

CHAPTER 5

Preparing for the Challenge: Self-Assessment

You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, "I lived through this horror, I can take the next thing that comes along." You must do the thing you think you cannot do.

—Eleanor Roosevelt

By now you know what OCD is, and you have a general idea of what is involved in breaking free. You are now ready to actively fight back against OCD using the self-directed program. Before diving into the program, you need to consult a mental health professional—one who is at least somewhat familiar with the diagnosis and treatment of OCD. It's important that a psychiatrist or psychologist confirm that OCD is indeed your primary diagnosis. In addition, you probably shouldn't undertake the self-directed program if any of the following apply to you:

- Severe clinical depression or substance abuse is currently causing more of a problem in your life than OCD is. If these conditions aren't presently under control, they will interfere with your ability to benefit from the self-directed program. Once these conditions are stabilized through proper treatment, you may then benefit from the program. If either of these

conditions is currently the primary problem for you, it's especially important to consult with a qualified mental health professional before beginning the self-directed program.

- You're in the midst of a major life stressor, change, or transition, such as the death or severe illness of a loved one, a job change, unemployment, or moving. The stress of these kinds of life changes will probably interfere with your progress in the self-directed program. Once your life stabilizes, you'll be better able to benefit from the program. Of course, there is no such thing as a life without some stress, so don't allow the normal stress of daily life to delay you in starting the self-directed program.
- Your immediate family isn't supportive of your attempts to help yourself. Even the most well-meaning family members can sometimes inadvertently sabotage recovery efforts. If family dynamics seem to be a problem, seek family counseling with a mental health professional familiar with OCD before beginning the program. Enlist the support of as many family members who are willing to help as possible. It is important that the key members of your family be on the same page with you.

An experienced mental health professional can be an excellent source of guidance and support for you as you work through this program. If your therapist doesn't agree with your desire to start the self-directed program at this time, be sure to consider his or her reasons carefully. If you are still unsure of what to do, consult another qualified mental health professional for a second opinion. For help finding someone who specializes in the treatment of OCD, see chapter 19.

ASSESSMENT: THE FIRST STEP ON THE ROAD TO RECOVERY

In this chapter, you'll begin to design your own self-directed program for breaking free from OCD. A thorough assessment of your OCD symptoms and behaviors is the first step. This is vital, since the types of OCD symptoms you have—ordering, washing, or checking, for example—will determine the specific design of your program.

Assessing Your Obsessions and Compulsions

To begin your self-assessment, look back at the OCD symptoms listed in chapter 2. Note the symptoms you checked in chapter 2, then write them down in the appropriate sections in the space provided on the following page. Your particular obsessions or compulsions may vary from those listed in chapter 2. Record the symptoms you experience, and use the examples in chapter 2 to decide where to list them. Use the check boxes beneath "Past" and "Current" to indicate whether each symptom has been a problem in the past or is currently a problem—or both. Then, using the disruption rating below, indicate

how much of a problem each symptom is *presently* causing you. To be clear, you only need to provide a disruption rating for current symptoms. (As always, you can do this exercise in your journal if you prefer.)

Disruption rating (for current symptoms only)

- 1 = a mild symptom, just a slight nuisance or problem
- 2 = a moderate symptom, causing some anxiety and disruption in daily life
- 3 = a severe symptom, causing a great deal of anxiety and disruption in daily life

Identifying Your Obsessions

Remember that obsessions refer to unwanted thoughts, ideas, and impulses that come into your mind. An obsession is usually unrealistic, causes a great deal of anxiety, and has a persistent quality—it doesn't let up. Obsessions are usually about trying to prevent something dangerous from happening to you or to others.

Contamination Obsessions (excessive fear or disgust in regard to dirt, germs, or other contaminants, and/or preoccupation with avoiding them)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Hoarding, Saving, and Collecting Obsessions (excessive acquisition of and failure to discard possessions that appear to be useless or of very limited value)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ordering Obsessions (excessive preoccupation with symmetry, exactness, or order)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Religious Obsessions and Scrupulosity (excessive fear, worry, and preoccupation with violating moral and religious laws and rules)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Body Image Obsessions (excessive fear, worry, and preoccupation with the appearance of specific parts of the body)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Health Obsessions (excessive fear, worry, and preoccupation with the possibility of having an illness or incurable disease)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Aggressive Obsessions (excessive thoughts, images, or urges related to causing harm to yourself or to others)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Sexual Obsessions (frequent unwanted, worrisome, and intrusive sexual thoughts, images, or urges)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miscellaneous Obsessions (those that don't fit into any of the categories above)

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Identifying Your Compulsions

Think of compulsions as the things you reluctantly do for immediate (but temporary) relief from the anxiety due to an obsession. In OCD, compulsions serve the function of neutralizing the discomfort associated with an obsession. They are usually physical actions, such as hand washing, checking things repeatedly, or seeking reassurance. But they can also be things you do in your thoughts, such as counting, praying, reviewing the past, or thinking the “right” thought. There are three main keys to understanding the compulsions of OCD. First, even though compulsions have the effect of immediately lessening the anxiety of an obsession, the effect is brief and almost always just leads to another obsession.

Second, if you don't carry out the compulsion, you feel extremely anxious, almost out of control. And third, they are extremely frustrating in that you feel you must do them repeatedly, over and over again, in patterns that must be performed just right.

Cleaning and Washing Compulsions

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Checking Compulsions

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Hoarding, Saving, and Collecting Compulsions

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Repeating, Counting, or Ordering Compulsions

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Reassurance Seeking

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miscellaneous Compulsions

Symptom	Past	Current	Disruption rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Assessing Your Avoidance Triggers

Obsessive-compulsive symptoms often lead to the avoidance of numerous situations, people, and places that activate obsessive thoughts and the accompanying anxiety. Situations commonly avoided by people with OCD include using public bathrooms, being in specific places or with people deemed “contaminated,” or leaving the house without having someone available to check that the doors are locked. You may also attempt to avoid recurring horrible or disturbing thoughts. To develop an effective self-directed program, you need to identify your avoidance situations. If identifying them is difficult, review the obsessions and compulsions you listed and think about the things you avoid as a result. In the following space or in your journal, list the avoidance situations that are most disruptive to your life and indicate the degree to which you avoid each situation on a scale of 0 to 100:

- 0 = I never avoid it.
- 25 = I only occasionally avoid it.
- 50 = I avoid it about half the time.
- 75 = I avoid it most of the time.
- 100 = I completely avoid this situation at all costs.

Avoided situations, people, places, things, or thoughts	Degree to which I avoid (0-100)

Targeting Specific Symptoms

You've probably noticed that you often have several distressing OCD symptoms at the same time. This is common. Still, you may feel helpless and hopeless, and wonder how you'll ever get better, with so many symptoms. It can seem overwhelming to think of making improvements in all of your symptoms at once. The good news is, the self-directed program doesn't involve tackling all of your symptoms at once. This road to recovery is a journey you take one step at a time.

In the following space or in your journal, write down all of the obsessions and compulsions that you assigned a disruption rating of 3. List them in the order of severity, starting with the symptom that disrupts your life the most as number 1. If you need help getting started, we've provided an example.

Target Obsessions (situations, thoughts, images, or impulses that cause discomfort)

1. *What if I'm responsible for loved ones getting sick and dying?*
2. *What if I fail to prevent harm and danger due to germs?*
3. *What if I failed to prevent my house from burning down?*
4. *What if I cause violent harm to my loved ones?*

Target Compulsions (external or internal actions that neutralize discomfort)

1. *Washing my hands a hundred times a day*
2. *Taking long, ritualistic showers and avoiding places thought to be contaminated*
3. *Checking the stove, coffeepot, and other appliances twenty times a day*
4. *Repeating, "I love the Lord" six times, in sets of three, in my mind*

ONE STEP AT A TIME

It can be discouraging to attempt to take on the entire problem of OCD all at once. This chapter helped you identify your primary obsessions, compulsions, and avoidance triggers, and then helped you narrow those lists down to the symptoms that are most disruptive in your daily functioning at work, at home, and in your relationships. The self-directed program will be more manageable if you single out one or two of these symptoms and make them the targets of your initial efforts in the program.

As mentioned previously, many people have OCD symptoms in more than one area. For example, you might have contamination fears as well as checking compulsions. You may have an obsession about developing AIDS, intrusive thoughts about harming others, and feel compelled to wash your hands fifty times a day and check door locks, stove, and appliances repeatedly. If this is the case, ask yourself, "Which symptom, if I could be free of it, would make the most difference in the quality of my life?" This is the one to attack first. Once you achieve success with this symptom, you'll probably find it easier to tackle others that are causing difficulty. As with most challenges in life, success breeds success. Breaking free from your worst symptoms will give you confidence that you can break free in other areas, as well. Be patient and continue to work with your symptoms one or two at a time. As you continue to work through this book, we'll help you address your symptoms in a systematic way, starting with the next chapter, where you'll build on the assessments and target symptoms lists you created here to draft a plan for starting to break free from your OCD.

HELP FOR FAMILY AND FRIENDS

In this chapter, your loved one has made a thorough assessment of his or her OCD symptoms and has chosen some of the most problematic symptoms to start working on. In chapter 6, your loved one will draft a plan for confronting and overcoming these symptoms, and it will be important for you to play a supportive role in carrying out that plan. Review the guidelines for being an effective coach, at the end of chapter 4. This would also be a good time for you to do a self-assessment to gauge your own level of support. It's probably too soon to stop participating in your loved one's OCD behaviors or to stop offering reassurance, but it's not too soon to talk about it. As a part of this assessment stage, choose two areas to work on that could make the most difference to your relationship. Here are some examples of actions that would be appropriate at this point:

- Don't scold or criticize a lack of commitment or progress on the part of your loved one. Using an attitude of curiosity and interest, engage your loved one in a discussion about the possible reasons for his or her lack of commitment to the process, and address these as productively as possible.

- Praise your loved one for starting the self-directed program and committing to change.
- Help your loved one complete the exercises in this chapter if you're asked.
- Continue to learn as much as you can about OCD through additional books and reputable websites.
- Talk with your loved one about the ways that you enable his or her OCD, such as assisting with rituals, helping your loved one avoid situations, or offering reassurance.
- Take care of yourself and your family, physically, emotionally, and spiritually. Enter into this process of change as resilient as possible by renewing your strength and staying strong now, at the outset.
- Join a support group for families and friends of those with OCD, either locally or online. For help in finding such a group, see chapter 19 and the resources section.