

Cognitive Behaviour Therapy For Obsessive Compulsive Disorder

Obsessive-compulsive disorder

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Obsessive-compulsive disorder (OCD) is a mental disorder in which an individual has intrusive thoughts (an obsession) and feels the need to perform certain behaviors (compulsions) repeatedly to relieve the distress caused by the obsession, to the extent where it impairs general function. OCD has been described since antiquity and has affected numerous notable historical and contemporary figures; understandings of it were historically rooted in religion and beliefs about demonic possession.

Obsessions are persistent unwanted thoughts, mental images, or urges that generate feelings of anxiety, disgust, or discomfort. Some common obsessions include fear of contamination, obsession with symmetry, the fear of acting blasphemously, sexual obsessions, and the fear of possibly harming others or themselves. Compulsions are repetitive actions performed in response to obsessions to reduce anxiety, such as washing, checking, counting, reassurance seeking, and situational avoidance.

Compulsions occur often and typically take up at least one hour per day, impairing one's quality of life. Compulsions temporarily relieve distress but reinforce obsessions over time. Many adults with OCD recognize their...

Relationship obsessive-compulsive disorder

In psychology, relationship obsessive-compulsive disorder (ROCD) is a form of obsessive-compulsive disorder focusing on close intimate relationships.

In psychology, relationship obsessive-compulsive disorder (ROCD) is a form of obsessive-compulsive disorder focusing on close intimate relationships. Such obsessions can become extremely distressing and debilitating, having negative impacts on relationships functioning.

Obsessive-compulsive disorder comprises thoughts, images or urges that are unwanted, distressing, interfere with a person's life and that are commonly experienced as contradicting a person's beliefs and values. In the fifth and most recent version of the Diagnostic and Statistical Manual (DSM-5) the criteria for obsessive-compulsive disorder is characterized as of obsessions, compulsions, or both. Obsessions are unwanted chronic distressing thoughts, sometimes called intrusive thoughts. Such intrusive thoughts are frequently followed by compulsive behaviors aimed at "neutralizing" the feared consequence of the intrusions and temporarily relieve the anxiety caused by the obsessions. Attempts to suppress or "neutralize" obsessions increase rather than decrease the frequency and distress caused by the obsessions.

While not specifically defined in the DSM-5,
~~subtypes of OCD exist surrounding different~~

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obsessive themes....

Primarily obsessional obsessive-compulsive disorder

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Primarily obsessional obsessive-compulsive disorder, also known as purely obsessional obsessive-compulsive disorder (Pure O), is a lesser-known form or presentation of OCD. Although it is not a standalone diagnosis in the DSM-5, the International OCD Foundation (IOCDF) recognizes it as a distinct presentation of OCD. For people with primarily obsessional OCD, there are fewer observable compulsions, compared to those commonly seen with the typical form of OCD (checking, counting, hand-washing, etc.). While ritualizing and neutralizing behaviors do take place, they are mostly cognitive in nature, involving mental avoidance and excessive rumination. Primarily obsessional OCD takes the form of intrusive thoughts often of a distressing, sexual, or violent nature (e.g., fear of acting on impulses).

According to the DSM-5, "The obsessive-compulsive and related disorders differ from developmentally normative preoccupations and rituals by being excessive or persisting beyond developmentally appropriate periods. The distinction between the presence of subclinical symptoms and a clinical disorder requires assessment of a number of factors, including the individual's level of distress and impairment...

Inference-based therapy

Kieron (2022). "Evaluation of Inference-

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*Based Cognitive-Behavioral Therapy for
Obsessive-Compulsive Disorder: A Multicenter
Randomized Controlled Trial with*

Inference-based therapy (IBT), also known as inference-based cognitive behavioral therapy (I-CBT), originated as a form of cognitive therapy developed for treating obsessive-compulsive disorder (OCD). IBT followed the observation that people with OCD often inferred danger on the basis of inverse inference (inferring reality from hypothetical premises). Later the model was extended to inferential confusion, where inverse inference leads to distrust of the senses and investment in remote possibility. In this model, individuals with obsessive-compulsive disorder are hypothesized to put a greater emphasis on an imagined possibility than on what can be perceived with the senses, and to confuse the imagined possibility with reality (inferential confusion). According to inference-based therapy, obsessional thinking occurs when the person replaces reality and real probabilities with imagined possibilities; the obsession is hypothesized to concern a doubt about a possible state of affairs.

According to inference-based therapy, individuals with obsessive-compulsive disorder attempt to resolve the doubt by modifying reality (via compulsions and neutralizations) which merely increase the imaginary...

Cognitive behavioral therapy

*(September 2021). "Behavioural and
cognitive behavioural therapy for obsessive
compulsive disorder (OCD) in individuals with
autism spectrum disorder (ASD)"*

Cognitive behavioral therapy (CBT) is a form of
~~psychotherapy that combines basic principles~~

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from cognitive psychology and behaviorism. It aims to reduce symptoms of various mental health conditions by challenging and adjusting convictions and assumptions, while helping patients learn better-adapted behavior by trying and training new behaviours. While CBT has philosophical precursors in Stoicism, it developed in three waves in the 20th century.

The first wave consisted of the development of behaviorism in the 1920s and behavioral therapy in the 1950s and 1960s. The second wave focused on the importance of cognitions in the therapeutic process, resulting in the development of cognitive therapy by psychoanalyst Aaron Beck in the 1950s and the establishment of classical CBT, when cognitive and behavioral approaches were combined. The third wave took place in the 1980s and 1990s, when principles originating from Buddhism, especially mindfulness and acceptance, significantly contributed to the development of various new forms of CBT. Over time, cognitive behavior therapy became an umbrella term for all cognitive-based psychotherapies.

CBT is a "problem-focused" and "action-oriented" form...

Compulsive behavior

abstain from or control. A major cause of compulsive behavior is obsessive-compulsive disorder (OCD). "Compulsive behavior is when someone keeps doing the

Compulsive behavior (or compulsion) is defined as performing an action persistently and repetitively. Compulsive behaviors could be an attempt to make obsessions go away. Compulsive behaviors are a need to reduce apprehension caused by internal feelings a person wants to

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abstain from or control. A major cause of compulsive behavior is obsessive-compulsive disorder (OCD). "Compulsive behavior is when someone keeps doing the same action because they feel like they have to, even though they know these actions do not align with their goals." An individual may perform certain actions in an attempt to prevent or reduce anxiety, uncertainty, or negative consequences. The elements that make a behavior compulsive is when one feels the need to do an action, cannot stop themselves from doing that action, and being aware that these actions go against their goals. These actions are done in a habitual and repetitive manner with a specific pattern.

There are many different types of compulsive behaviors including shopping, hoarding, eating, gambling, trichotillomania and picking skin, itching, checking, counting, washing, sex, scrupulosity and more.

== Disorders in which it is seen ==

Addiction...

Exposure therapy

*KJ, von Sanden C (October 2006).
"Behavioural and cognitive behavioural
therapy for obsessive compulsive disorder in
children and adolescents"; The Cochrane*

Exposure therapy is a technique in behavior therapy to treat anxiety disorders. Exposure therapy involves exposing the patient to the anxiety source or its context (without the intention to cause any danger). Doing so is thought to help them overcome their anxiety or distress. Numerous studies have demonstrated its effectiveness in the treatment of disorders such as generalized anxiety disorder, social anxiety

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disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), depression, and specific phobias.

As of 2024, focus is particularly on exposure and response prevention (ERP or ExRP) therapy, in which exposure is continued and the resolution to refrain from the escape response is maintained at all times (not just during specific therapy sessions).

== Techniques ==

Exposure therapy is based on the principle of respondent conditioning often termed Pavlovian extinction. The exposure therapist identifies the cognitions, emotions and physiological arousal that accompany a fear-inducing stimulus and then tries to break the pattern of escape that maintains the fear. This is done by exposing the patient to fear-inducing stimuli.

This may be done:

Dimensional Obsessive-Compulsive Scale

Dimensional Obsessive-Compulsive Scale (DOCS) is a 20-item self-report instrument that assesses the severity of obsessive-compulsive disorder (OCD) symptoms

The Dimensional Obsessive-Compulsive Scale (DOCS) is a 20-item self-report instrument that assesses the severity of obsessive-compulsive disorder (OCD) symptoms along four empirically supported theme-based dimensions: (a) contamination, (b) responsibility for harm and mistakes, (c) incompleteness/symmetry, and (d) unacceptable (taboo) thoughts. The scale was developed in 2010 by a team of experts on OCD led by Jonathan Abramowitz, PhD to improve upon existing OCD measures and advance the

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assessment and understanding of OCD. The DOCS contains four subscales (corresponding to the four symptom dimensions) that have been shown to have good reliability, validity, diagnostic sensitivity, and sensitivity to treatment effects in a variety of settings cross-culturally and in different languages. As such, the DOCS meets the needs of clinicians and researchers who wish to measure current OCD symptoms or assess changes in symptoms over time (e.g., over the course of treatment).

== Rationale ==

The DOCS was developed primarily because of the need for a measure of obsessive-compulsive (OC) symptoms that maps on to empirically established OC symptom dimensions (or "subtypes") in a conceptually consistent...

Impulse-control disorder

DSM-5 to the obsessive-compulsive chapter, and "pathological gambling" was replaced with "gambling disorder" in the addictive disorders section. Many

Impulse-control disorder (ICD) is a class of psychiatric disorders characterized by impulsivity – failure to resist a temptation, an urge, or an impulse; or having the inability to not speak on a thought.

The fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that was published in 2013 includes a new chapter on disruptive, impulse-control, and conduct disorders covering disorders "characterized by problems in emotional and behavioral self-control". The World Health Organization publishes a similar list of impulse control disorders in its International

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Classification of Diseases (ICD), with some overlaps and differences.

Five behavioral stages characterize impulsivity: an impulse, growing tension, pleasure on acting, relief from the urge, and finally guilt (which may or may not arise).

== DSM-5 Types ==

The DSM-5 lists several disorders in its Disruptive, Impulse-Control, and Conduct Disorders chapter, without further specifying which of those categories each disorder may belong to. Trichotillomania (hair-pulling) and skin-picking were moved in DSM-5 to the obsessive-compulsive chapter, and "pathological gambling" was...

Scrupulosity

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Scrupulosity, also known as religious obsessive-compulsive disorder or scrupulous-compulsive disorder (SCD), is a mental disorder defined by intrusive thoughts about moral or religious ideas, pathological feelings of guilt, and compulsions which attempt to mitigate such thoughts. It is widely understood as a subtype of obsessive-compulsive disorder (OCD).

Common obsessions include fears about having blasphemous thoughts, unwittingly committing immoral actions, being condemned to hell, or improperly performing religious obligations. Compulsions often take the form of excessive prayers, obsessive study of religious doctrine, or

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avoidance of religious obligations and objects. Individuals with scrupulosity often exhibit paralyzing doubt about whether they fully understand their moral principles, leading to rumination. They often have difficulty acknowledging that their thoughts and behaviors are irrationally motivated and may have difficulty interpreting exaggerated language in religious contexts.

Scrupulosity is generally treated with psychotherapy; cognitive behavioral therapy (CBT) and exposure and response prevention (ERP) are both common approaches in treatment. Psychopharmacological...

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