

Connection

Helping People • Changing Lives



Obsessive-Compulsive-Disorder *Just what is "OCD"?*

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- Angela washes her hands hundreds of times a day until they are red and raw, believing that she must do so to protect herself from germs that will make her ill.
- Tim checks the locks on his doors and re-locks them over and over again for about thirty minutes each time he leaves his house.
- Cindy cannot enter any room until she taps her foot on the threshold of the doorway exactly 25 times.
- John organizes and re-organizes the things in his desk by alphabetical order for several hours each day.

OCD is an illness in which people are bothered by thoughts, images, doubts, ideas, worries, or desires that they can't seem to get out of their head; this is the obsessive part of the disorder. In an attempt to ease the tension they feel about their obsessions, people with OCD repeat an action or ritual many times; this is the compulsive part of the disorder. Performing the rituals only provides a bit of temporary relief, but not performing them at all greatly increases the anxiety and tension felt by a person with OCD.

Unfortunately, very often OCD is kept a secret. Many suffering with the disorder feel ashamed of their obsessions and compulsions, and hide them instead of seeking help. Often, those with OCD are successful in keeping their symptoms from friends, family members, and co-workers.

Most people with OCD see three to four doctors and spend over 9 years seeking treatment before they receive a correct diagnosis. Studies have found that it sometimes takes an average of 17 years from the time OCD begins for people to receive appropriate treatment.

Left untreated, OCD can become so severe that the rituals become time-consuming and take over a person's life. Individuals struggling with OCD are more prone to low self-esteem, depression, drug and alcohol abuse, decreased job or school performance, and problems in relationships.

Each of the above fictitious characters suffers from Obsessive-Compulsive Disorder (OCD). Superstitious beliefs, fears, and worries are common in every day life and may trouble certain individuals from time to time; others may have certain rituals or routines that are comforting or important to them. Many people casually refer to themselves or others as "perfectionist," "fanatical," "compulsive," or "type-A." None of these things alone would necessarily be symptoms of OCD. The disorder is diagnosed only when obsessions or compulsions become an urgent necessity of life, consume at least an hour a day, are very distressing, or interfere with daily life.



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The Obsessive-Compulsive Disorder Checklist

Answer the following questions. If you lose more than an hour a day to any of the below, and if the need for the behaviors causes distress or interferes with your normal routines, relationships, work, or personal life, discuss it in more detail with your physician or a mental health professional.

CHECKLIST

- ✓ Does performing a certain ritual feel like an urgent necessity of life?
- ✓ Do repeated bothersome thoughts cause discomfort or anxiety?
- ✓ Does an extreme need for order and cleanliness force you to tidy things/bathe/shower/wash your hands excessively?
- ✓ Do you do things (e.g. checking locks) over and over?
- ✓ Do you repeatedly perform certain routines to prevent "bad things" from happening?
- ✓ Do you have great difficulty getting rid of things even when they have no practical value?

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OCD and violence

The recent school shootings in Colorado drew attention to OCD in an unusual way, as one of the boys involved in the killings was reported by the press to be in treatment by a psychiatrist for OCD. "There really is no way to know at this time what was going on in that youth's mind, but we can say with certainty that if he had OCD, it wasn't what caused him to be involved in the shootings. We can define OCD as a much different disorder or problem from that of obsessions," says James Wojcik, Ph.D., LP, Chief Psychologist at HSI. While OCD involves obsessions, they take the form of repetitive impulses to relieve anxiety. In the obsessions of people who commit violent acts or stalk other persons, rarely is OCD involved. Rather, the sufferer of such obsessions tends to have a paranoia or a form of psychosis which leads them to focus on a perceived injustice, jealousy or, at other times on a fantasy of a love affair, which is not shared by the person they fantasize about. As the person dwells on their fantasy in an obsessional way, they may become more distorted in their thinking and perceiving of the world around them. At the furthest extremes of these fantasies, the possibility of violence becomes greater. A more likely diagnosis for such persons would be that of a delusional disorder.

What causes OCD?

According to the National Institute on Mental Health, 1 in 50 adults in the United States struggles with Obsessive-Compulsive Disorder in a given year. It equally affects males and females, as well as people of all races, religions, and socioeconomic backgrounds. Usually it begins during the teenage years or early adulthood, but it may appear in childhood as early as the preschool years.

What actually causes OCD and why it affects such a wide range of people is unknown. To date there is no single proven cause.

According to the Obsessive-Compulsive Foundation, research suggests that OCD involves problems in communications between the front part of the brain (the orbital cortex) and deeper structures (the basal ganglia). These brain structures use the chemical messenger serotonin. It is believed that insufficient levels of serotonin are

prominently involved in OCD. Drugs that increase the brain concentration of serotonin often improve OCD symptoms. Although it seems clear that reduced levels of serotonin play a role in OCD, there is no laboratory test for OCD. Rather, the diagnosis is made based on assessment of the person's symptoms.

Research also suggests that even though no specific genes for OCD have yet been identified, they do play a role in the disorder. OCD has a tendency to repeat itself in families and is sometimes associated with tic disorders. If a parent has OCD their child is at slight risk of developing OCD, but the risk is still low.

When childhood-onset OCD starts suddenly, it has been found in association with strept throat; an autoimmune mechanism may be involved, and treatment with an antibiotic may prove helpful.

OCD is a treatable disorder

OCD is a treatable disorder. With the right treatment, most people with OCD are able to function well at work or school, and in their personal lives. Typically, treatment includes both medication and behavior therapy. The medications restore chemical balance in the brain, while the behavior therapy helps a person to lessen the anxiety from the obsessions, lessen the frequency of their compulsive behaviors. Research has also shown that over the course of treatment, behavior therapy causes the same positive changes in a person's brain chemistry as do medications.

Bart Main, M.D., Chief Psychiatrist at HSI says, "Medication is critical in treating OCD. Since the advent of the medications Luvox and Anafranil, our success rates have gone from 15% to 80%. It should be noted that OCD is notoriously unresponsive to psychotherapies, or 'talk-therapies.' While psychotherapy is a great tool for some problems, with OCD the more active behavior therapies, usually coupled with medication, are the only interventions that are typically successful."

The type of behavior therapy typically used is called "exposure and response prevention." The patient agrees to voluntarily meet head-on, in a small way, whatever triggers their

anxiety. After several minutes, the body's anxiety fades; then, little by little, they increase the exposure, or refrain from the compulsive act. For example, a compulsive hand washer may be encouraged to touch something that they believe is contaminated, and then not to wash their hand until the anxiety fades, usually within 10-20 minutes. Then, in the next step, often in the same treatment session, the hand washer would hold the same thing for a few minutes, and then agree not wash their hands until the anxiety again fades. With this practice, the person finds it easier and easier to refrain from the troublesome acts.

OCD tends to last for years. Symptoms may become less severe from time to time, and there may be long periods of time when the symptoms are mild, but usually it is a chronic disorder that requires support and professional treatment over a period of time. Since OCD can be a long illness to treat, family therapy for support is often critical.

Where do you get help?

You or a loved one may currently be experiencing symptoms of OCD, or wonder if you are, but where do you go for help? The first step is to contact your physician or mental health professional. Bring in your OCD checklist and discuss your concerns so that they can evaluate your symptoms. Mental health professionals may include psychiatrists, psychologists, counselors and social workers. They are trained to create a treatment plan with you that is best suited for your needs, and to encourage and support you throughout your recovery. Dr. James Wojcik adds, "The professional you select should have specific training and experience with OCD. General counseling, or stress management, will not be sufficient treatment for this problem."

HSI is part of a statewide network of "community mental health centers," and is committed to providing affordable behavioral health services. HSI is a provider for Medical Assistance Pre-paid Medical Assistance Programs (PMAP), Medicare, and Minnesota Care, as well as a large number of commercial insurance plans. For further information or help with OCD, call us at (651) 777-5222.

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From the CEO ...

We've all used the terms "obsessive" and "compulsive" to describe behaviors that we think are too repetitive, rigid or perfectionistic. However, the DISORDER called "obsessive-compulsive disorder" (OCD) is far more debilitating. It involves the intrusion into consciousness of intense, repetitive thoughts that may be disgusting, frightening, or absurd -- and the compelling

necessity to carry out repeatedly small and private, or elaborate and conspicuous ritual behaviors that are usually irrational and seem to serve no purpose. The person is unable to control the experience and it impairs major life areas such as school achievement, work performance, and personal relations.

National prevalence studies reveal that one in forty individuals will experience this disorder during their lifetime, and two-thirds of persons with OCD report that it began before age 25. It lasts at an average of seven years and is positively associated with indicators of distressed life circumstances such as underemployment, welfare status, troubled marriages, and other mental health problems. An individual experiencing OCD can be quite confused about its meaning, constantly worrying that they may be "crazy", and becoming avoidant of others in the process which only worsens their functional life impairment.

Recent pharmacological advances have resulted in a much improved prognosis for the treatment of OCD. This issue of HSI's newsletter addresses some of those advances and available resources for help. If you or someone you know suffers from this disorder, help is available, please talk to your doctor or mental health professional.

OCD in children

HSI Locations

“In the morning children feel they must do their rituals exactly right, or the rest of the day will not go well.”

Important Information:

The information that is provided in this newsletter is not to be used to diagnose individual cases. Each individual is unique, only a professional healthcare provider is qualified to diagnose illness and prescribe treatment.

Children are less likely than adults to have awareness that their behaviors are unusual. When they do sense something is wrong, they are likely to hide their compulsive behaviors from those they love. Often they feel ashamed or embarrassed, and worry that they are “odd” or “crazy.”

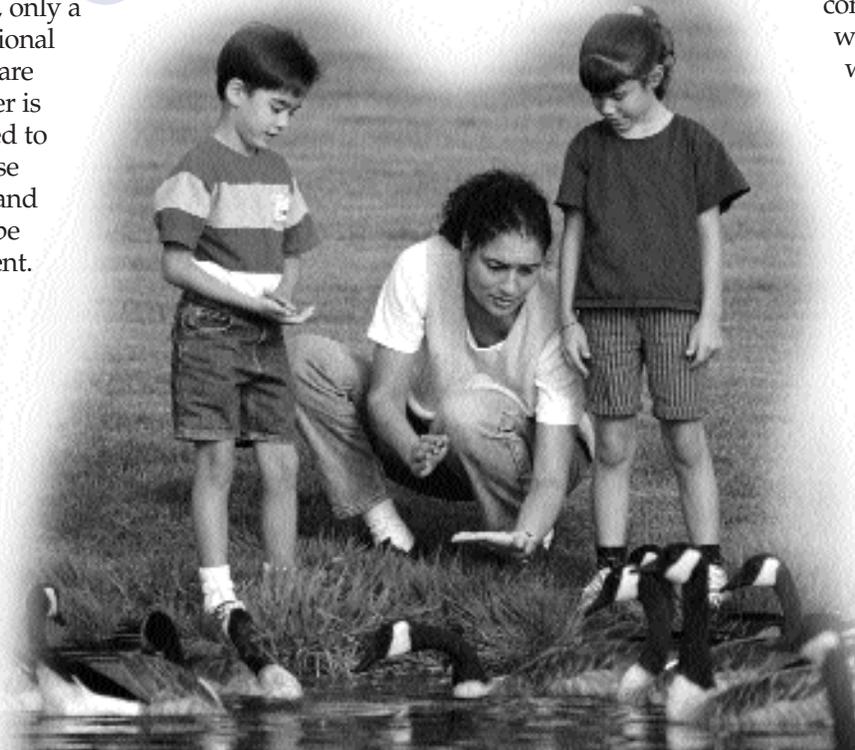
Children with OCD often do not feel well due to the stress and pressure of their illness. Their routines and rituals often take up a great deal of their time and energy, and can occupy the majority of the day.

OCD children start their day performing their compulsive behaviors, thus causing a rushed feeling throughout the day. For some finishing the evening leads them late into the night trying to complete their homework, household chores, and their obsessive behaviors. These children are usually physically exhausted and irritable due to lack of sleep.

OCD generally appears later in childhood than other anxiety disorders, usually not until the child is at least six to eight years of age. For unknown reasons, boys are likely to develop the disorder at a younger age. Your child probably won't come to you asking for help with compulsive behavior, even if they do sense there is something wrong. You should however, observe your child more closely if you see the same kinds of unusual and rigid patterns of behavior described in the adult checklist. Also, pay attention if your child often gets unusually upset when he or she can't do things in a particular way.

Help is available, and OCD is a treatable disorder in children. “Parents’ support is critical for successful treatment. Since parents can be objective about how a child behaves, they are especially important in treating OCD in their children.” states Dr. Wojcik.

If you have concerns, don't worry and wonder alone. Discuss your concerns with your child's teacher, school psychologist, physician, or mental health professional.



8200 Hadley Ave. S.
Cottage Grove, MN
55016
(651) 458-4116

Mon, Wed, Fri:
8:30 a.m. - 5:00 p.m.
Tues and Thurs:
8:30 a.m. - 9:00 p.m.

121 11th Ave. S.E.
Forest Lake, MN
55025
(651) 251-5220
(eff. 6/21)

Mon-Wed, Fri:
8:30 a.m. - 5:00 p.m.
Thurs:
8:30 a.m. - 9:00 p.m.

7066 Stillwater Blvd. N.
Oakdale, MN 55128
(651) 777-5222

Mon - Thurs:
7:30 a.m. - 9:00 p.m.
Fri:
7:30 a.m. - 5:00 p.m.
Sat:
8:00 a.m. - 2:00 p.m.

Sundays and Holidays
(Crisis Clinic only)
9:00 a.m. - 11:00 a.m.

TLC II
5620 Memorial Dr.
Stillwater, MN 55082
(651) 430-1791

Mon - Fri:
7:30 a.m. - 4:30 p.m.

375 E. Orleans St.
Stillwater, MN 55082
(651) 430-2720

Mon, Thurs, Fri:
8:00 a.m. - 5:00 p.m.
Tues and Wed:
8:00 a.m. - 9:00 p.m.

TDD: (651) 770-6834

www.hsicares.org

Phones answered
24-hours a day

LEAVE A LEGACY

HSI is seeking legacy gifts that will keep the doors open to help all adults and children with Obsessive-Compulsive Disorder.

Legacy gifts are usually part of an estate plan and can include a wide range of giving opportunities including:

- A simple bequest
- Life insurance
- Real estate
- Gift annuity
- Charitable lead trust
- Charitable remainder trust also called a unitrust

As you plan for year-end or think about your Will, there are many tax-wise opportunities to help others in **need and**, at the same time, reduce you and your family's **tax burden**. Remember there are countless people who are affected with Obsessive-Compulsive Disorder. You may have a friend, relative or someone in your immediate family that has been impacted by Obsessive-Compulsive Disorder. The good news is that Obsessive-Compulsive Disorder is very treatable. Insurance companies are cutting back on mental health services and government is limiting access for those same services. You can play an important role in helping HSI help those in need. If you have any questions or need assistance, please do not hesitate to contact Mark Kristensen, Director of Development at (651) 251-5095. A gift of any size is important to help **HSI** meet the growing needs of individuals and families in Washington County.

Mental Health Information

The following agencies provide Mental Health information and/or advocacy services.

HSI
7066 Stillwater Blvd. N.
Oakdale, MN 55128
(651) 777-5222

**Mental Health
Consumer/Survivor
Network of MN (CSN)**
1821 University Ave.
W., Suite N-178
St. Paul, MN
55104-2803
651-637-2800
1-800-483-2007

**Washington County
Alliance for the
Mentally Ill**
P.O. Box 2066
Stillwater, MN 55082
651-439-3800

**Mental Health
Association of MN**
2021 E. Hennepin Ave.,
Suite 412
Minneapolis, MN 55413
612-331-6840
1-800-862-1799

**Alliance for the
Mentally Ill of MN**
1595 Selby Ave.
St. Paul, MN 55104
(651) 645-2948

**American
Psychiatric Assn.**
1400 K Street, N.W.
Washington, DC 20005
202-682-6000
www.psych.org

**American
Psychological Assn.**
750 First Street, NE
Washington, DC 20002
202-336-5500
www.apa.org

**The National Institute
of Mental Health
(NIMH)**
6001 Executive Blvd.,
Rm. 8184 MSC 9663
Bethesda, MD
20892-9663
301-443-4513
www.NIMH.gov

**Obsessive-Compulsive
Foundation**
P.O. Box 70
Milford, CT 06460-0070
203-878-5669
www.ocfoundation.org

QUESTIONS?

Would you like more information on our services? Call . . . (651) 777-5222

*"No one is
given a map to
their dreams*

*All we can do is
to trace it.*

*See where we
go to, know
where we've
been*

*Build up the
courage to face
it."*

—Sandy Denny

Your Time and Talents are in Need

HSI has several volunteer opportunities which are both short and long term commitments. Areas of need include:

- Individuals willing to serve on a development advisory committee. Committee's responsibilities are to advise the Development Department on the growth and expansion of HSI's development opportunities, special events, annual campaign and planned giving (ongoing commitment).
- Individuals willing to serve on a volunteer advisory committee. Committee's responsibilities are to survey the current volunteer needs of HSI, offer ideas and suggestions on recruitment and training of

future volunteers, recognition events, and volunteer orientation (ongoing commitment).

- Individual(s) for clerical assistance with updating and maintaining database (short or long term commitment).
- Individual(s) to assist with public relations projects (short or long term commitment).
- Individual(s) to assist with special events ie: Washington County Fair, open houses, golf tournament, workshops, spring plant sale (short or long term commitment).

Volunteers needed for our 8th Annual Golf Tournament at Stillwater Country Club on Monday, July 26. Call Mark Kristensen at (651) 251-5095 for more information.

Human Services, Inc.
7066 Stillwater Boulevard North
Oakdale, Minnesota 55128-3937
(651) 777-5222

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HSI Connection

FEATURE FOCUS

“1 in 50 adults in the United States struggle with Obsessive - Compulsive Disorder within a given year. Unfortunately, very often OCD is kept a secret.”

AGING SERVICES

Do you worry about leaving an elderly loved one home alone?

Many Washington County families are struggling with the issue of leaving an elderly loved one home alone. This individual may be experiencing a chronic illness, some cognitive impairment, loneliness, a need for post-hospitalization assistance or family members caring for them may need respite time. *Circle of Friends*, an adult day program co-sponsored by HSI and Ascension Episcopal Church of Stillwater, is designed for adults, 55 years or older. *Circle of Friends* is an alternative to nursing home placement and offers a wide range of services designed to keep elders in their homes as long as possible. This affordable and safe program is offered three days per week. Participants may attend all three days for an average of six hours per



day. Families feel at peace knowing their loved ones are enjoying opportunities to socialize with their peers and to participate in a variety of fun and interesting activities. A nutritious noon meal and snacks are included in program costs. For more information about Circle of Friends or other Aging Services please call Deborah Boentje at 651-430-2720.

HSI's mission is to help people overcome and prevent life impairments by developing individual potential and promoting meaningful participation in family and community life.