

Cognitive Behavioral Therapy

The first choice (most effective and best researched) treatment is psychotherapy, namely cognitive behavioral therapy. Cognitive behavioral therapy in the case of OCD consists of:

1. Exposure with response prevention.
During this treatment, people have to stop their compulsive behavior and then experience (and learn) that what they are actually so afraid of does not happen at all. Under the guidance of the therapist, all compulsions are mapped out and reduced step by step;
2. Cognitive therapy. Together with the the client, the therapist will examine which fearful thoughts and beliefs characterize his or her compulsive disorder. These thoughts are often not realistic. Subsequently, the therapist helps the client to change these thoughts into more realistic, positive and helping thoughts.

If left untreated, OCD hardly ever goes away on its own.

More Information

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OBSESSIVE- COMPULSIVE DISORDER

General Information



Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) is a common disorder, also in Aruba. It is estimated that, each year, somewhere between 0.9% and 1.8% of the world's population will experience OCD.

Characteristics of OCD

Classic OCD is characterized by having:

1. **Obsessions:** better known as intrusive thoughts. These are recurring unpleasant thoughts or mental images (for example, of infection or violent actions) that cause a lot of distress or anxiety. The thoughts are unintentional and cannot be controlled. People try to ignore, suppress or counteract the thoughts by performing certain behaviors.
2. **Compulsions:** better known as compulsive behaviors or rituals. These include compulsions such as handwashing, compulsive counting, compulsively checking on things. This happens in response to an intrusive thought and aims to reduce the anxiety caused by the intrusive thought.

Compulsions and Intrusive Thoughts

Although the compulsion often takes place in response to the intrusive thought, there is in reality no actual link between the intrusive thought (for example, the fear of making someone else sick) and the compulsion (washing your hands dozens of times a day). In reality, the chance that you make someone sick does not diminish by washing your hands so often.

In order to meet the criteria of OCD, the intrusive thoughts and compulsions must take up a lot of a person's time and result in many restrictions in their daily life.

What is striking is that everyone has intrusive thoughts from time to time. Apparently, this is a very normal phenomenon.

The difference between people who have not been diagnosed with OCD and people who have been diagnosed with OCD is that people who have been diagnosed as such experience a lot of fear or discomfort because of the intrusive thought and cannot just get rid of the intrusive thought. As a result, they may get caught up in a pattern of intrusive thoughts, become anxious, engage in compulsive behavior, then feel somewhat less anxious, until the intrusive thought comes again. And this dozens to hundreds of times a day.

Treatment

The treatment of OCD mainly consists of psychotherapeutic treatment. Research has been done on medication for OCD, but the results are often not very good. Medication mainly consists of high dosages of so-called SSRIs (serotonin reuptake inhibitors). This medication can be prescribed if people really want it, or if people are too sick for psychotherapy or if psychotherapy has no effect.

