

Obsessive-compulsive and related disorders

Preparing to Discuss Repetitive Thoughts and Behaviors

Adults | 10 to 15 minutes

Obsessive-compulsive and related disorders include different difficulties that need individual assessment. Repeated thoughts or behaviors do not automatically indicate OCD. This page is for one brief preparation conversation; it is not a checklist, reassurance exercise, or instruction to resist symptoms without support.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe the effect once

Use a broad example without graphic detail. Note what interrupts daily life, how much time or attention it takes, and any physical harm. You do not need to prove what a thought means about you.

Ask about the right care

Explain what you have tried and whether it became another rule or repeated checking routine. Ask how the clinician will distinguish related conditions and choose an appropriate treatment with you.

1. What repetitive thought or behavior pattern is interfering with daily life?**2. What does it interrupt, and is there any injury or other urgent concern?****3. Which attempts to cope have become repetitive or hard to stop?****4. What would you like to ask about assessment, treatment choices, and support?****Clinical use and adaptation**

Avoid generic reassurance, thought records used as neutralization, or blanket response-prevention advice. Assess the specific condition and differential explanations. Do not treat all body-focused repetitive behaviors, appearance concerns, or hoarding patterns as interchangeable with OCD.