

Obsessive-Compulsive Disorder (OCD)

When Intrusive Thoughts Lead to Self-Medication



What is Obsessive-Compulsive Disorder?

Obsessive-Compulsive Disorder is a mental health condition marked by persistent, unwanted thoughts (obsessions) and repetitive behaviors (compulsions) that the person feels driven to perform. People with OCD experience intense anxiety when they can't complete their rituals, making daily and relationships challenging.

What Does it Look Like?

- **Relentless Intrusive Thoughts**
They're tormented by disturbing thoughts they can't shut off, no matter how hard they try.
- **Time-Consuming Rituals**
Hours disappear into checking, counting, or cleaning routines that must be done "just right."
- **Hidden Mental Compulsions**
They may appear fine while silently repeating prayers, phrases, or mental reviews for hours.
- **Avoidance of Normal Activities**
Everyday situations become impossible because they might prompt an obsession or ritual.

How Does OCD Contribute to Relapse?

For someone with OCD, the anxiety created by intrusive thoughts feels unbearable, and substances offer temporary escape from the relentless mental noise.

- 1) **Constant Anxiety**
OCD creates a state of chronic mental tension. Substances provide relief from the relentless stream of thoughts.
- 2) **Requires Specialized Treatment to Rewire the Brain**
OCD requires specialized, intensive therapy over many months. A 30-day program barely scratches the surface.
- 3) **Without Treating OCD, the Compulsions Return**
They leave treatment still trapped by the same intrusive thoughts, with no new tools to manage them.

Prevalence:

2.3% of U.S. adults¹

Co-Occurrence:

25-38% develop a substance use disorder in their lifetime²

Relapse Risk:

3.7x more likely to develop SUDs than the general population³

Sources: ¹ v. ² SAMHSA Advisory: OCD and Substance Use Disorders. ³ Virtanen et al., JAMA Network Open (2022), Swedish cohort study of 6.3 million individuals

Long-Term Treatment for OCD and Addiction

OCD requires a specific type of therapy called Exposure and Response Prevention (ERP), which must be practiced consistently over many months to create lasting change. Someone can't unlearn decades of compulsive behavior patterns in a few weeks. They need time to face their fears repeatedly without performing rituals.

Our **long-term, progress-based model** provides the structure and duration that OCD demands. Clients advance through the program when they demonstrate genuine change in how they respond to intrusive thoughts and manage anxiety without substances.



“The rituals are their solution to unbearable anxiety. Until we help someone learn to sit with that discomfort without substances or compulsions, nothing changes.”

 **Meghan Bohlman, LPC-S, LCDC, EMDR-Trained**
Executive Clinical Director, Burning Tree Ranch



Dual Diagnosis Treatment for OCD

When OCD and addiction occur together, treating only one leads to relapse. The anxiety that fuels compulsions also fuels substance use, and substances make OCD symptoms worse over time.

- **Treating Both Conditions Together**
Without addressing OCD, the anxiety that drives use persists.
- **Building Distress Tolerance**
Someone with OCD must learn to sit with anxiety without performing rituals or using substances.
- **Breaking the Self-Medication Cycle**
Rewiring compulsive thought patterns requires months of consistent practice, not weeks.

Dual Diagnosis:

The presence of **both a substance use disorder and a mental health condition** occurring together. Effective treatment for dual-diagnosis addictions must address both aspects simultaneously.



Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation's only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at www.BurningTree.com.

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