to take when unwanted thoughts return. You can use this metaphor to help you view the OCD-related discomfort like an unwanted houseguest and manage it more effectively. (This approach is similar to the metaphor of Joe the bum, from the literature on acceptance and commitment therapy; Hayes, Strosahl, and Wilson 1999.)

This feeling is just like a houseguest, a family member who you feel sorry for who thinks he can drop by any time he wants, when you least expect him, and at the most inconvenient times. He's ugly, stinky, scary, and intimidating—he can be nasty and he's much bigger than you are. When he visits, he plops himself down in your living room, takes off his smelly shoes, watches your TV, eats all of your food, reads your magazines, and takes up a lot of your precious time. Before you began treatment, he'd scare the daylights out of you and you'd do anything to get rid of him. You used to get awfully upset, even terrified by these visits. You'd scream at him to leave, pound your fists, stamp your feet, and agonize through every minute that went by until the moment he decided to leave on his own. Yet all of your commotion only caused him to stay even longer, entrenching himself ever more stubbornly in your living room. He gained enormous strength and power by feeding off of your desire to get rid of him. And when he finally did leave, you lived in constant fear and dread of his next visit.

Now that you've been helped by medication and CBT, this houseguest still looks really scary, but you know that he's just annoying, and essentially safe and harmless. And you've learned that how you react to him is what determines how long he stays. So now you take the attitude of calm, tolerant acceptance of his presence. You know that trying to get rid of him doesn't work and only makes things worse. So you just go about your business around the house without paying much, if any, attention to him. With none of your commotion to feed off of, he gets bored and after a while decides to leave on his own. Over time, his stays get shorter and shorter, and eventually he decides your home isn't even worth a visit, though he may decide to drop in on you by surprise sometime in the future, when you least expect it.

STAYING WELL AND LIVING AN OCD-FREE LIFESTYLE

Make ERP and the other elements of your self-directed program a major part of your lifestyle. Find ways to fit CBT approaches into your everyday life. For example, resist repeatedly checking the door every time you leave the house, or refuse to give in to washing after touching "dirty" money. In addition, a healthy lifestyle will help you stick with your program.

Fill the Empty Time

You may find yourself with huge chunks of free time that once were filled with compulsions. To keep OCD symptoms from sneaking back into your life, it's best to try to fill this time with meaningful, productive activity. Remember, "an idle mind is the devil's playground." In the following space, list several

activities in which you'd like to participate. These activities could include hobbies, volunteer work, paid employment, drawing, journaling—the possibilities are endless. Then make plans to use these activities to fill the time you once dedicated to OCD.

Eat Right

A healthy, well-balanced diet will help you get the most out of your self-directed program. Good nutrition is essential if your body is to have sufficient levels of neurotransmitters, hormones, enzymes, and other substances that must work together for your brain to function properly. There is no magic formula to ensure that your brain functions at its best except this: Eat a healthy, well-balanced diet.

There are, however, a few dietary changes that can help you control particular symptoms. Avoiding alcohol will not only help reduce anxiety, it will also have a positive effect on depression, because alcohol is a central nervous system depressant. Many people with OCD feel anxious or overstimulated at times, and on top of this, some of the medications used to treat OCD can have overstimulation and anxiety as side effects. Staying away from foods with caffeine, such as coffee, many sodas, and chocolate, can help.

One of the most important dietary changes you can make is to avoid refined carbohydrates, such as candy and pastries. Stay away from anything with sugar in it. Replace refined sugar with fruits and complex carbohydrates, such as whole grain breads and pasta. This will help even out your moods and counteract two common side effects of OCD medications: weight gain and carbohydrate cravings. If you're susceptible to these side effects, knowing that they may occur and anticipating them will help you to control the weight gain.

Get Adequate Exercise

Adequate exercise is important, but there's no need to go overboard. You probably don't need heavy-duty exercise to get positive results. Regular moderate exercise has many benefits, including weight loss as a result of burning calories, increasing your metabolism, and decreasing your appetite. Exercise can reduce muscle tension, enhance concentration and memory, improve sleep, and reduce depression, anxiety, and stress—not to mention that as you begin to look better, you'll feel better about yourself and your confidence and self-esteem will improve. This can only help improve your OCD. Some exercise situations, such as being around sweaty people at a gym or jogging on "dirty" city streets, may offer the additional benefit of providing opportunities to practice ERP in real-life environments. Check with your doctor before beginning an exercise plan.

Reduce Stress

Many different life events can cause stress. Some particularly stressful times include periods of change and transition, such as moving, illness, birth, and death. Even something as simple as out-of-town visitors can provoke considerable stress. Since OCD tends to act up more during stressful times, you'll have more difficulty sticking with your self-directed program during these times. Expect this and give yourself a break. Be extra tolerant of yourself when life gets in the way of your program and just do your best. Make plans for reducing the amount of stress in your everyday life and find new ways to cope with stress. For example, you might take time to relax by listening to music, talking with a friend, or participating in a hobby.

Also, note that excessive fatigue tends to make OCD symptoms worse, so getting adequate sleep and rest is vitally important. If your OCD medication interferes with your sleep, talk to your doctor about this.

Commit to a Healthy Lifestyle

There are countless books and other resources that can help you reduce stress, learn relaxation techniques, improve your diet, and develop a personal fitness program. Explore and find the resources and techniques that work well for you.

In the following space, write your plans for stress reduction, relaxation, diet, exercise, and general lifestyle changes:

WELCOME LAPSES AS OPPORTUNITIES FOR GROWTH

The goal of recovery from OCD is to do a great job of managing this disease for the rest of your life. However, breaking free from OCD doesn't occur in a smooth, straight path. Rather, it's a bumpy, winding path with lots of ups and downs. OCD often waxes and wanes. Expect that sometimes your progress will be two steps forward and one step back. Persistence will definitely yield significant benefits.

At times the road will be smooth. Enjoy these times to their fullest. When life gets rocky, your OCD will unceremoniously remind you that it's still there. Rather than letting the OCD gain a greater foothold in your life at these times, see them as an opportunity to beat back your OCD and progress even further in your journey toward breaking free. And in the months and years to come, review this chapter frequently. It will help you renew your efforts to make the things you've learned in this book a major part of your lifestyle.

HELP FOR FAMILY AND FRIENDS

Read this chapter carefully. You and your loved one will find that the process of recovery from OCD is challenging and there will be setbacks. Don't let that discourage you. Remind yourself that this is to be expected. In fact, there is no real progress with OCD without an occasional setback. And when progress seems to be stalled, review this chapter with your loved one.

Also consider whether there are things that you're doing, or not doing, that could be contributing to the setback or stalled recovery:

- Are you assisting with rituals?
- When progress is slow, are you directing criticism or sarcasm toward your loved one? Do you perhaps have an attitude of "Get over it already!"
- Are you sabotaging your loved one's progress by not complying with or supporting therapy or medication recommendations?
- Are you providing verbal reassurance to your loved one in response to compulsive requests?
- Are you doing things your loved one is able to do so that he or she can avoid something? Even if you're doing this for your own convenience, ultimately it isn't helpful for either of you.
- Are you minimizing a ritual, perhaps by agreeing that it isn't really that important to stop that particular one?
- Are you and your loved one having difficulty filling free time that was once taken up by rituals? If so, talk about it, plan activities, and realign your daily plans.

It takes time to develop a new lifestyle to support breaking free from OCD. Be patient, and encourage your loved one to be patient. Even if lifestyle changes are rewarding, implementing them can be trying and frustrating. Build resilience in all family members by encouraging a healthy lifestyle that includes a well-balanced diet, adequate exercise, and stress reduction. Fill the free time that was once consumed by rituals with activities that will keep you active and bring you together as a family.