

Coping with Obsessive Compulsive Disorder

Ed Beckham, Ph.D. and Cecilia Beckham, L.C.S.W., B.C.D.

In the last few years, there has been increasing attention paid in the press and media to Obsessive Compulsive Disorder. Up to 2% of persons in the United States suffer from OCD (approximately 5.5 million people), and it is beginning to get the public attention it deserves. Even the Academy Award Winning movie As Good As It Gets focused upon it. While much remains to be learned about the disorder, we have a much better understanding of it today than in the past.

Unfortunately, many people still have the symptoms of OCD without realizing that they have a treatable psychological problem. If left untreated, it may advance until it severely restricts the lifestyle of the individual.

Obsessive compulsive disorder consists of undesired, troubling thoughts and/or of seemingly irresistible desires to repeat certain actions. The troubling thoughts are called obsessions. They are usually of something which the person would find most disgusting, detestable, or dreadful. We have all had the experience of worrying when we did not want to worry. However, obsessive thoughts are different in both quality and quantity. Sometimes, they focus on minor events and then leap ahead to worst possible outcome scenarios. "What if I dropped my baby's pacifier, and it got germs on it? What if it killed my baby?" "Maybe I ran over an animal or a person with my car, but because the radio was on I didn't hear them scream?" "What if I were to take this knife and stab one of my family members with it?" The more the person fights against these thoughts, the more the ideas seem to gain power and a life of their own. Sometimes the thoughts seem like impulses to the person, such as feeling that one is going to yell out some terrible statement in a church. Sometimes, there is a blasphemous image that one cannot erase from the mind. These thoughts are intensely troubling to the individual. They believe that because they are having the thoughts, they must want to act on them. This leads them to fight the thoughts all the more. A typical response to obsessive thoughts is to attempt to suppress them. However, the person soon finds that this does not work very well. In fact, many people discover that trying to suppress obsessive thoughts only seems to give them more energy and more power.

Another way that persons sometimes attempt to deal with these thoughts is to try to neutralize them in some way. The person may feel that the thoughts need to be counteracted, either because the thoughts seem disgusting in themselves or because they are afraid that the thoughts will somehow become reality. The solution chosen to "cure" the problem is sometimes a practical one. For example, if they are afraid that they are going to leave on a stove burner and that the stove will burn down their house, they may resort to checking the knobs on it over and over. Or the person may be afraid of contracting a deadly disease. As a result, they may do everything possible to cleanse themselves and their household of germs. Their solution to the problem may involve extensive washing, scouring, and disinfecting as well as avoiding even the vaguest hint of contamination from anything "dirty." Hand washing may become so repetitive that the person's hands are raw.

At other times, the solution to the obsessive thoughts is more magical, involving the use of certain words, rituals, and numbers. The person believes that by repeating these thoughts or words in the “correct” way, it will prevent a terrible catastrophe from happening.

Obsessions and compulsions generally seem to other people to be very irrational, revolving around highly unlikely fears. Nevertheless, to the person with Obsessive Compulsive Disorder, the feared situations are terrifyingly possible and real. For example, they may be very concerned that they have inadvertently hit someone with their car, with the result that they go back and repeatedly check to see if they have harmed anyone. If they do not do this, they can develop a paralyzing worry that someone may have been harmed and may be lying in the road--perhaps even dead. Typical ways of preventing catastrophe are putting things in order, praying repetitively, repeating phrases silently, ritualistic movements, and counting.

It is normal to check on things once in a while or to take extra precautions. A good example would be a person leaving on vacation. It would not be considered abnormal to check all of the locks in the house to make sure that they are secure. A certain amount of hand washing is normal, and in a health care setting it is highly encouraged to prevent the spread of disease. The nature of compulsions, however, is that they are either excessive or clearly magical. They are also typically experienced as being outside of the person’s control. For instance, an excessive level of compulsive behavior would be to check the locks more than one time. Some persons with OCD might check a lock three, five, or even ten times before ever leaving the house, just to go to the store. Hand washing compulsions can cause an individual to wash after picking up insignificant items, such as a plate on the kitchen counter, or after putting clothes in a washing machine. A person concerned about germs might not simply wash baby bottles but repeatedly sterilize every one of them.

The magical nature of some compulsions is at times very obvious. Consider, for example, some compulsive behaviors involving dirt and germs. If a particular person or group of people is thought of as “bad,” “dirty,” or “contaminated,” then anything they touch can seem to be contaminated as well. And the person or object that has been touched then has the apparent power to make “bad” or “contaminated” anything that he, she, or it touches. In this way, even if the person with OCD touches something which is second or third hand “contaminated” it still has the same fearful power to spread disease and death.

The other aspect of the magical nature of compulsions is in how they cure or “undo” the dreaded problem. Rituals often include the use of numbers, such as counting, or avoiding certain numbers. For example, a person may scrub their hands seven times in order to feel safe. If they wash their hands six times, they may feel that this is a very unlucky number and that something bad will happen. This is clearly magical. The difference of one hand washing is seen to lead to catastrophic differences in outcome.

Individuals with OCD often tell their therapists that they “know” that there really isn’t any danger or impending catastrophe but that they still “feel” the intense need to perform the compulsive behavior anyway. The reason for this is that the brain isn’t simply one single structure. It has

different parts. Some components of the brain assess situations in a logical way, and other parts of the brain react in a more emotional manner.

Persons with OCD are often very reluctant to reveal their symptoms to other people, and even some family members may not fully know about them. The desire to hide the problem can lead to withdrawing from friendships and social activities since it may be impossible for the individual to disguise their symptoms for more than an hour or so at a time.

Another reason why the person with OCD may withdraw from people is that compulsions can require considerable time to perform. There may be compulsions surrounding the very act of leaving the house, making it difficult to engage in outside activities. Often the person has fears of what will occur in his or her absence from home, especially if the rituals are not performed. Since rituals can require considerable energy, the individual may feel overwhelmed by the idea of having to go through these just to be able to leave the house. As the OCD progresses, more and more time may be spent performing useless rituals. Recovery from the disorder requires that new, more healthy activities be structured back into the person's life. The individual may have gotten out of the habit of doing their previous pastimes, such as playing softball, going to movies, and so on. It is important to reestablish older, more positive ways of spending time and relating to people.



Points to Ponder

When is checking a normal and even helpful activity? There are certainly some activities in life in which checking is positive or even necessary. What are they? At what point does checking or repeating an activity become unhealthy?

FAQ: Frequently asked questions

Is obsessive compulsive disorder created by biological causes or psychological causes?

Recent research with Positron Emission Tomography (a type of brain scan, or picture of the brain) shows that some regions deep within it are overly active. This does not necessarily mean that OCD is biologically caused. But it does indicate that it is more than just a psychological process--it involves biological changes as well. Persons receiving cognitive behavioral treatment for OCD show changes in the level of activity in this region. Therefore, OCD cannot be seen as "simply" psychological or biological.

Coping with OCD

Overcoming Shame

One of the first steps in coping with OCD is to deal with the guilt, inadequacy, and shame which persons with this disorder often feel. With any type of psychological problem a person may feel as if there is something terribly wrong with them which is shameful and has to be hidden from others. This layer of shame makes it difficult for both the client and therapist to deal with the symptoms in a straightforward manner. The disorder takes on an aura of mystery and can become a source of depression. In reality, OCD is a problem like any other problem. It has a cause, and there are steps which can be taken to overcome it. It is no more shameful than having any other type of problem.

The Three Basic Approaches

There are both psychological and biological approaches to treating this disorder. Furthermore, there are basically two types of psychological interventions--the cognitive and the behavioral. These two psychological treatment techniques can be used together in an overall "cognitive behavioral" approach. Moreover, medication can be used alongside both of these (see chapter/handout #17 "Understanding and Using Medications for Depression and Anxiety").

The first part of treatment often begins with work on the irrational beliefs of the person. Cognitive therapy focuses on identifying excessive negative thoughts about what will happen if compulsions are not performed. Usually, there are catastrophic beliefs that terrible things will happen if the ritualistic behaviors are not completed. For example, a person might fear that if they did not perform a certain set of behaviors, such as counting to 7, than a family member might die.

Research suggests that the logical part of the brain can be strengthened in order to reduce a person's obsessive fears. This can pave the way for a second phase of treatment, in which the person is exposed to the object of their fears, such as taking a car trip without having inspected every gauge and dial on the car and walking around it three times. The initial work on negative thoughts makes it easier for persons to encounter this "dangerous" situation, so that they are not experiencing the same high levels of anxiety as before. By coming into contact with the feared situations, the brain can be reprogrammed to react differently and in a less fearful manner.

While behavior therapy and cognitive therapy have somewhat different approaches to OCD, they are easily combined into one single approach. This chapter/handout is designed to assist you in learning these techniques. They will be most understandable if you have also read Chapter/handout 3 "Coping with Negative Thinking". Cognitive behavioral treatment has been shown to lead to long lasting results.

Getting Personal

Write down your most significant and problematic compulsions here:

1. _____

2. _____

3. _____

4. _____

5. _____

Now write down some of your least significant (most trivial and easiest to overcome) compulsions. Make these your first targets. Don't try to cope by changing the most entrenched symptoms first. Start with the easiest ones. This way you can build up a cycle of success.

1. _____

2. _____

3. _____

4. _____

5. _____

Cognitive techniques for dealing with obsessive compulsive disorder

One way to gain control over compulsions is to work on the mistaken beliefs which lead to them. Negative thinking patterns such as catastrophizing (worrying about worst possible outcomes) and fortune telling ("knowing" what is going to happen in the future) are usually interwoven with OCD symptoms. The person with OCD usually has the mistaken belief that the only thing which has prevented catastrophe in the past and which will prevent it in the future is the performance of these behaviors.

Cognitive techniques help to prepare you for the next treatment step--response prevention, which will be discussed later. Mastering your negative thoughts gives you the tools you need to calm yourself and be in control of your anxiety while you are stopping yourself from following through on compulsions.

Examples of Irrational Negative Thoughts Leading to Compulsions:

If I don't do (compulsive behavior) then (this catastrophe) will happen.

If I don't check my car thoroughly down to the most insignificant gauge, piece of chrome, and paint chip, then something will break down and I will have a wreck on the road.

If I don't count the tiles on the kitchen counter, then something dreadful is going to happen to my family.

If I don't read and reread every word in every piece of junk mail before I throw it away, I will end up discarding something extremely valuable.

If I don't sanitize every floor in my house using a heavy duty disinfectant, then my baby will die from germs.

Here is an example of how the four column technique in cognitive therapy can be applied to OCD. The compulsion here is that the person must counteract every conceivable source of germs and infection by taking extreme measures.

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>Having to pick up the garbage can to take it out.</p>	<p>Now I ‘ve done it. I’ve contaminated my hand. There’s bound to be a lots of germs on this. Now, anything I touch will have a lot of germs on it. It will be contaminated. And then one of my family members will touch it and they will get sick. It will be my fault that they are sick and die.</p>	<p>Extreme Anxiety</p> <p>Making husband take out the trash in the future.</p> <p>Making him shower afterwards and change clothes.</p>	<p>I am jumping to conclusions and fortune telling. I don’t have any evidence that I will get sick or that anyone else will.</p> <p>My husband has taken out the trash and he hasn’t gotten sick in a long time.</p> <p>He touches things that the children touch. But they don’t seem to get more colds than any other children in the neighborhood. In fact, my family is just as healthy as everyone else’s overall.</p>

Here is another example. The compulsions are different, but again there are automatic negative thoughts involving jumping to conclusions and fortune telling.

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>Getting ready to leave the house</p>	<p>If I don't check and recheck the stove burners and perform my other rituals, something terrible will happen.</p> <p>Maybe the phone or stove will catch fire. Maybe somebody will break into the house. Then I will have nothing to come home to.</p>	<p>Extreme anxiety</p> <p>Careful repetition of the client's ritual</p> <p>Great difficulty leaving the house to run errands</p>	<p>Logically, there is no way that the phone can catch the house on fire.</p> <p>Checking the stove once is sufficient. I have never found on the second, third, or fourth check that I had left the burners on.</p> <p>If stoves and phones caught on fire that easily, then apartments and houses would be burning down all of the time.</p> <p>I'm telling myself, "Maybe this, maybe that". Anything <u>might</u> happen, but these things are not <u>likely</u> to happen.</p> <p>I'm catastrophizing. I'm also jumping to conclusions and fortune telling.</p> <p>The sense of danger is coming from my brain--not from external reality.</p>



Time for Practice

Now, use the following four column chart to help you understand and challenge negative thoughts related to your compulsions.

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts

Overcoming OCD Using Behavior Therapy Techniques

Retrain Your Brain: Using Response Prevention

For the brain to learn that a situation is not dangerous, it is often necessary for the person to place themselves into that set of circumstances. This means that they fully encounter the fear without engaging in some type of avoidance behavior. Avoidance is the normal reaction of the mind and body to anxiety, but it prevents the individual from unlearning their fears. In other anxiety disorders, the avoidance often takes the form of actually leaving the situation. In OCD, the avoidance involves changing the situation through repetitive checking, intense cleaning, a magical

ritual, and so on. Since these types of compulsive behaviors are thought by the individual to neutralize the situation, the mind never really has the opportunity to learn that the feared circumstance is not dangerous in itself. Response prevention means that the person stops themselves from using their compulsions. This is one of the crucial elements in treating OCD. Behavior therapists have successfully used this technique, called “exposure” for a long time with a variety of types of anxiety disorders. In OCD, the fears experienced by a particular individual might be of dirt, germs, contamination, and disease. The person therefore might avoid all situations involving these and feel the need to perform compulsive rituals at times when dirt or germs might be encountered. However, avoiding the feared circumstance only serves to reinforce a compulsion by temporarily lowering anxiety and producing a sense of relief. What is needed is for the individual to come into contact with the full anxiety provoking situation (i.e. without the compulsions) to help the brain learn that there is nothing to fear.

It does the individual no good to come into contact with the object of the obsessive fear if they are going to turn around and perform a ritual to alleviate their anxiety (such as repeated 30 minute showers and using certain kinds of special soaps). Rituals and compulsions may calm them and make you them feel safe temporarily, but these behaviors are the problem and not the solution. They further convince the individual that it is the compulsive behaviors which have kept them safe.

Forcing yourself to come into contact with the very thing that has been avoided for years is not easy. That is one of the reasons that the cognitive therapy portion of the treatment is so important--to help you understand that the dangers are not nearly so great as you think they are and to calm your anxiety enough to be able to approach the situation. It is very helpful to have a therapist when engaging in direct exposure. It is rare for a person with OCD to be able to make themselves confront their fears without assistance. The therapist helps the individual proceed step by step through the process, giving them encouragement and even modeling certain behaviors (such as handling items that has not yet been able to handle).

A Sequence of Steps for Dealing with Compulsions

Become determined to overcome the problem. Commit yourself to dealing with this issue. Don't just take a half hearted approach. Working on obsessions and compulsions takes a lot of work and determination over time. However, it is not perseverance alone which overcomes them. If it was, then people would generally cure themselves by sheer will power. Still, determination, is a necessary first step in implementing all of the other steps.

Relabel the obsessive thoughts. When you have an obsessive thought, label it for what it is. It is a symptom. It is an obsession. It is not reality. In this way, you start to get some objectivity on your problem. Labeling your thoughts as the obsessive symptoms that they are helps to drive home the fact that there is no real danger. The sense of threat is coming from inside your own mind rather than from an outside situation. Even if you can't escape the fear, at least say to yourself, “Here I go again with these obsessive thoughts.”

Challenge obsessive thoughts and then set them aside. Don't continually fight with them. Challenge them using your cognitive therapy techniques, but then gently turn your attention away. For example, suppose a client was extremely afraid at times that they would run amok and kill people. Since their was just the opposite, this would be considered an obsession. They are a kind, gentle person, and there is no evidence that they are going to become a vicious killer. Nevertheless, they continue to have these thoughts. Using cognitive therapy techniques, they could examine the facts and decide that there was absolutely no reason to think that such fears would come true. They could also decide that their thoughts constituted "fortune telling," a type of automatic negative thinking. But at some point, it would become important just to set the fear aside. Fighting with such thoughts only tends to give them more energy. To distract yourself, try placing your attention onto something that is interesting. Your anxiety will eventually go away by getting your mind onto healthier topics.

Prevent the ritual. As long as you continue to try to subdue anxious thoughts with compulsions, your mind cannot adapt to the reality that the situation is safe. Response prevention is necessary for you to learn that there is no danger. The point here is not to simply overpower the ritual. That would not be a sufficient means of coping in itself. However, what is really happening is that you are creating a learning experience for yourself. You are learning what happens when you do not produce the response. If you place the receiver on the phone three times, does a short occur in it causing the house to burn down? If you do not wash your hands more than once, do you come down with a dreaded disease within a week? Response prevention allows you to learn about reality.

Take a deep breath and relax. Tension and anxiety increase OCD symptoms. Putting yourself into a relaxed state can help you be more objective about your thoughts. You may want to look at instructions on systematic relaxation in Chapter/handout 5 "Coping with Worry and anxiety."

Make a prediction, and then look at the evidence. For example, you might predict that because you did not perform a certain ritual in your car, it would cause you to have an accident and hurt someone. Use response prevention, and then make your prediction. Go on with your business. If you believe that not turning off your radio will eventually lead to a fire in the house, then make a note of your prediction and follow up on it. Over and over again, test out your thoughts. Does your prediction ever come true? If not, why do you continue to believe that the next time will be different? If you are afraid that the house will be broken into if you don't check the locks for a second, third, or fourth time, check them only once and then see what happens.

Find ways to make your brain acknowledge the evidence. How many times have you come home to find that the dreaded event occurred (e.g., you left the burners on and a fire started)? How many times have you come home to find that it did not occur? The evidence is usually something such as 10,352 times that the house did not burn down to 0 times which it did. To drive home this idea, consider making a sign or note to yourself. For example, you might post on the refrigerator "10,352 times and counting."

Trust Your Memory. Oftentimes, after persons lock their doors or perform some other compulsion, they wonder, “Did I really do it? Did I do it correctly? Did I do it well enough?” This leads them to keep repeating it over and over to make that it was done correctly. To counteract this tendency, remember how you turned off the burners (locked the doors, etc.). Use your “sensory memory,” i.e., the memory of how things looked, sounded, smelled, etc. Remember how the click felt in your hand when you turned the key or the stove burner. If you turned it off absentmindedly the first time, then in the future turn it off in a mindful way. That is, pay attention when you turn it off. Let the memory get firmly placed in your mind. Then trust your memory.

Accept Relative Safety and Assurance; Don’t Demand Absolute Safety. No matter how well you cope, you will still have some doubts about whether everything is safe. And no matter how many times you perform a ritual, you are still likely to wonder if there is danger. Absolute safety does not exist in this world. Compulsions are generally an attempt to achieve an absolute level of security, but it is an elusive quest. In fact, some persons actually feel more confused and less safe once they are caught up into the numerous repetitions of a behavior. You parked the car and set the parking brake. You saw it; you felt it. Now accept the relative safety that there is only one chance in a billion that the car is going to start rolling and hurt someone.

Reassure yourself and calm yourself with rational, relaxing thoughts.

Use phrases such as:

“That thought (obsession) isn't helpful right now.”

“Now is not the time to think about it.”

“This is irrational. I'm going to let it go.”

“I can think clearly if I will just relax.”

“This situation feels threatening and urgent but it really isn't.”

“I have felt just as threatened and anxious over past situations that ended up not amounting to anything.”

“I have to take risks to be free from my compulsion.”

“This thought doesn't mean anything. I don't have to do anything about it. It's just resulting from a malfunction in my brain.”

“I'm going to take control of the situation.”

Realize that there are other ways to control your anxiety than going through the compulsive ritual. In fact, for some persons, compulsions provide very little relief from their anxiety. However, at the moment that they are feeling the urge to do it, the compulsion may seem like the only way out. That is not true. The anxiety will eventually go away whether or not the behavior is performed.

Watch how the anxiety dies down after you prevent the compulsion. Get outside yourself so to speak and observe what happens. How long does it take for the anxiety to get down to 50% of where it was? Down to 25%? (It may not be realistic to expect more of a reduction than this in every situation.) You might discover, for example, that for you and your compulsion, the

anxiety will typically take about 20 minutes to be cut in half. Once you discover this, you will understand that your anxiety will not last forever. Ask yourself, “Am I willing to wait 20 minutes for my anxiety to calm down in order to start overcoming my compulsions rather than giving in to them?”

Reinforce yourself for each little step of success. Give yourself positive statements or other rewards. Resisting compulsions is not easy. Pat yourself on the back, or give yourself a treat.

Other Helpful Things to Do

Create a “Cheat Sheet” to Remind You What to Do

In any type of anxiety disorder, it can be helpful to have a small index card to remind you about the coping skills you want to try. This card might not include every coping behavior, but it could summarize the most essential ones in order to help jog your memory during an anxious or stressful situation. Below is an example of such a sheet from a client. She was having difficulty leaving the house without checking the stove over and over. Her concern was that she would accidentally leave on a burner and catch the house on fire. The therapist instructed her to check the stove only one time just to make sure that she had not left anything on a burner. The reminders she put on her “cheat sheet” were the following:

1. At the stove, I need to remind myself that I have been wrong many times before. The stove was never on when I double checked it, and it never caught anything on fire.
2. I need to remind yourself that the danger signal is not coming from the stove (external reality) but from a malfunction within my own brain.
3. I will tell myself, “I’ll just turn my attention away from the stove and onto something else. Pretty soon, I’ll feel better.”
4. When returning home, I will remember my catastrophic predictions that the house would burn down. I will notice that my predictions didn’t come true.

Create a Chart of Your Success

The process of overcoming OCD is not accomplished overnight. There are few if any Hollywood endings to the treatment of this disorder where the client gets a special insight into their problem from therapy and immediately has a total cure. Persons with OCD overcome their symptoms one step at a time. They can sometimes become discouraged if they keep focusing on what they are still not able to do. To make matters worse, family members often focus on what is not improving. To overcome both of these problems, it is useful to keep track of successes. They may seem small at first, but they add up. Below is an example of how one person with OCD tallied her achievements in therapy. This particular client had a compulsion to keep everything clean so as to avoid germs and disease. This had made it difficult to do normal household cleaning.

Here is a chart of “Joni’s” successes. Each success did not seem very big to her or her husband at

the time, but eventually they could both see that she was making significant progress.

A Chart of Joni's Successes

I can now allow my infant to play on the floor.
He can throw his toys on the floor, and I can pick them up and put them back in his crib.
If he spits up, or if I spill something on the floor, I can clean it up.
My husband can vacuum without me needing him to dust afterwards.
My husband can come in the house without having to change his clothes.
My husband can sit wherever he likes.
He can take the trash out without me having to worry that he is contaminated.
I can wash my son's laundry without having to shower afterwards.
I can cook raw vegetables without having to wash after I touch each one.
I can put dishes in the dishwasher.
I can wipe counters.
I don't wash my hands after touching the dryer.
I can open the front door and not consider myself dirty.
I can touch the bookcase and the books.

Notice your successes, and reward yourself for them. Don't stay focused on how far you have yet to go. Instead, focus on how far you have come.

Other chapters in this book which you may find helpful and relevant to coping with obsessive compulsive disorder are:

Chapter 3 Coping with Negative Thoughts
Chapter 5 Coping with Worry and Anxiety
Chapter 10 Coping with Obsessive Compulsive Disorder
Chapter 12 Coping With Phobias
Chapter 16 Coping with Perfectionism
Chapter 17 Understanding and Using Medications for Depression and Anxiety

Further Reading for Clients

Foa, E, & Wilson, R. (1991). Stop obsessing! How to overcome your obsessions and compulsions. Bantam Books: New York.
Osborn, I. (1998). Tormenting thoughts and secret rituals: The hidden epidemic of obsessive-compulsive disorder. New York: Dell.
Rapoport, J. (1989). The boy who couldn't stop washing: The experience and treatment of Obsessive Compulsive disorder. New York: E.P. Dutton.
Schwartz, J.M. (1996). Brain lock: Free yourself from obsessive compulsive behavior. New

York: ReganBooks, HarperCollins.

Further Reading for Therapists

Abramowitz, Jonathan S. (1997). Effectiveness of psychological and pharmacological treatments for obsessive-compulsive disorder: A quantitative review. Journal of Consulting and Clinical Psychology, 65, 44-52.

Kozak, M., & Foa, E.B. (1997). Mastery of obsessive-compulsive disorder: A cognitive-behavioral approach. San Antonio, TX: The Psychological Corporation.

Riggs, D. S. & Foa, E. B. (1993). Obsessive compulsive disorder. In D.H. Barlow (Ed.), Clinical handbook of psychological disorders. (2nd ed., pp. 180-239). New York: Guilford.

Steketee, G.S. (1993). Treatment of obsessive compulsive disorder. New York: Guilford Press.