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The **A**ustin **C**enter for the Treatment of OCD

The Austin Center for the Treatment of Obsessive-Compulsive Disorder

You are not alone!

Obsessive-Compulsive Disorder affects one out of every 30 to 40 adults, and one out of every 70 to 80 children. It is the 4th most common psychological problem in the country. People often suffer with it for years before getting treatment. Fortunately, there are effective treatments available (see [Treatments](#)).

This web site may be able to answer many of your questions about OCD and related disorders. If you need more information, be sure to visit the Obsessive-Compulsive Foundation's excellent web site (see [Resources](#)).

For more information on the Austin Center for the Treatment of OCD, see [About ACTOCD](#).

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For directions and a map to the Austin Center, [click here](#).

The information on this site is not intended to diagnose or treat any medical or psychological condition. You should consult your mental health care professional for individual advice regarding your own situation.

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The **A**ustin **C**enter for the Treatment of OCD

About OCD

OCD is a neurobiological disorder characterized by obsessions or compulsions (usually both). Obsessions are repetitive, involuntary, unwanted, intrusive thoughts or images that increase anxiety. Compulsions are repetitive, voluntary behaviors that temporarily reduce anxiety. Common obsessions are excessive fears of dirt or germs, or that harm may come to oneself or loved ones either through some impulsive action or failure to exercise sufficient care. Common compulsions are excessive washing, cleaning, or checking. Performing these compulsive or ritual behaviors may reduce anxiety temporarily, but the obsessions invariably return.

Sometimes people with OCD experience only obsessions without any noticeable compulsions (although in many cases there may be mental compulsions, such as thinking a "good" thought, silently repeating a special phrase, or avoiding situations that might trigger obsessive thoughts). In other cases, there may be compulsions without any identifiable obsessions except a vague feeling of dread or the feeling that something is "just not right" until the ritual behavior is performed. (For more examples of common obsessions and compulsions, see [Screening Test](#).)

Clinically significant OCD affects 2 to 4% of adults, and 1 to 2% of children. Many other people have "sub-clinical" OCD traits, which don't significantly interfere with their lives. People with OCD are often successful at hiding their compulsive behaviors from others for years.

OCD symptoms often "wax and wane" over a lifetime, and they can even change form dramatically over the years, e.g., from checking to washing to ordering to hoarding. We're not able to cure OCD yet, but we do have effective treatments to help people control it, so that it becomes more of a minor annoyance than a major problem (see [Treatments](#)).

Related Disorders

"Comorbid" Disorders

Comorbid disorders are other psychiatric disorders that tend to accompany OCD. By far the most common is major depression. People with OCD are also more likely than people without OCD to have phobias, Tourette's Disorder (formerly Tourette's Syndrome) and other tic disorders, eating disorders, alcohol abuse or dependence, or panic disorder.

OCD Spectrum Disorders

OCD spectrum disorders are similar to OCD but also have significant differences, and they are treated somewhat differently. The most common OCD spectrum disorders are Body Dysmorphic Disorder, hair pulling (trichotillomania), skin picking, and hoarding. The treatment of choice for OCD spectrum disorders is behavior therapy or cognitive behavior therapy. The medications that are used to help treat OCD can also be helpful for OCD spectrum disorders, but they are often less effective than with OCD.

Body Dysmorphic Disorder (BDD) is the OCD spectrum disorder most similar to OCD. It is characterized by a preoccupation with perceived defects in one's physical appearance and a conviction that these defects (which in reality are minor or even nonexistent) make the person look disfigured. Obsessions of ugliness are usually accompanied by extensive makeup rituals, excessive looking in mirrors, or sometimes avoidance of mirrors altogether. As with other forms of OCD, reassurance has either no effect at all or only a temporary effect.

Hair pulling, or trichotillomania (TTM), is the compulsive pulling out of one's own hair, most commonly from the head, but eyebrows, eyelashes, and beard hairs are also preferred targets. The pubic area is also fairly common, followed by legs. Other areas are relatively rare. Hair pulling is often accompanied by nibbling at the hair roots or eating the hairs. It affects more females than males, and usually starts in childhood or adolescence.

Skin picking is considered by many to be more a behavior than a diagnosis, though it too has a fancy name, "neurotic excoriation." It is similar to compulsive nail-biting ("onychophagia") and hair pulling in a number of ways. They may be related neurologically as normal grooming behaviors gone haywire, and they often occur most frequently both in times of stress (high stimulation) and boredom (low stimulation).

Hoarding can be difficult to treat, especially if the hoarder is not motivated to change his or her behavior. Often family members are the ones most negatively affected by hoarding. Items hoarded can be old newspapers and magazines, scraps of paper, out-of-style clothing that no longer fits, and even animals. Treatment needs to address not only the delicate issue of the person becoming able to part with what they may see as their treasured possessions, but also cutting down on the acquisition of new material.

Impulse Control Disorders

Other disorders that have some similarity to OCD are: compulsive stealing (kleptomania), compulsive shopping, compulsive gambling, and compulsive sexual activity. However, performing these behaviors is typically pleasurable, whereas performing OCD compulsions is not pleasurable and is done to reduce anxiety. These behaviors, designated **Impulse Control Disorders**, are treated somewhat differently.

Obsessive-Compulsive Personality Disorder (OCPD)

Despite the similarity in names, **OCPD** is an entirely different disorder from OCD. People with OCPD typically do not have obsessions or compulsions, although they may have rigid behavior patterns. OCPD is characterized by a preoccupation with rules (for others' as well as one's own behavior), perfectionism, and lack of emotional warmth. OCPD is difficult to treat, because, as with all personality disorders, individuals with OCPD tend to see any difficulties they encounter as resulting from others' problems, not their own.

An OCD Screening Test

The following was written by Tom Corboy, MFT of the [OCD Center of Los Angeles](#) and is used with his permission. It is adapted from the Yale-Brown Obsessive-Compulsive Scale (YBOCS), and is not meant to replace a thorough evaluation by a mental health professional familiar with OCD. It may, however, help you to get a better idea of whether or not you have Obsessive-Compulsive Disorder.

1. Do you often have repetitive, intrusive, unwanted thoughts that upset you or make you anxious, and that you can't get out of your mind no matter how much you try?
2. Do you worry excessively about speaking, thinking, or acting in a manner that you think is harmful, violent, sexually inappropriate, immoral, or sacrilegious?
3. Do you repeatedly ruminate about unwanted thoughts in an effort to reassure yourself that you will not act in a manner that you think is harmful, violent, sexually inappropriate, immoral, or sacrilegious?
4. Do you often feel you have to repeat certain phrases or prayers in an effort to rid yourself of unwanted thoughts or to ensure that nothing bad happens?
5. Do you often repeat routine, daily activities to ensure that you did not harm someone (e.g., checking your rear-view mirror or driving back to a certain place in the road to reassure yourself that you did not run over a pedestrian)?
6. Do you wash your hands or shower more often, or for longer periods of time than most other people?
7. Do you excessively clean things (e.g., clothes, towels, bed sheets, household items, car interior, furniture, etc.)?
8. Do you repeatedly visually check to be sure you have properly performed a just-completed task (e.g., looking to be sure you have signed a check, re-opening a mailbox to be sure you have deposited a letter, etc.)?
9. Do you often repeat routine behaviors (e.g., locking doors, turning off light switches, turning off stove burners, etc.) because you're not sure you have done these behaviors or done them "just right"?
10. Do you frequently ask others for reassurance that tasks have been properly completed (e.g., "Did I lock the door?" "Did I shut the windows?" etc.)?
11. Do you repeatedly ask others for reassurance that things are all right or that you haven't done something "wrong," "bad," or harmful?
12. Do you unnecessarily arrange, order, or tidy the contents of your desk, closets, cabinets, refrigerator, bookshelves, etc., in an effort to make them symmetrical or "just right"?
13. Do you unnecessarily straighten common household objects such as window blinds or rugs in an effort to make them symmetrical or "just right"?
14. Do you repeatedly count things that don't really merit counting (e.g., ceiling tiles, books, clothes, light poles, cars, the number of times you do something, etc.)?
15. Do you have great difficulty discarding things that have no practical value and that most other people would consider trash (e.g., old newspapers or magazines, receipts, useless papers, clothing you haven't worn in years, empty food containers, etc.)?

If you answered "yes" to any of the above questions, you may have Obsessive-Compulsive Disorder. If the severity of your symptom(s) is low, you may not need treatment (see [No Treatment](#) under Treatments). If your symptoms interfere significantly with your life or are sufficiently troublesome, however, you should consider getting an evaluation by a mental health professional familiar with OCD (see [Finding a Good Therapist](#)).

Please note that the above is not meant to replace a complete and thorough evaluation by a mental health professional.

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The **A**ustin **C**enter for the Treatment of OCD

The Causes of OCD

No one knows what causes OCD. We do know that certain nerve pathways in the brain are overactive in OCD, and that when these pathways are "calmed," either with cognitive behavior therapy (CBT), medication, or psychosurgery, symptoms are reduced. In some cases, called PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus), we believe that the antibodies created by the body to fight a streptococcus infection (e.g., a strep throat) can actually attack part of the brain, resulting in OCD, often literally overnight.

We also believe there is a genetic component to OCD, that is, it tends to run in families. Interestingly, however, family members may have completely different types of OCD. For example, a parent may have contamination or hoarding symptoms, and their child could have symmetry or harm obsessions. This observation supports the idea of a genetic link rather than symptoms being taught or modeled.

Two old notions about the cause of OCD have been thoroughly laid to rest. The first is that OCD symptoms can result from faulty parenting (such as overly strict toilet training). The second is that OCD symptoms represent unconscious conflicts, guilt feelings, or a need for control. There is simply no evidence for either of these ideas, but countless patients and their parents over the years have been misled into thinking that their OCD is somehow their fault. One especially cruel example of this is when new mothers have been told, authoritatively but erroneously, that their fears of harming their baby are a result of unconscious anger or other negative feelings toward their child.

Treatments for OCD

If you have OCD, there are four options you should know about: Behavior therapy (BT) or cognitive behavior therapy (CBT), medication, psychosurgery, and no treatment.

Experts agree (Expert Consensus Guidelines for the Treatment of OCD, Journal of Clinical Psychiatry, vol 58, supplement 4, 1997; also available online at <http://www.psychguides.com/ocgl.html>) that the best treatment for OCD is BT or CBT.

Behavior Therapy and Cognitive Behavior Therapy

BT and CBT are very similar and are treated here as synonymous. CBT includes cognitive therapy techniques, which can be very helpful when combined with BT. The specific behavioral technique most commonly used in treating OCD is called E&RP or E/RP, which stands for Exposure and Ritual Prevention or Exposure and Response Prevention. They mean the same thing. Exposure and Response Prevention is the original term, but since we want to prevent only compulsive responses (i.e., rituals) to obsessional thoughts, not all responses, many therapists now prefer the term Exposure and Ritual Prevention.

E&RP involves two steps, **exposure** (to obsessional thoughts) and, not surprisingly, **ritual prevention**. Exposure means allowing yourself to be in situations that trigger your obsessions. Depending on your specific OCD symptoms, examples might be getting your hands slightly dirty, locking the front door, driving down a bumpy street, or being in the kitchen with a sharp knife and your child. If this is done correctly, this "exposure" would trigger obsessions about dirt or germs, whether you really locked the door or not, whether or not you hit a pedestrian, or whether you might harm your child.

Ritual prevention in these examples would consist of NOT washing your hands, NOT checking the lock, NOT looking in the rear-view mirror, and NOT putting the knife away or telling your child to leave the kitchen. Just as performing your compulsive rituals would reassure you and thus lower your anxiety, refraining from these behaviors will result in your anxiety going up. This can be quite unpleasant, but it is not harmful. A good therapist will work closely with you to come up with specific exposures that will make you anxious but not too anxious, so that you will be successful at resisting your compulsions. After your anxiety level goes up, it will level off, and then (this is the therapeutic part) drop. It typically goes up quickly and comes down slowly. It is important not to perform the ritual behavior to reduce your anxiety. The therapy will work if you let it.

As E&RP treatment continues, you can expect your obsessive thoughts to become less frequent and less intense. If this does not happen, you and your therapist need to do something differently. Often the problem is that your exposures are too mild or that you are not doing them often enough. Another problem is that you might be performing some other anxiety-reducing ritual behavior.

If OCD is a biological disorder, then shouldn't it be treated with drugs?

Not necessarily. Someone who can't sleep because of psychological reasons (e.g., stress, anger, or worry) can be helped by medication, and someone who can't sleep for "biochemical" reasons (e.g., too much coffee) can be helped by psychological techniques.

Interestingly, PET (positron emission tomography) scan research has shown that successful behavioral treatment of OCD results in the same kinds of changes in brain biochemistry that medication causes.

Medications

Medications can help make the therapy go faster and easier, so we often recommend the combination of BT/CBT and medication. Medication alone is not as effective as BT/CBT at reducing symptoms, and symptoms almost always return when you stop the medication. (Medications are also discussed at length in the Expert Consensus Guidelines for the Treatment of OCD mentioned above.)

The first choice of medications to treat OCD are the **serotonin reuptake inhibitors (SRIs)**; all but one of these affect primarily the serotonin system and are thus called **selective serotonin reuptake inhibitors (SSRIs)**. The SSRIs, with their American brand names in parentheses, are fluoxetine (Prozac, Sarifem), fluvoxamine (Luvox), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), and escitalopram (Lexapro). The lone SRI is clomipramine (Anafranil). You may see them all referred to as SSRIs.

These drugs have an excellent safety profile, but they can have side effects. Common side effects are decreased sexual drive and performance, headache, nausea, insomnia, and drowsiness. Not everyone gets side effects, so fear of side effects is usually not a good reason not to try them. If you do have side effects, they will go away after you stop the medication.

Venlafaxine (Effexor), mirtazepine (Remeron), and the class of drugs known as MAO inhibitors are also sometimes used to treat OCD, but these are not considered first-line treatments. Other medications, such as risperidone (Risperdal), are sometimes used in small doses to "augment" the effects of SRIs.

Evidence for benefit from "natural" pharmacological remedies such as herbs is scant, and recent reports suggest that there may be significant risks associated with these preparations, so they are not recommended at this time.

Psychosurgery

Psychosurgery, or the physical destruction of small amounts of brain tissue, is extremely rare. It is used only in severe cases of OCD when several trials of CBT and thorough trials of all antiobsessional medication have been tried. Nevertheless, it has been successful and is an option to be considered, if only as a last resort.

No Treatment

Not all OCD symptoms need to be treated! Someone who cannot go to bed until she touches all four dials on her stove while saying, "Off, off, off, off" is exhibiting a classic type of OCD symptom, but she may not need to change anything if this behavior doesn't interfere with her life. Our quirks, our ways of doing things, are what make us us. Similarly, successful OCD treatment rarely eliminates obsessions and compulsions completely, so just because you may have some OC tendencies left doesn't mean you should stay in treatment forever.

Other Treatments

Psychodynamic psychotherapy, based on psychoanalytic principles, is a valid and valuable form for therapy for many problems, but not for OCD. The same is true for other forms of "insight-oriented" or "talking" therapies. There is virtually no evidence that symptoms of OCD result from unresolved or unconscious conflicts, or that they serve as a "defense" against more serious problems.

Finding a Good Therapist

Finding a therapist who really knows how to use cognitive behavior therapy to treat OCD involves two steps: First, getting some names; and secondly, evaluating their qualifications and ability.

1. Getting names

Often the best way to find good therapists in your area is by asking the leaders or members of local OCD support groups. The **OC Foundation** allows you to search for [support groups](#) on their web site. Even if the nearest support group is some distance from you, they may know of good therapists near you.

The OC Foundation can also provide you with a [list of professionals](#) in your state who have indicated that they treat OCD. The **Association for the Advancement of Behavior Therapy (AABT)** and the **Anxiety Disorders Association of America (ADAA)** also list professionals by geographical area with their areas of expertise on their web sites.

We also have links to numerous OCD support groups, treatment facilities, and individual treatment professionals on our [Resources / Links](#) page.

You can also contact your state's mental health, psychological, and psychiatric associations, who generally keep referral lists. If you don't have health insurance and cannot afford private therapy, these organizations may be able to offer suggestions.

If you live near universities that have graduate programs in mental health (e.g., psychology, psychiatry, social work), find out if they have any clinical training programs where you could receive therapy from their therapists-in-training. Although they are students, they are closely supervised, and the quality of their therapy is usually very good.

2. Evaluating qualifications and ability

You should look for a mental health professional who is licensed to practice in your state. Although their specific academic discipline is not as important as their experience and ability, in general, you will find that cognitive behavior therapy is practiced by psychologists (PhDs and PsyDs), social workers (MSWs), licensed professional counselors (LPCs and LMHCs) and marriage and family therapists (MFTs). Medications need to be prescribed by MDs.

You should be aware that being listed with OCF, AABT, ADAA, or other professional organizations does not guarantee expertise in treating OCD. Usually all that is required to be listed is proof of state licensure. Often professionals pay a fee to be listed. In a way, then, these are a little bit like yellow pages listings – an OK place to start, but not to stop.

Once you have some names of potential therapists, call each of them on the phone. There's no point in paying for a session to get this information. Try to get past the receptionist to talk with the therapist directly. First, say you're looking for a therapist who has experience (use that phrase, not "who has expertise" or "who specializes") in treating OCD. They will all say yes. Then say, "Can I ask what approach you take?" You want to hear "behavioral" or "cognitive-behavioral." "Cognitive" needs a little follow-up (see below). If they say anything else specific, like "psychodynamic," "psychoanalytic," "gestalt," "Rogerian," or "Jungian," say, "Thank you anyway, but I'm looking for someone with a cognitive-behavioral approach. Can you recommend someone who takes this approach to treating OCD?" (No harm in asking.)

If they say they have a *cognitive* or *eclectic* approach, or that they would need to evaluate you because no one treatment works for everyone, or that a treatment plan should be individualized, they're still in the running, but you need more information. Say, "I've heard of a technique called exposure and . . . uh . . . exposure . . . uh . . . darn, what was it again? Something about prevention . . ." If they can't identify "exposure and response (or ritual) prevention" after all that prompting, then they're not sufficiently familiar with the treatment of choice for OCD, and you should look elsewhere.

Be cautious if someone:

- offers a treatment you've never heard of
- guarantees their treatment or seems overly confident
- talks of "curing" OCD
- states that treatment will take a specified number of sessions
- refuses to give any idea of how long treatment might be expected to take

What if the therapist you've found isn't in your HMO's panel of providers?

If you belong to an HMO or PPO, you may need to decide whether to see someone who doesn't have special training in treating OCD just because it'll cost you less. It may be cheaper in the long run to pay for someone outside of their network of providers who does have special training. You may be able either to get a referral from your gatekeeper (usually a primary care physician) to see a specialist outside the network, or to get them to reimburse you at a higher rate for someone outside the network if you can show that there is no one in their network who is trained in treating OCD.

Finally, if there is simply no one near you who knows how to treat OCD, you might consider telephone therapy with a reputable therapist. Therapy by e-mail, however, is generally not recommended, especially if either party is essentially anonymous. Each needs to be able to telephone the other in case of emergency.

Recommended Reading

Note: Everyone undertaking cognitive behavior therapy should strive to become knowledgeable about CBT, since most of the actual therapy takes place outside the therapist's office. Parents of children with OCD need to learn how to be CBT therapists, as they will be "on the front lines," helping their child to respond appropriately as events occur in the child's life.

The following can all be purchased at the [OCF web site](#); OCF members get a discount.

The OCF Newsletter. 12 pages, six times a year. Free with membership in the Obsessive-Compulsive Foundation. Strongly recommended!

The Boy Who Couldn't Stop Washing by Judith L. Rapoport, MD (paperback, 272 pp, 1989, \$13.95). A classic, somewhat dated (written before any of the antiobsessional medications were available in the U.S.), but a very readable description of OCD. This would be a good book to give to someone who may not realize he or she has OCD or to someone who doesn't really believe that OCD actually exists.

Getting Control: Overcoming Your Obsessions and Compulsions by Lee Baer, PhD (paperback, 258 pp, revised edition 2000, \$16.75) One of the best self-help books, also can be used as an adjunct to cognitive-behavior therapy.

The OCD Workbook: Your Guide to Breaking Free From Obsessive-Compulsive Disorder by Bruce M. Hyman, PhD and Cherry Pedrick, RN (paperback, 198 pp, 1999, \$19.95). An excellent book for self-help; can also be used as an adjunct to cognitive-behavior therapy, especially with CBT therapists not very experienced with OCD.

Obsessive-Compulsive Disorders: A Complete Guide to Getting Well and Staying Well by Frederick Penzel, PhD (hardcover, 338 pp, 2000, \$30.00) An excellent book for self-help, and as an adjunct to cognitive-behavior therapy.

Brain Lock: A Four-Step Self-Treatment Method to Change Your Brain Chemistry by Jeffrey Schwartz, MD (paperback, 219 pp, 1996, \$13; also available on audiotape and CD). One of the first self-help books on cognitive-behavior therapy for OCD, still very popular.

Confronting the Bully of OCD by Linda Maran (paperback, 144 pp, 2004, \$14.99). Readable, full of tips from a recovering OCDer.

Overcoming Compulsive Checking: Free Your Mind from OCD by Paul R. Munford, PhD (paperback, 160 pp., 2004, \$14.95).

Overcoming Compulsive Hoarding: Why You Save and How You Can Stop by Fugen Neziroglu, PhD, Jerome Bubrick, PhD, and Jose A. Yaryura-Tobias, MD (paperback, 150 pp., 2004, \$14.95).

Mr. Worry: A Story About OCD by Holly L. Niner (hardback child's book, 32 pp, 2004, \$15.95). Beautifully illustrated by Greg Swearington. Publisher recommends for ages 7-10, but parents can also read to younger children.

Up And Down the Worry Hill by Aureen Pinto Wagner, PhD (paperback, 42 pp, 2000, \$16.95) An excellent story book to read with your child. Primarily for ages 4-12, but can be used with older children as well.

What to Do When Your Child Has OCD: Strategies and Solutions by Aureen Pinto Wagner, PhD (paperback, 444 pp, 2002, \$23.45). A companion book to *Up and Down the Worry Hill*. Especially good for parents of younger children.

Freeing Your Child From OCD by Tamar E. Chansky, PhD (paperback, 354 pp, 2000, \$23.00). Especially good for parents of older children.

Obsessive Compulsive Disorder: New Help for the Family by Herbert L. Gravitz, PhD (paperback, 224 pp, 1998, \$19.95). Excellent for family members of someone with OCD.

Obsessive-Compulsive and Related Disorders by Lorrin Koran, MD (paperback, 370 pp, 1999, \$60.00). Pricey, but worth it for professionals. The best general reference book on OCD.

The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder by Katharine A. Phillips, MD (paperback, 412 pp, revised edition 2005, \$19.95). The "bible" and for many years the only book on BDD. Recently revised and expanded. The new chapters on treatment alone are worth the price. Highest rating.

The BDD Workbook: Overcome Body Dysmorphic Disorder and End Body Image Obsessions by James Claiborn, PhD and Cherry Pedrick, RN (paperback, 200 pp, 2002, \$18.95). A practical book like *The OCD Workbook*, can be used as a self-help book or with a CBT therapist.

Help for Hair Pullers: Understanding and Coping with Trichotillomania by Nancy J. Keuthen, PhD, Dan J. Stein, MD, and Gary A. Christenson, MD (paperback, 175 pp, 2001, \$13.95).

The Hair-Pulling Problem: A Complete Guide to Trichotillomania by Frederick Penzel, PhD (hardcover, 288 pp, 2003, \$30.00).

Other Resources / Links

Note: These links are for information purposes only. Our listing them here does not imply an endorsement or referral by ACTOCD. Please report any faulty links to info@ataustinocd.com.

Organizations:

These are non-profit and professional organizations in the United States and around the world that provide information about OCD and related disorders, research, and treatment providers.

In the United States:

- [Obsessive-Compulsive Foundation \(OCF\)](#)
- [Association For the Advancement of Behavior Therapy \(AABT\)](#)
- [Anxiety Disorders Association of America \(ADAA\)](#)
- [National Anxiety Foundation](#)
- [Trichotillomania Learning Center \(TLC\)](#)
- [Social Phobia Association](#)
- [Tourette's Syndrome Association \(TSA\)](#)

Regional:

- [Obsessive-Compulsive Foundation of Greater Boston](#)
- [Obsessive-Compulsive Foundation of Metropolitan Chicago](#)
- [Obsessive-Compulsive Foundation of Jacksonville, FL](#)
- [Obsessive-Compulsive Foundation of New Jersey](#)
- [Obsessive-Compulsive Foundation of Western Pennsylvania](#)
- [Obsessive-Compulsive Disorder Foundation of Michigan](#)
- [New York Institute for Cognitive and Behavioral Therapies](#)

In Canada:

- [OCD Information and Support Centre \(Manitoba\)](#)
- [L'Association/Troubles Anxieux du Quebec \(en Francais\)](#)

In England:

- [OCD Action](#)
- [First Steps To Freedom](#)
- [Triumph Over Phobia](#)
- [Anxiety Care](#)
- [National Phobics Society](#)

In Australia and New Zealand:

- [Anxiety and Panic Hub \(Australia\)](#)
- [The Phobic Trust of New Zealand](#)
- [New Zealand Centre For Rational Emotive Behaviour Therapy](#)

Residential Treatment Facilities:

These may be helpful when even intensive outpatient therapy is insufficient or inadvisable (e.g., when an individual is suicidal).

- [McLean OCD Institute](#)
Belmont, MA
- [The OCD Center at Rogers Memorial Hospital](#)
Oconomowoc, WI
- [The Anxiety Disorders Center at St Louis Behavioral Medicine Institute](#)
St Louis, MO
- [Menninger Obsessive-Compulsive Disorder Treatment Center](#)
Houston, TX

Hospital and University-Based Treatment Programs:

These may be able to provide low-cost treatment or opportunities to participate in OCD treatment research projects.

- [Anxiety Disorders Clinic](#)
Hamilton, Ontario (affiliated with McMaster University)
- [MGH Center for Anxiety and Traumatic Stress Related Disorders](#)
Boston, MA (affiliated with Harvard University)
- [Center for Anxiety and Related Disorders](#)
Boston, MA (affiliated with Boston University)
- [The Anxiety Disorder Center at The Institute of Living](#)
Hartford, CT (affiliated with Yale University)
- [Body Dysmorphic Disorder Program at Butler Hospital](#)
Providence, RI (affiliated with Brown University)
- [Adult Anxiety Clinic](#)
Philadelphia, PA (affiliated with Temple University)
- [Center for Understanding and Treating Anxiety](#)
Athens, GA (affiliated with the University of Georgia)
- [Center for the Treatment of OCD](#)
Gainesville, FL (affiliated with the University of Florida)
- [Anxiety and Stress Disorders Clinic](#)
Columbus, OH (affiliated with Ohio State University)
- [Anxiety Disorders Service](#)
DeKalb, IL (affiliated with Northern Illinois University)
- [Laboratory for the Study of Anxiety Disorders](#)
Austin, TX (affiliated with the University of Texas)
- [Obsessive-Compulsive and Related Disorders Research Program](#)
Palo Alto, CA (affiliated with Stanford University)
- [Anxiety Disorders Program](#)
Los Angeles, CA (affiliated with UCLA)

Private Clinics and Individual Therapists:

In the vast majority of cases, OCD can be successfully treated on an outpatient basis, often one hourly session per week. These individuals and clinics have indicated that they treat OCD. Please note that being recognized on this list does not constitute an endorsement or a referral by ACTOCD.

- [James Claiborn, PhD](#)
Portland, ME
- [Michael McKee, PhD](#)
Scarsdale, NY
- [Bio-Behavioral Institute](#)
Great Neck, NY
- [Western Suffolk Psychological Services](#)
Long Island, NY
- [Paul Greene, PhD](#)
New York, NY
- [Westwood Institute for Anxiety Disorders, Inc.](#)
New York, NY
- [Stress and Anxiety Services of New Jersey](#)
Milltown, NJ
- [Ross Center for Anxiety](#)
Washington, DC
- [Northern County Psychiatric Associates](#)
Baltimore, MD
- [Michael Gallo, PsyD](#)
Atlanta, GA
- [OCD Resource Center of South Florida](#)
Hollywood, FL
- [Anxiety Treatment Network of Southwestern Michigan](#)
- [Anxiety Treatment Resources](#)
Bloomington, MN
- [Anxiety Treatment Center](#)
Chicago, IL
- [OCD and Anxiety Treatment Center](#)
Houston, TX
- [Heidi Hartston, PhD](#)
Palo Alto, CA
- [OCD Center of Los Angeles](#)
Los Angeles, CA
- [Anxiety and Panic Disorder Center of Los Angeles](#)
Los Angeles, CA

Body Dysmorphic Disorder

- [Body Dysmorphic Disorder Program at Butler Hospital](#)
Providence, RI (affiliated with Brown University)
- [Los Angeles Body Dysmorphic Disorder Clinic](#)
Los Angeles, CA

Support Groups:

Austin, TX -- The **OCD Austin** self-help support group (not affiliated with ACTOCD) meets 1st and 3rd Tuesdays from 7:30 to 9:00 p.m. Call Jean Milberger at 512 292-9308 for location and details (no web site).

- [Obsessive-Compulsive Foundation Support Group List](#)
160 groups around the world
- [St Louis OCD Support Group](#)
St. Louis, MO
- [Michigan OCD Support Groups](#)
15 groups in Michigan
- [Palo Alto Family OCD Support Group](#)
for family members
- [Los Angeles OCD Support Group](#)
Los Angeles, CA
- [Ontario OCD Support Groups](#)
8 groups in Ontario
- [Regina, Saskatchewan OCD Support Group](#)
- [Saskatoon, Saskatchewan OCD Support Group](#)
- [Christchurch, New Zealand OCD Support Group](#)

Internet Support Group:

OCD-Support List

This is an on-line OCD support group with over 1,000 members. Each day, the group generates between 20 and 80 e-mail postings which you can initiate, read, or reply to (or just delete if you're not interested in that topic or "thread"). Of course, you can remain totally anonymous by just reading your received e-mails and not posting anything. Membership is not restricted to individuals with OCD.

The list has discussions on OCD treatments, how OCD affects us, our families, and other relationships, and what things have worked or not worked for us. OCD experts James Claiborn, PhD, Michael Jenike, MD, and Jonathan Grayson, PhD are active participants.

To subscribe to this free service, send a blank e-mail to OCD-Support-subscribe@yahoo.com and you will be subscribed. You will also receive an automatic e-mail back from the list owner, Wendy Mueller, giving more details about how the list works, how to unsubscribe, etc. If you have any questions, e-mail her at wmueller@adelphia.net.

About ACTOCD

We are the only outpatient treatment center in Texas specializing exclusively in OCD and OCD spectrum disorders. We recognize that people with OCD often have other conditions, such as depression, that need to be addressed, and we are prepared to treat those conditions ourselves as part of the OCD treatment or see that they are properly treated.

We offer a wide range of outpatient treatment options, including individual evaluations and cognitive behavior therapy (CBT), group CBT, telephone therapy, intensive outpatient treatment, and medication. We treat children, adolescents, and adults.

Determining the appropriate type of treatment depends on a proper and thorough evaluation of the individual's strengths as well as needs. In addition to making an accurate diagnosis (or diagnoses, if there are multiple problems), we would want to know what treatments or strategies have been tried, what has been found helpful, and what has not. Also, non-clinical but real factors such as distance from our center and financial resources need to be considered.

Sometimes people have been so demoralized by years of unrelenting OCD symptoms that they think they need to be hospitalized. Hospitalization or a stay at a residential facility may or may not be a good choice. A course of proper outpatient therapy, perhaps intensive (several hours daily), may be just as effective at significantly less cost. We are not a residential facility, but we can arrange for nearby lodging for those coming from out of town for intensive treatment.

If you and we agree that medication might be a useful adjunct to CBT, you can be evaluated and treated by the psychiatrist associated with our center or by an outside psychiatrist. We also work with outside psychiatrists if you are already on medication. We take a team approach and consider the patient to be an important part of that team.

For more information or for a free telephone consultation, please call us at (512) 327-9494 or e-mail us at info@austinoed.com.

The Staff of the Austin Center:



Bruce Mansbridge, PhD, Director, received his doctorate in clinical psychology from Boston University and is licensed as a psychologist in Texas and New York. He is on the Scientific Advisory Board of the Obsessive-Compulsive Foundation and is past president both of the Connecticut Behavior Therapy Association and of the Capital Area Psychological Association in Austin. He has been on the faculty of a number of the OCF's Behavior Therapy Institutes, teaching mental health professionals across the country how to treat OCD, and lectures nationally on OCD. For almost a decade, he answered questions about OCD at the "Ask The Experts" section of the OCF's web site. He is also clinical assistant professor of Psychology at the University of Texas in Austin. He specializes in treating OCD and body dysmorphic disorder (BDD).



Vicki Easterling, LCSW, specialist in children and adolescents, earned her masters degree in social work from the University of Houston and completed a postgraduate fellowship in family therapy at the Houston/Galveston Family Institute. She has experience working with children, adolescents, and adults, and has a special interest in family therapy as well as OCD. She is licensed as a clinical social worker in Texas and sees most of our children and adolescents.



Irene Tobis, PhD, psychologist, received her doctorate in psychology from the University of Wisconsin-Madison. A pioneer in the treatment of compulsive hoarding since 1992, she served on the Hoarding Task Force of Dane County (Wisconsin) and also the Advisory Council of the National Study Group for Chronic Disorganization. She has written extensively, most recently for the Stopping Overshopping Program, and she has often been interviewed for local and national media. She provides training and consulting to professional organizers as well as mental health professionals. She is currently one of the few psychologists in the country specializing in the treatment of compulsive hoarding and its associated issues overshopping, procrastination, perfectionism, underachievement, and chronic disorganization.



Michael Schwartz, MD, psychiatrist, received his MD from Cornell Medical School and is board certified in general psychiatry. He is clinical professor of Psychiatry at the University of Hawaii and editor-in-chief of Philosophy, Ethics, and Humanities in Medicine (PEHM). He has authored over 100 articles, chapters and monographs on topics in general psychiatry, and has lectured nationally and internationally to mental health professionals and the general public. Dr Schwartz has been cited as an Exemplary Psychiatrist by NAMI, and is the recipient, at the University of Zurich, of the Egnar Award, "for contributions to a more human world in which people, with their mental needs, stand in the center."



Cindy Stappenbeck, MA is an intern at ACTOCD. She received her master's degree in psychology from the University at Buffalo (NY) and moved to Austin in August of 2004 to begin the doctoral program in clinical psychology at the University of Texas. Cindy has been trained in the cognitive-behavioral model for treating mood and anxiety disorders, and while she is specifically interested in treating OCD, she has experience working with individuals with a wide range of difficulties, including relationship issues, substance abuse, unipolar depression, social phobia, panic disorder, and specific phobias.

Office staff:

Brooke Saucedo is the office manager for ACTOCD. She graduated from Southwest Texas State (a.k.a. Texas State University) in 2003 with a degree in biology and would like to return to graduate school to study nursing. She has several years' experience working as an office manager in the medical field. Her interests include anthropobiology, anatomy, behavioral neuroscience, thought disorders, ecology and primatology. She enjoys meditating, yoga, taking her dog to the lake, swimming, hiking, camping, and enjoying Austin's great live music.

Directions to the Austin Center:

For directions and a map to the Austin Center, [click here](#).

[Notice of Privacy Practices](#)

[Complaints](#)

Directions to the Austin Center for the Treatment of OCD

6633 Highway 290 East, Austin, TX 78723 · (512) 327-9494

Note: If entering address into GPS or most map programs, spell it "6633 US-290 E" (for Mapquest, it's "6633 E Hwy 290")

From MoPac/Central Austin: Take RM 2222 (Koenig Lane) east. As you approach I-35, bear left and follow signs for 290 East, then take the Cameron Road exit onto US-290 E. Continue 0.6 mi. to 6633 US-290 E, which is a 3-story office building on your right, a block and a half past Cameron Road.

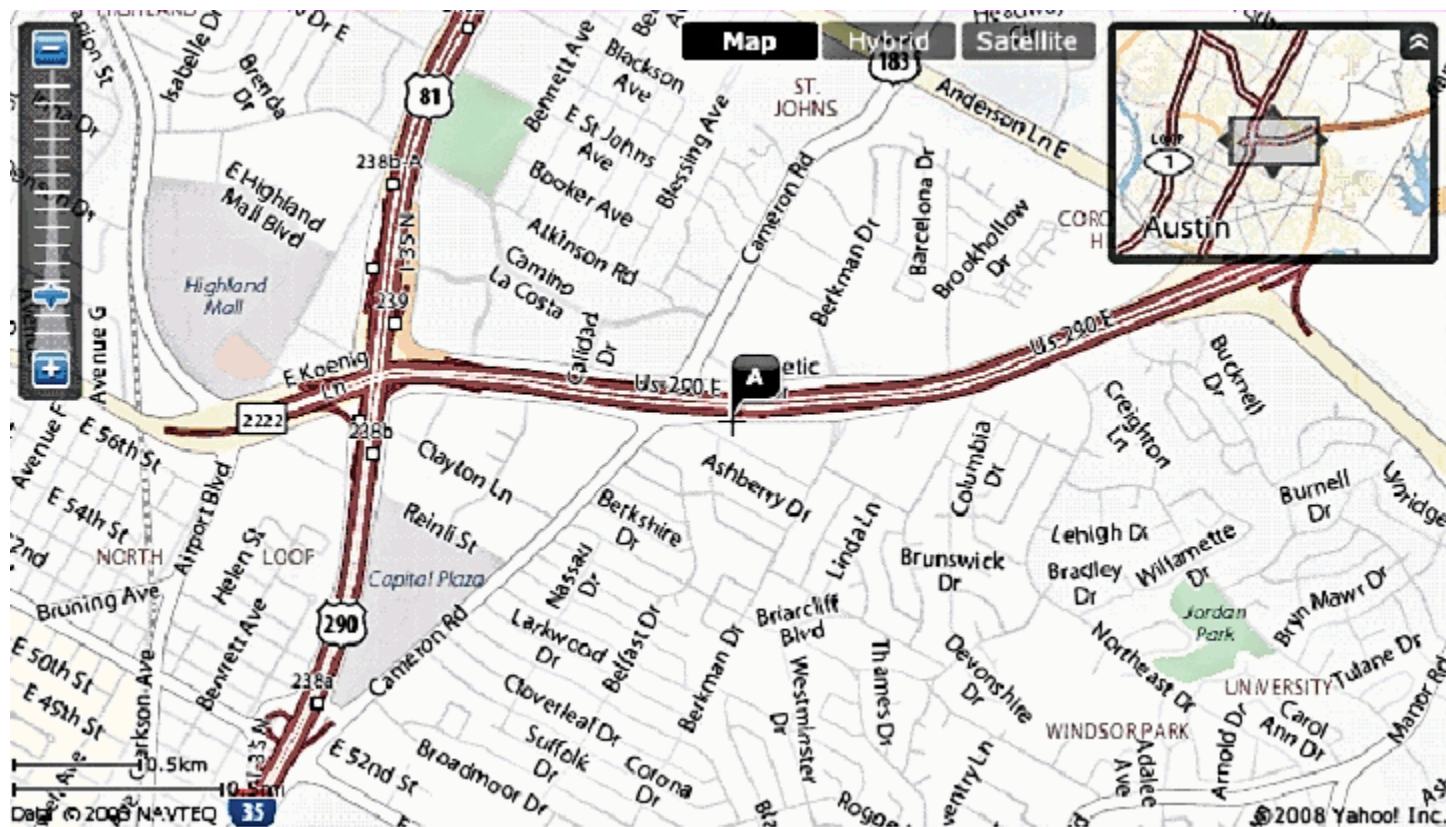
From the South: Take I-35 north to exit 238A. Go 0.5 mi. and turn right onto US-290 E. Continue 0.7 mi. to 6633 US-290 E, which is a 3-story office building on your right, a block and a half past Cameron Road.

From the North: Take I-35 south to exit 238A. Keep to the right, taking exit 238A towards RM 2222. **(Do NOT take exit 238B to US-290 E!)** Turn left at the next set of lights onto US-290 E. Continue 0.7 mi. to 6633 US-290 E, which is a 3-story office building on your right, a block and a half past Cameron Road.

From the Northwest: Take US-183 south to I-35 south and take the first exit, 238A. Follow "from the North" directions (above).

From the East (US-290): Take US-290 west into Austin. Go 1.3 mi. past the inter-section with US-183 to Cameron Road and make a U-turn to get onto US-290 E. Go one block to 6633 US-290 E, which is a 3-story office building on your right.

From AUS Airport (TX-71): Take TX-71 west 1.2 mi. and bear right onto US-183 north. Go 6.5 mi. and take the "290 Houston" exit. Go 0.5 mi. and turn left onto US-290 W. Go 1.3 mi. to Cameron Road and make a U-turn to get onto US-290 E. Go one block to 6633 US-290 E, which is a 3-story office building on your right.



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by the Austin Center for the Treatment of Obsessive-Compulsive Disorder (ACTOCD), and how you can get access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be contacting a previous therapist to discuss your case.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality review.

We may also create and distribute "de-identified" health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the ACTOCD Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Bruce Mansbridge, PhD
Director and Privacy Officer
The Austin Center for the Treatment of OCD
4407 Bee Cave Road, Suite 513
Austin, TX 78746
512 327-9494

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
220 Independence Avenue, SW
Washington, DC 20201
202 619-0257

[ACTOCD Home Page](#)

[About OCD](#)

[Related Disorders](#)

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[Recommended Reading](#)

[Other Resources / Links](#)

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The **A**ustin **C**enter for the Treatment of OCD

Complaints

We are dedicated to providing the best possible treatment, with the highest professional and ethical standards, at reasonable cost. If you are dissatisfied with any aspect of our service, please tell us (mansbridge@austinoed.com) so that we may remedy the situation. Formal complaints may be lodged with the following licensing boards (depending on the specialty of the individual practitioner).

Texas State Board of Examiners of Psychologists
Tower 2, Room 450
333 Guadalupe Street
Austin, TX 78701
www.tsbep.state.tx.us

Texas State Board of Medical Examiners
Tower 3, Room 610
333 Guadalupe Street
Austin, TX 78701
www.tsbme.state.tx.us

Texas State Board of Social Worker Examiners
1100 West 49th Street
Austin, TX 78756
www.tdh.state.tx.us/hcqs/plc/lsw/lsw_default.htm