



Caring for the Client with Obsessive-Compulsive Disorder

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After reading the newsletter, the home health aide should be able to:

1. Describe the anxiety response as it relates to obsessive-compulsive disorder.
2. Identify symptoms of OCD and common treatment methods.
3. Discuss actions to take to promote the health of clients with OCD.

As Joanie, the home health aide, cared for Mr. H., she could see that something was not quite right. Each time she took Mr. H. out of his bedroom, he would turn the doorknob three times. When he returned to his bedroom, he would insist on getting out of the wheelchair and counting 6 steps into the room. Joanie asked the nurse about this behavior. The nurse explained that Mr. H. has obsessive-compulsive disorder, or OCD.



OCD is a chronic psychiatric disorder that can disrupt people's lives and significantly affect their quality of life. This newsletter will discuss OCD, including causes, risk factors, and treatment. Techniques that are helpful in managing OCD will also be covered.

Obsessive-Compulsive Disorder

According to the National Institute of Mental Health, OCD affects approximately 1 out of every 100 adults in the US, or 1% of the adult population. OCD is classified as an anxiety disorder.

People with OCD have repetitive thoughts, images and fears that are upsetting to them. These thoughts are the obsessive part of OCD—the thoughts are intrusive and uncomfortable, and the person cannot control them. These disturbing thoughts cause anxiety, which the person tries to control with

compulsive behaviors. By performing a ritual of behaviors, such as excessive hand washing or touching a doorknob 3 times, the person feels temporary relief from the anxiety. This is the compulsive part of OCD.

The person may also feel that, if the behavior is not performed, something "bad" will happen. A child may think, "If I don't get dressed in a certain way each morning, Mom will die in a car accident." Or, a person may feel he will become sick and die if exposed to germs, and will wash his hands excessively. There are a wide variety of compulsive behaviors associated with OCD, such as placing things in a straight line, superstition about numbers, counting, washing hands or hair, and even hoarding.

Causes and Symptoms of OCD

The cause of OCD is not currently known. It does tend to run in families, suggesting a genetic component. Environmental factors are also believed to play a role. Anxiety disorders may be triggered by traumatic or stressful events, such as abuse or the death of a loved one. Chronic stress may also increase the risk of developing an anxiety disorder such as OCD. Risk factors for OCD include a family history of OCD or other psychiatric disorders, stressful life events, and having an additional psychiatric disorder, such as another anxiety disorder or depression.



People of all ages, from children to the elderly, can develop OCD. For the majority of people, OCD begins during childhood, adolescence or early adulthood.



Symptoms of OCD can be very disruptive to a person's life. The anxiety and intrusive thoughts can prevent the person from focusing on their normal developmental tasks, such as studying/attending school, getting married, or being able to hold a job. Also, the compulsive rituals can be very time-consuming, taking up precious time that should be used for other aspects of life. Some persons with OCD spend many hours per day performing rituals, and feel helpless to stop it.

Symptoms of OCD include a feeling of chronic anxiety, the constant feeling of being worried or fearful. Intrusive, disturbing thoughts, feelings or images occur, causing the affected person to perform ritual behaviors. These may include excessive cleaning, hand washing, repeating motions or words, organizing or lining up items, constant praying, or repeatedly checking that doors are locked or appliances are turned off. The person with OCD may be very slow to perform any tasks, making sure to check and re-check that it is done correctly. A person who fears germs may not be willing to shake hands, touch doors, or pick something up off the floor. The affected person may become very upset if the ritual is disturbed, such as moving items that have been lined up or bringing "contaminated" objects into the room. When a ritual is interrupted, the person will likely have to start it "all over again", such as re-cleaning or organizing before proceeding with anything else.

Treatment and Care

Before OCD can be diagnosed, a thorough medical evaluation must be performed to ensure that there is not a physical reason for the symptoms. Once a diagnosis of OCD is made, there are several options for treatment.

Psychotherapy, or counseling, is commonly used to assist those with OCD to cope with their anxiety, learn to manage intrusive thoughts, and resist the behavior rituals. A type of therapy known as cognitive behavioral therapy is often useful. This type of therapy may involve having the person face the feared situation, such as touching a doorknob, and then resist the related ritual, such as washing the hands. This is extremely difficult at



first, but gradually becomes easier, until the symptoms have been significantly reduced.

Medication is another common treatment method for OCD. This can be used alone or with counseling. Antidepressant medications, such as fluoxetine (Prozac), paroxetine (Paxil) and sertraline (Zoloft) are commonly used. Several medications may need to be tried before finding one that helps. And, it may take 3 weeks or more before improvement in symptoms occurs.



In addition to counseling and medication, a healthy diet and regular exercise, such as walking in the hall or doing exercises in the bed or chair, are important to help manage anxiety disorders. Activities such as meditation, relaxation, listening to music, and deep breathing also help to relieve symptoms.

Bear in mind that many people with OCD have spent years, even decades, hiding their symptoms from family, friends, and others. These people may not have been diagnosed or treated for their disorder, and may not even know they have it. Also, OCD can develop at any age, including in the elderly. For example, it may be triggered by loss of a spouse. If you notice symptoms of OCD in a client, let the nurse know so that further evaluation can be done.

In most cases, the person with OCD is aware of his/her behavior and how strange it may appear to others. This can lead to feelings of shame, embarrassment, avoidance of others, and social isolation. When working with these clients, never make fun of their behaviors, as this just increases their stress and anxiety. Also, never tell the client with OCD to "just stop doing it." This minimizes the severity of the condition and makes it seem like it's a choice, which it definitely is not.

All staff members working with a client with OCD should be familiar with the client's plan of care, so that consistent and supportive care can be provided. It's important to know what triggers the anxiety, what symptoms occur, and what the course of treatment includes, such as medication, dietary changes or exercise. Let the nurse know promptly if a client experiences an increase in OCD symptoms. A change in medication or other treatment may be needed.

By understanding obsessive-compulsive disorder and realizing its impact on the client's life, you can help to promote the client's improved mental health and quality of life.



Caring for the Client with Obsessive-Compulsive Disorder

NAME: _____ DATE: _____ UNIT: _____

Directions: Place the letter of the one best answer in the space provided.

- ____ 1. Obsessive-compulsive disorder (OCD) is a type of:
 - A. depression
 - B. schizophrenia
 - C. anxiety
 - D. mania

- ____ 2. A person with OCD experiences intrusive thoughts, feelings and images, which are referred to as:
 - A. obsession
 - B. phobia
 - C. compulsion
 - D. addiction

- ____ 3. The person affected by OCD uses which of the following in an effort to cope with the disorder?
 - A. disturbing thoughts
 - B. hallucinations
 - C. socialization with others
 - D. ritual behaviors

- ____ 4. Which of the following is a typical example of a compulsion related to OCD?
 - A. sleeping an excessive amount
 - B. having disturbing thoughts
 - C. excessive hand washing
 - D. all of the above

- _____ 5. A common thought for people with OCD is that, if they do not perform certain behaviors, something “bad” will happen.
A. True
B. False
- _____ 6. Which of the following may be causes of OCD?
A. genetic factors
B. traumatic events
C. chronic stress
D. all of the above
- _____ 7. OCD develops mainly in which of the following age groups?
A. children under age 10
B. children through young adults
C. young adults through middle-age adults
D. the elderly
- _____ 8. If people with OCD are repeatedly told to “Just stop doing that behavior,” their symptoms will eventually decrease and stop.
A. True
B. False
- _____ 9. Most people with OCD do not realize that their behavior is unusual.
A. True
B. False
- _____ 10. Mary M., a client with OCD, has a morning ritual of compulsive behaviors that takes about 30 minutes. The home health aide notices that, lately, the ritual has become much longer, taking almost an hour. The home health aide should:
A. tell Mary that her insurance will not cover the extra time needed for the visit
B. do nothing, since this is a normal part of Mary’s condition
C. set a time limit in which Mary must finish her routine
D. notify the nurse that Mary’s symptoms seem to be worsening

