
F O C U S

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VISTA PSYCHOLOGICAL & COUNSELING CENTRE, LLC

When Unwanted Thoughts Intrude

Understanding Obsessive-Compulsive Disorder

It's common to worry about things like germs or to double check that the stove is turned off. But for people with obsessive-compulsive disorder (OCD), these thoughts and behaviors are so severe that they interfere with daily life. OCD is a mental health condition that causes repeated unwanted thoughts, called obsessions. This can trigger compulsions—the urge to do things over and over to deal with the troubling thoughts. You don't need to have both to have OCD. Many people with OCD have fear of germs or contamination. This can lead to obsessive thoughts about things being “dirty.” Some people may feel a need for things to be symmetrical or in a perfect order. Worries about harm to yourself or others are also common. In some cases, these unwanted thoughts can be violent or disturbing. “An obsession is an intrusive, distressing thought that usually kids and adults with OCD are able to recognize as a fear that doesn't make a ton of sense,” explains Dr. Kate Fitzgerald, an OCD expert at the University of Michigan. But the intrusive thoughts tend to cause them much anxiety.” People with OCD may develop rituals meant to relieve their anxiety from the thoughts. This could involve behaviors like excessive washing or cleaning, arranging things in a certain order, or compulsive counting. Many of us are a little “obsessive.” So when is there cause for concern? The biggest sign is if these thoughts or habits are making it hard to function in your day-to-day life, explains Fitzgerald. This can mean problems with family, work, or school. Spending more than one hour a day on thoughts or

can indicate a problem. You may have heard someone say that they're “OCD” about cleaning or organizing. But OCD is debilitating disorder. “Those terms are just kind of out there in the popular culture without recognizing that true OCD can paralyze people,” notes Fitzgerald. “There are people who can't work, can't go to school, can't function because of the illness.” People usually develop symptoms of OCD as a child or young adult. Most people are diagnosed by about age 19. But childhood onset of OCD often occurs as early as eight or nine years old. Scientists aren't sure what causes OCD. But genetics are likely to play a role. People with a parent or sibling with OCD are at a higher risk for developing the disorder themselves. OCD is usually treated with antidepressant medication and psychotherapy. One of the most common forms of psychotherapy for OCD involves exposing people to their triggers. Therapists then help people overcome their compulsive thoughts or actions. This form of therapy is called exposure and response prevention. Although psychotherapy helps many people with OCD, it isn't effective for everyone. Fitzgerald and her team are trying to learn more about who responds to psychotherapy. Her studies suggest that people with certain patterns of brain activity are more likely to benefit. One day, brain scans or other testing might help match people with OCD to the best treatment. **SOURCE: NIH News in Health, National Institute of Health, Department of Health and Human Services: [newsinhealth.nih.gov](https://www.nimh.nih.gov/newsinhealth.nih.gov) , November 2020.**

Get Back in Sexual Sync

It's common for longtime partners to fall into romantic ruts. "You don't stay newlyweds for life, and there are times when romance and sex get routine and less exciting," says Dr. Sharon Bober, director of the Sexual Health Program at Harvard-affiliated Dana-Farber Cancer Institute. What can you do when you and your partner are sexually out of sync? As with most things in life, if you want change, then you must be willing to change. "This means giving your relationship the attention it needs," says Dr. Bober. "You can't leave everything on autopilot and wait for your relationship to eventually return to normal." As couples age, they also face other challenges to intimacy. For instance, sexual drive varies between the sexes and can be more unpredictable. Women go through menopause which affects desire and can make sex uncomfortable. Men often deal with erectile dysfunction, which leads to worry about sexual performance and dampens libido. But there are upsides to this period of life, too. The kids are out of the house, many couples are more financially secure, and they have more time to relax and enjoy each other. Couples can get out of sexual sync when one or both partners feel that they are no longer attractive or sexually appealing, even though this is often not the case. "They may falsely believe they are not desirable and that in turn lowers their own feelings of sexuality," says Dr. Bober. "Make a regular effort to compliment your partner both physically and emotionally, and show that you still want a connection. While erectile dysfunction medication and lubricants can help overcome some of the physical barriers to sex, older couples need to work together to correct an out-of-sync love life. "There are many strategies that can help get intimacy back in rhythm," says Dr. Bober. "But it's like a recipe with multiple ingredients. They work best together." Here are some of her suggestions: **Restart the romance spark.** A satisfying sex life begins outside the bedroom. "Don't think of your partner as a roommate, but someone you want to bond with," says Dr. Bober. Try something new together like a

hobby or take a class or overnight trip. "Think about how you would woo your partner if you were dating for the first time," says Dr. Bober. **Plan for intimacy.** If motivation is a barrier, set up a sex date. Sometimes you need to make sex happen to get back in the rhythm, similar to scheduling workouts with a trainer. "This way neither partner needs to feel pressured to initiate, but rather together you can plan for and anticipate some romance with each other," says Dr. Bober. **Find the best time.** Energy levels vary throughout the day and night and per person. "Some people like morning romance, and others enjoy it in the evening," says Dr. Bober. "Couples need to communicate with each other about what time of day is best and try to find a compromise." **Don't rush it.** Arousal is not as spontaneous as you age. "Put more effort into anticipation and the overall experience of giving and receiving pleasure, which gives both people time for proper arousal and avoids the stress of having to get in the mood quickly," says Dr. Bober. Also make foreplay central to sex. Spend more time hugging, kissing, and exploring each other's bodies. "Bring back the actions that you found exciting when dating," says Dr. Bober. **Build from desires.** Before and during sex, ask your partner what feels good and what sparks interest. And then share what you like. "This is a way to build mutual trust," says Dr. Bober. Besides the physical aspect, desires also could include actions like reading something erotic to each other or watching a sexy movie. Dr. Bober adds that what really counts is for couples to come together and focus on mutual pleasure. "For any couple, the way to enhancing desire is communication and connection," she says. "A little more of both is often great for boosting your life." **Source: Harvard Health Publishing, Harvard Medical School. Harvard Men's Health Watch, November 2020, health.harvard.edu**

STEPS TOWARDS A SAFER HOME

Positive action can **save your life** or the life of someone you love.

FIREARMS & SHARPS

Store securely under lock and key. Store ammunition and guns separately.

MEDICATIONS

Limit in-home supply of OTC meds. Secure in a locked cabinet. Dispose expired or unneeded meds using a permanent box or at-home disposal pouch.

CLEANERS/CHEMICALS

Lock-up potentially harmful household products and poisons. Includes: pesticides, household cleaning products, solvents, etc.

ALCOHOL

Keep alcohol locked up, out of reach of children and teenagers. Never mix with medications. If you drink, model responsible drinking by limiting alcohol to one drink for women, two for men.

PROVIDE SUPPORT/SEEK HELP

Be aware of mood or behavioral changes, such as agitation, emotional withdrawal, expressions of hopelessness, and/or increased use of alcohol or drugs. If you notice these changes, ask if they are thinking about suicide. Call 330-452-6000 for help and support.

Take these steps to protect against SUICIDE/OVERDOSE/POISONING

KNOW

the warning signs and risk factors of suicide and substance abuse and how to offer help when someone is struggling. Call **330-452-6000** for help or support.

SECURE

your guns/firearms, medications, and sharps such as knives and razors. Free gun locks are available at the **Stark County Sheriff's Office**, or check with your local police department.

LIMIT

your in-home supply of over-the-counter medications and household chemicals.

DISPOSE

of medications using a permanent drop box location or at-home disposal pouch. Find a box near you or request a disposal pouch at OhioRxDisposal.com or StarkMHAR.org/DrugCollection.

WARNING SIGNS OF SUICIDE

- Talking or writing about suicide.
- Giving away belongings.
- Withdrawing from loved ones and activities.
- Feeling hopeless, helpless, worthless.
- Seeking ways to suicide, such as guns or pills.
- Major eating or sleeping changes.
- Increasing use of alcohol or other drugs.
- Losing interest in things previously enjoyed.

WARNING SIGNS OF SUBSTANCE ABUSE

- Behavioral signs such as secretiveness/hiding drug use, changes in behavior, or engaging in criminal activities.
- Physical signs such as sudden weight loss or gain, bloodshot eyes, insomnia, changes in appearance or poor coordination.
- Psychological signs such as lack of motivation, irritability, changes in personality, sudden mood swings, or emotional withdrawal.

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For more information, visit StarkMHAR.org/SafeHome

3 Factors for Identifying Adolescent Girls at Risk for Self Injury

A new study published in the Journal of the American Academy of Child & Adolescent Psychiatry has shown that adolescent Non-suicidal Self-Injury (NSSI) is a significant risk factor for suicidal behavior and an important clinical marker of psychopathology. The study reports three key factors prevalent among adolescents that could be used to predict the first occurrence of NSSI over a three year period. Participants are part of the Adolescent Development of Emotional and Personality Traits (ADEPT) project at Stony Brook University. The study is an ongoing longitudinal project tracking the health and wellbeing of girls from Long Island, New York. "This largely hidden condition is characterized by deliberate self-inflicted harm, such as cutting or burning. Many young people who experienced this potentially life-threatening behavior do not seek treatment, and more than half continue to self-harm into adulthood. To help identify adolescent girls who may need support prior to the first occurrence of self injury, we sought a better understanding of psychological vulnerabilities to this behavior." A sample consisting of 462 girls ages of 13-15 years old who had never experienced self-harm at the start of the study completed measures of psychological vulnerabilities, including personality traits and psychological symptoms. Mental health was also assessed in parents of participants. Next, the girls were asked about self-injury during interviews conducted multiple times over the three-year follow up period. During the study, 42 girls reported that they started to self-harm. The 42 girls' baseline psychological vulnerabilities were compared to the remaining 420 girls who never self-injured. Girls who began to self-harm were found to have significantly lower baseline levels of conscientiousness and higher levels of avoidance. They were also twice as likely to have a parent who had a substance abuse problem at some point in life. A psychological profile combining these factors achieved good accuracy in distinguishing girls who initiated self-harm during the following three years in this study from

not. The three factors that could be able to predict NSSI were: Low Conscientiousness, High Avoidance, and Parental Substance Abuse History. These results point to two main psychological pathways to adolescent self-harm. The first is disinhibition - an urgency to act and a difficulty regulating one's behaviorism often when faced with strong negative emotions," described Molly Gromatsky, PhD, who led the study during her graduate training and is now a Postdoctoral researcher at the James J. Peters VA Medical Center in the Bronx, New York. "The second pathway is avoidance of upsetting memories or thoughts, with self-harm used as a maladaptive coping strategy to distract from intense negative feelings. Parental substance abuse might play a role via inherited genetic susceptibility to mental health problems, as well as via environmental transmission of risk." "In addition to expanding our understanding of the development of self-harm, the present study derived a personality profile with good ability to identify adolescent girls who are at risk of initiating self-harm. If replicated in independent samples, this small set of traits would allow for a rapid psychological screening that is feasible to collect in community samples of adolescents (e.g., in schools or primary care, facilitating targeted prevention)." said lead author Roman Kotov, PhD, a Professor at the Department of Psychiatry, Stony Brook University, New York. View the original article in the Journal of the American Academy of Child & Adolescent Psychiatry. ([https://jaacap.org/article/S0890-8567\(19\)31457-1/fulltext](https://jaacap.org/article/S0890-8567(19)31457-1/fulltext)). **Source: InSync Healthcare Solutions (<https://www.insynchcs.com/blog/author/insync-healthcare-solutions>) on September 10, 2020 9:01:13AM.**

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