

# **The truth about stigma, mental illness and life with a chronic disorder**



***Elizabeth McIngvale, Ph.D.,  
LMSW***

# LIFE WITH OCD



- Struggling alone
- Hiding it at school
- Feeling embarrassed/ashamed
- Diagnosis

# TREATING MY OCD



- Failed treatment
- Successful treatment
  - Residential
- Relapse
- Continuous Treatment
- Appropriate accommodations

# LIVING WITH MY OCD



- Acceptance my diagnosis
- Lifelong management of my illness
- What could have been done differently
- Importance of a support system

# INSPIRATION AND BEST ADVICE



- Be my own therapist
- Always have outside motivation
- Keep setting and meeting my goals
  
- **Challenge yourself daily**
  
- **Help others**

# ADVOCACY/EDUCATION



- **ADVOCACY**

- Disclosing my story (the ups and downs)
- Helping others with this illness

- **EDUCATION**

- Working with other organizations
- Trainings
- Conferences

# What does OCD look like?



What Does OCD Look Like?

Me.  
My Name is  
Elizabeth.

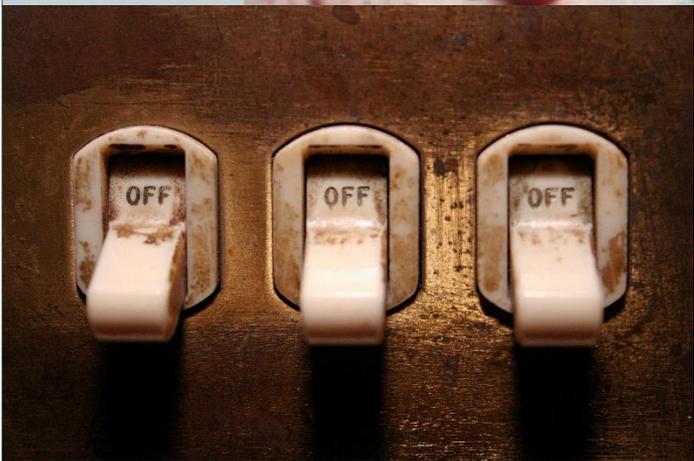
Seven million children and adults  
in the United States suffer from  
Obsessive Compulsive Disorder.

**DON'T SUFFER IN SILENCE.**

WWW.  
OCD  
GET  
HELP  
.org

The advertisement features a young woman with blonde hair tied back, wearing a black turtleneck and blue jeans, sitting cross-legged on a light-colored floor. She has a serious, contemplative expression. The background is a plain, light-colored wall.

# OBSESSIVE COMPULSIVE DISORDER



# WHAT IS OCD



- OCD is a neurobiological disorder that is characterized by:
- **Recurrent**, unwanted and Unpleasant thoughts or images (obsessions),
- **Repetitive**, ritualistic Behaviors that a person feels driven to perform (compulsions).



# OBSESSIVE COMPULSIVE DISORDER



- 2% of the population are affected by OCD (Bjorgvinsson, Hart, & Heffelfinger, 2007)
- Characteristics of OCD include: recurrent obsessions or compulsions that are severe enough to be time consuming (Diagnostic and Statistical Manual of Mental Disorders IV-TR, 2000)
- For individuals with OCD every facet of quality of life is significantly influenced (Eisen et al., 2006)
- 60% of individuals with OCD do not receive effective treatment (Kohn, Saxena, Levav, & Saraceno, 2004)

# TREATMENT OPTIONS



- Treatment options are limited due to factors such as lack of knowledgeable healthcare workers in regards to OCD symptoms and treatment (Jenike, 2004)
- Cognitive Behavioral Therapy (CBT)
  - Exposure with response prevention (ERP)
- Pharmacology
- ERP should be the first line of treatment and is the most adequate short and long term treatment for those diagnosed with OCD (Abramowitz, 2006)

# OCD TREATMENT



- Behavior Therapy involves **Exposure and Response Prevention:**

A therapeutic technique that includes a structured procedure that the individual learns to apply whenever he/she experiences obsessions and/or compulsions.

## **Two steps are involved in the process:**

1. Patients are told to identify and gradually face their fear (exposure)
2. Patients are encouraged to refrain from carrying out their compulsive ritual (Response Prevention)

# HOW WE CAN HELP



- Be aware of the first signs of OCD
- Encourage the client to work with a CBT specialist who understands ERP
- Try to understand how a child/adult with OCD may feel
- Be supportive
- Be patient with the therapy process

# THE PAST DECADE



- Advances in OCD treatment
- Options for care
  - Residential/Outpatient/Self-help/Support Groups
- Continuous improvement
- There is HOPE
- **NO ONE SHOULD HAVE TO SUFFER IN SILENCE**

# QUESTION AND ANSWER



*Elizabeth McIngvale, Ph.D., LMSW*

Elizabeth@peaceofmind.com

[www.peaceofmind.com](http://www.peaceofmind.com)

[www.ocdchallenge.org](http://www.ocdchallenge.org)

[www.iocdf.org](http://www.iocdf.org)

## **References:**

- American Psychiatric Association: *Diagnostic and Statistical manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.
- Bjorgvinsson, T., Hart, J., & Heffelfinger, S. (2007). Obsessive-compulsive disorder: Update on assessment and treatment. *Journal of Psychiatric Practice*, 13(6), 362-372. doi:10.1097/01.pra.0000300122.76322.ad
- Eisen, J. L., Mancebo, M. A., Pinto, A., Coles, M. E., Pagano, M. E., Stout, R., & Rasmussen, S. A. (2006). Impact of obsessive-compulsive disorder on quality of life. [Multicenter Study]. *Comprehensive psychiatry*, 47(4), 270-275. doi: 10.1016/j.comppsy.2005.11.006
- Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. *Bull World Health Organ*, 82(11), 858-866. doi: /S0042-96862004001100011