

Name: _____

Date: _____

OCD

P X C V F N T U U O A I J I D M Q
J Z I W R O F O B S E S S I O N S
P I H M R Y O W G A C Y J A U S Y
H P A P C W L I D F J H C I T N M
A I N G T K O F W Z P O N R N O M
R Z D Y C H Z Y D D U B P E E I E
M V W N C X E S N N Z Z S P M S T
A A A C S H K R T Y E A F E T L R
C U S C O B E I A H X D Q K A U I
O H H C N G N C J P G O F L E P C
T O I X A G N C K O I U B C R M A
H C N C F Z X I T I J S O M T O L
E B G N R G O R T K N V T H Q C Z
R C M A D U Y R G I P G R F T K V
A E Z E Q R R Y P T V Y B J O I P
P A G G R E S S I O N E Q U Y H A
Y C Z E A H E A A U R A T M B J X

pharmacotherapy
compulsions
therapist
checking
zoloft

symmetrical
aggression
cognitive
counting
prozac

handwashing
obsessions
treatment
thoughts