Obsessive Compulsive Disorder

Guided Self-Help Workbook

University of Sheffield

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Illustrations by **Ethan** 2023

Introduction to the Workbook

This workbook has been designed to help you to manage your symptoms of Obsessive Compulsive Disorder (OCD) with support from a Psychological Wellbeing Practitioner (PWP).

There are six steps to this workbook that you will be supported with during treatment sessions with your PWP.

Change can be difficult with OCD, especially if you have struggled for a while. It is very much possible to get better and we hope that you find the workbook useful. This workbook will lead to you starting to feel more in control in your life. It's really horrible to suffer from OCD and this guide will help you make changes to help you feel better.

It's best to work through the booklet at your own pace in a step by step manner and not miss any of the sections out. In some sections, there are practical awareness and change exercises which you need to do in order to get the most out of this workbook. The workbook is designed to accompany sessions of treatment with your PWP. The relationship you form together is an important source of support in your recovery journey. Try to be honest with your PWP throughout the process – they will treat you at all times with respect and dignity.

We have tried to make this book user-friendly and helpful as possible – if you do not understand any of the words or ideas – ask your PWP to explain them to you again. Putting the guidance of the workbook into practice will help you live a life less negatively affected by OCD.

Before you start treatment, think about surrounding yourself with sources of support. Using this workbook with support from other people will make it work better for you. Recovery from OCD can take a team effort.

The support team includes you, this workbook, the PWP you see for treatment, your friends and your family. You are the most important person in this team, as you need to give yourself the reason to start to change, and you will be doing the work. You know you best! It is important to remember that there is no need to feel ashamed about having OCD.

Your PWP will include ideas and exercises each session and there is also work to do between the sessions. This will help you to put into practice what you have learnt with your PWP. Practice is really important – you need to be encouraging of yourself and you may take time to change; be patient with yourself.

Step One

Understanding my OCD

Questionnaire Scores	Scores
My PHQ9 (measure of low mood symptoms)	
My GAD7 (measure of anxiety symptoms)	
My OCI (measure of OCD symptoms)	

What is OCD?

Obsessive compulsive disorder (OCD) is a common mental health problem. It is called common because about 1 in every 100 people have OCD at some point in their life. It is worth knowing that if people do not attend for help, then the OCD tends to stay the same or gradually get worse. We do not really know with any certainty what causes OCD. We know more about what keeps OCD going and that is what this workbook is about.

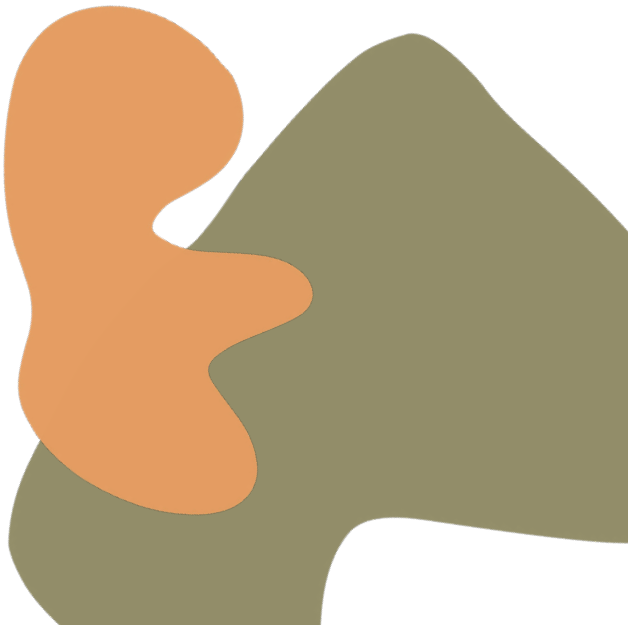
You have made a very wise decision, in coming for help! It might be scary to think about change, that is normal and ok. OCD can start at any time in a person's life, but for most people OCD tends to start in late adolescence.

Stop and think:
When did my OCD start?

OCD affects both men and women equally. It affects people in different cultures and countries around the world at roughly the same rate.

OCD is horrible because it makes people tense, anxious and unhappy; people suffering from OCD get consumed by it at times and so it can really interfere with what people find rewarding in their life. The OCD becomes more important than the things, activities and people that are really valued by the individual with the condition.

Stop and think:
What am I missing out on because of my OCD?



The OCD Bully

People can find it useful to think of OCD as being like a bully. What does a bully do? A bully makes people feel bad about themselves and makes them do things that they do not want to do. Bullies make people's lives a misery. Perhaps it's useful to see your OCD as a bully? Does it make you want to change the way in which you react to the bully? What happens to a bully if we give them what they want? What happens if we don't?

What is an Obsession?

Obsessions are thoughts (e.g. a sudden thought that comes out of the blue or a thought that happens in response to a particular trigger or prompt).

Obsessions can be images (e.g. a picture that we see in our mind).

Obsessions can be impulses (e.g. a sudden feeling or urge to do something).

Stop and think:
Are my obsessions thoughts, images or impulses? Are they a mix of all three?

What are people's obsessions normally about?

Dirt and contamination: thoughts or images that you or where you are, is not clean enough and may lead to you being contaminated by something that will cause you or someone else harm.

Accidental harm: the thought, impulse or image that you have caused harm to someone or that you will harm yourself.

Aggression: the thought, image or impulse that you are about to do something aggressive or inappropriate.

Sex: the thought, impulse, or image of you engaging in a sexual act.

Orderliness and Perfection: the thought that something is 'not quite right'

Stop and think:
What is the focus of my obsessions? Tick those that apply

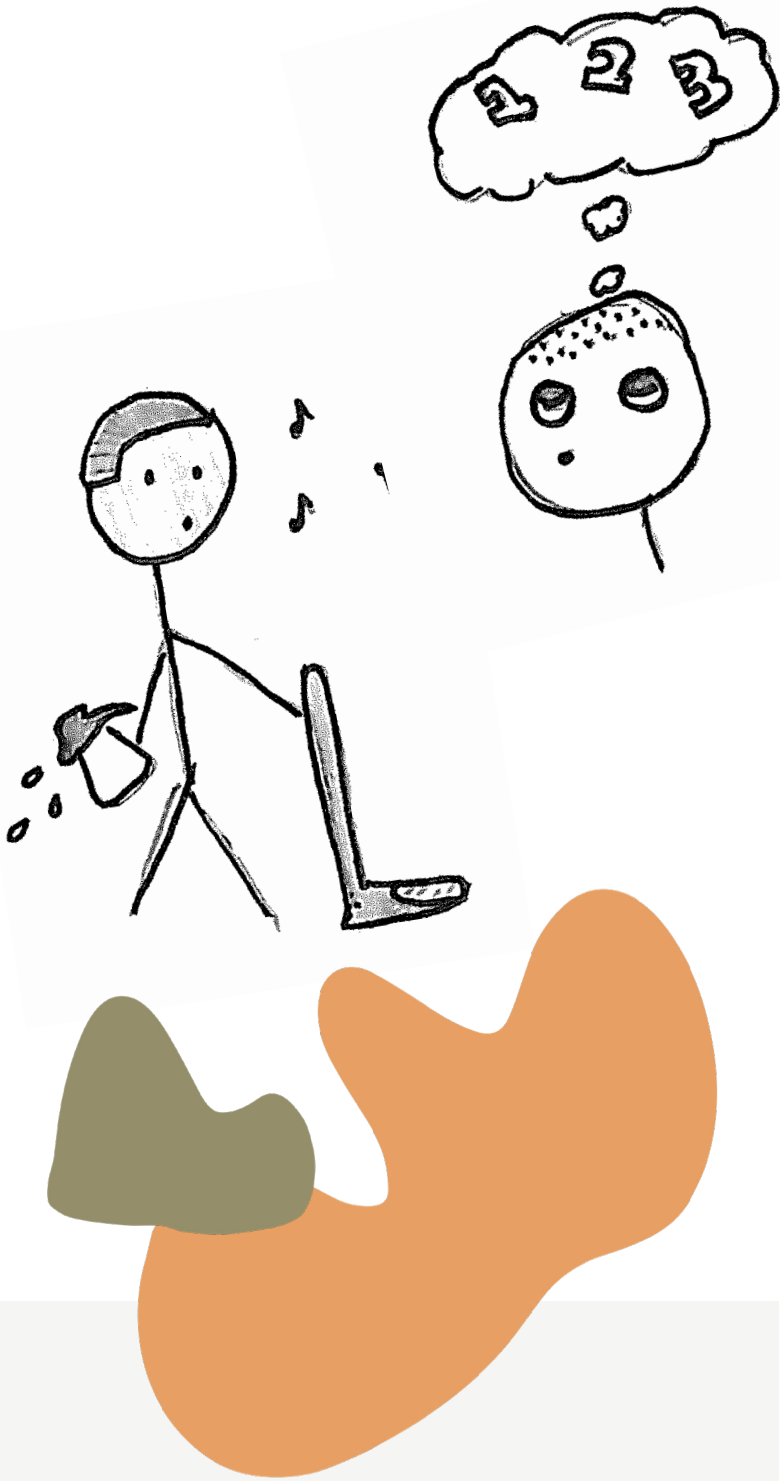
Dirt and contamination	☐
Accidental harm	☐
Aggression	☐
Sex	☐
Orderliness and Perfection	☐
Other	☐

Obsessions are:

1. **Intrusive:** this means that they burst into your mind, even though you are not trying to think about them
2. **Unwanted:** you do not really want to be thinking these thoughts
3. **Repetitive:** they keep on happening and can be easily set off
4. **Distressing:** the thoughts make you feel bad about yourself
5. **Cause distress:** the obsessions can cause a range (and mix) of feelings such as anxiety, shame, embarrassment and fear.

What are Compulsions?

Compulsions (sometimes called rituals) are behaviours or actions you carry out to reduce the difficult feelings the obsessions bring about. It is understandable that a person with OCD completes one of these 'rituals' because it usually does reduce or stop the difficult feeling. This is a bit like the OCD bully saying 'do this and you will feel better.' The term for this is that the compulsion 'neutralises' the difficult feeling. The problem in OCD is that people have to do the ritual over and over again. This gets really time-consuming and gets in the way of living life to the full.



It is important to recognise that the compulsions come in two forms:

Internal Compulsion: something that a person does inside their head that cancels out the distress. Examples of this might be replacing the obsession with a positive thought, reassuring yourself that you will not act on the thought, counting in a special way, repeating special words, praying and so on.

External Compulsion: something that a person does that can be seen by other people, that cancels out the distress. Examples of external compulsions are checking, cleaning, tidying, and putting things in order.

Task

Name and list your internal and external compulsions here:

1.

2.

3.

4.

5.

People with OCD often avoid situations, places, objects or other things that may set off their obsessions or distress. People with OCD may also feel the need to leave places when difficult feelings are set off. So, people with OCD often find that they are very worried a lot of the time and that it feels like their OCD is controlling what they can and cannot do. In other words, the OCD bully is very scary and it can feel like it is in control.

Task

List the situations, places, objects or other things that you avoid or escape because of your OCD here:

1.

2.

3.

4.

5.

Problem Statement

A problem statement is a helpful way of summarising how OCD is affecting you and the problems it is causing in your life. It will include the problem, a thought, feelings, actions and the impact this is having on you.

Here is an OCD problem statement written by Sangita:

> ***My main problem is OCD. I am going about my business and suddenly I have an image of my child being knocked over on the way home from school. This is really scary and so I feel I have to be at the school gates each day and watch them like a hawk. The impact of this is that I feel I am not letting my children grow up.***

If we analyse this statement, we can see we can see the **problem**, **thought/ image**, **feeling**, **behaviour** and **impact**.

> ***My main problem is OCD. I am going about my business and suddenly I have an image of my child being knocked over on the way home from school. This is really scary and so I feel I have to be at the school gates each day and watch them like a hawk. The impact of this is that I feel I am not letting my children grow up.***

Task

Write your OCD problem statement (please try to include a thought, feeling, behaviour and impact). You can ask your PWP for help with this task.

Goals

Goals help people to think about the way in which treatment can help to change their life. This is a good time to think about what you would be doing if you didn't have OCD. Your PWP can help you with this.

Sangita's Goals:

1. To stay at home and read my book and let my husband collect the kids from school, at least x2 per week
2. To take the kids to the park and play football, at least x1 per week

What is my goal for treatment? Try to have a really specific, realistic and achievable goal that would make a real difference to your life.

Task

Write your SMART goal. You can ask your PWP for help with this task.

Goal 1

Goal 2

Task Summary

- List your internal and external compulsions
- List the situations, places, objects or other things that you avoid or escape from
- Write a problem statement
- Write your goals

Step Two

Understanding how my OCD is maintained

Questionnaire Scores	Scores
My PHQ9 (measure of low mood symptoms)	
My GAD7 (measure of anxiety symptoms)	
My OCI (measure of OCD symptoms)	

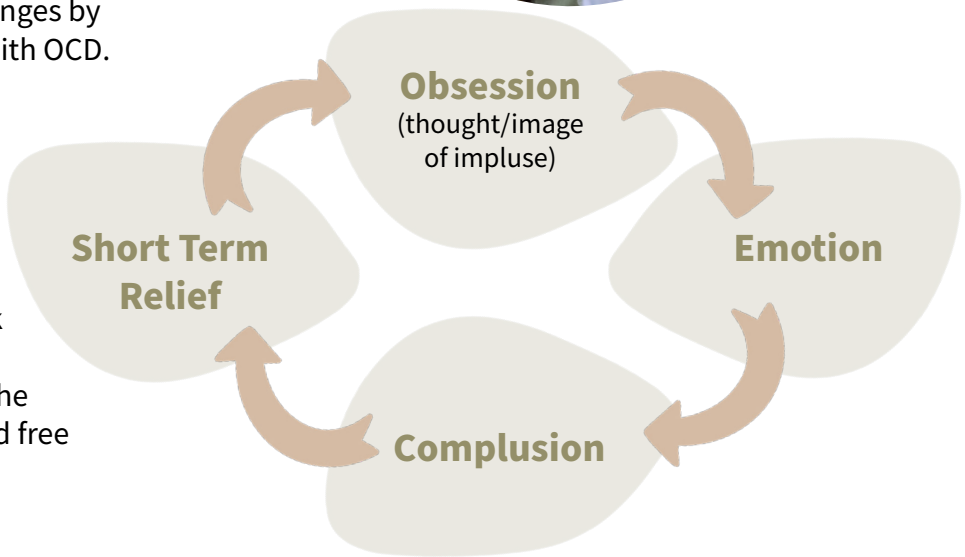
Recap of session one

- What can you remember about step one?
- How did you get on with the tasks?
- Do you have any questions?
- Is anything unclear so far?

The OCD cycle

It is important to begin making changes by first understanding what goes on with OCD.

As you can see; the obsessions (the intrusive thoughts, images or urges) create distress which then drives a compulsion. The compulsion stops the distress but then the obsession comes back and this creates a vicious circle. You are then dependent on doing the compulsion in order to feel safe and free from the difficult emotion.



Rebound and Enhancement of Obsessions

One of the problems with obsessions is that they are really upsetting. For example, people might feel embarrassed or ashamed about the thoughts they have, and that they are a bad person because of this. They may feel that having the thoughts in their mind increases the chance that they will act on them, or feel that having the thoughts actually increases the chance of the feared outcomes occurring. Therefore, they naturally try to push the thoughts away. In trying to push thoughts out of their mind two unfortunate processes occur:

REBOUND: the obsessive thoughts just comes pinging straight back into consciousness

ENHANCEMENT: the obsessive thoughts come back in a more intense way and the degree of emotional upset increases.

Rebound effect

You may naturally want to get rid of distressing thoughts or images (obsessions). However, we know that the more we try to do this, the more likely the image is to return and become more intrusive.

A good way to illustrate this is trying not to think of something. Let's try this now…

Do not think of a striped elephant!

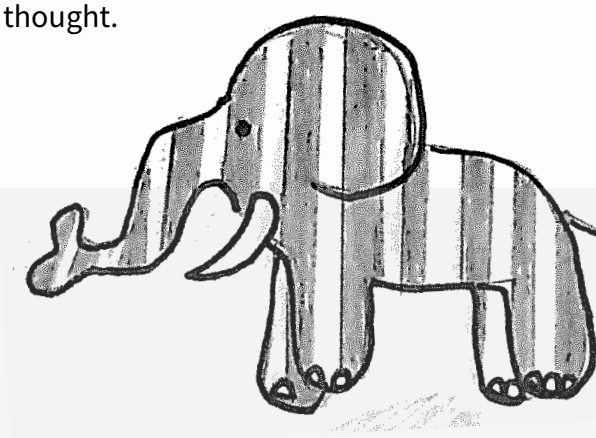
Try harder

DO NOT think of a striped elephant

TRY EVEN HARDER!

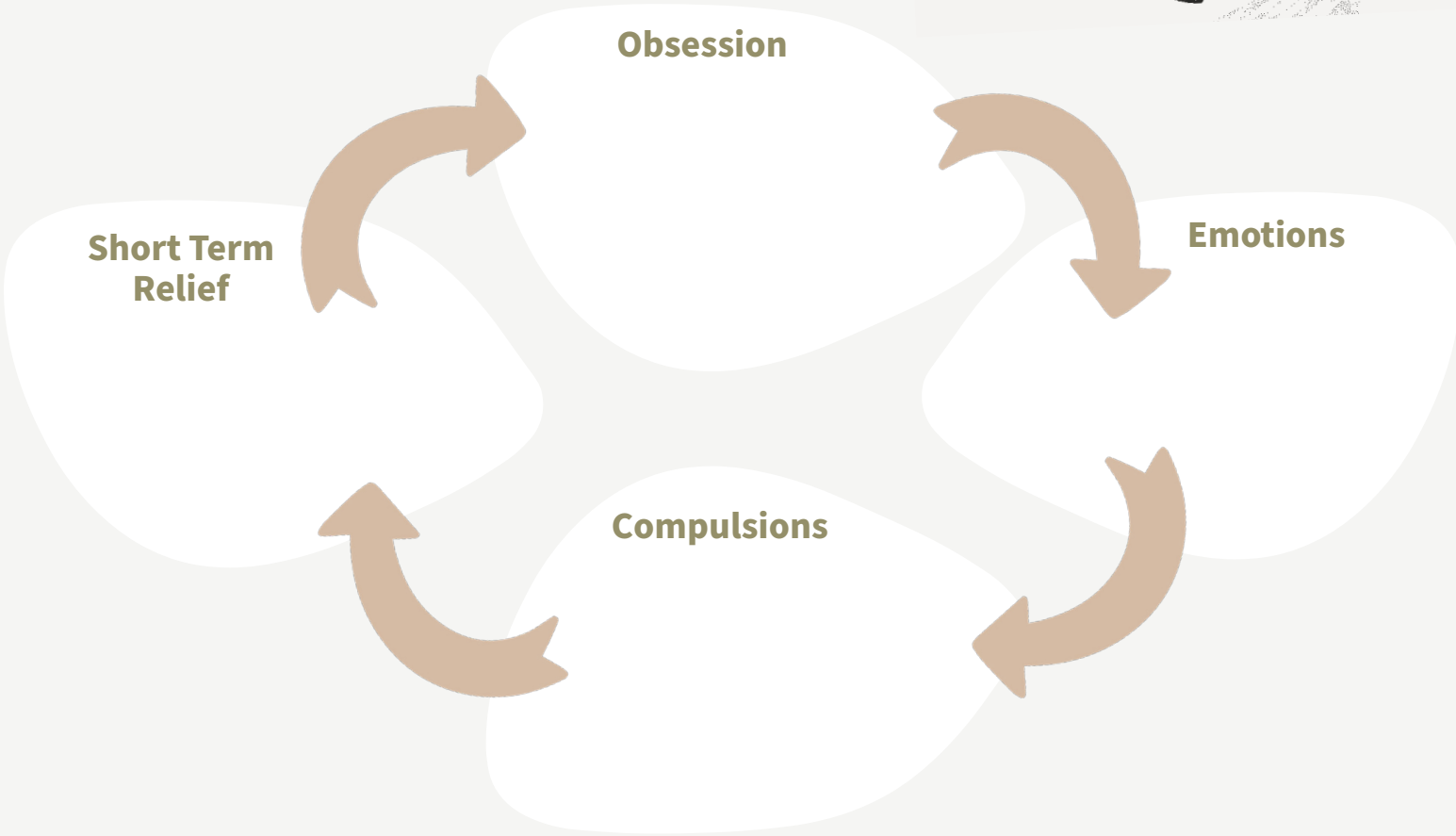
Did it work?

However hard you try it is impossible to block out or get rid of a thought.



Task

Now write a cycle of your own OCD. Your PWP can help you with this.



Intrusions

We all have thousands of thoughts that come into our head everyday randomly. Intrusive thoughts are **NORMAL** and **VERY COMMON**. Basically, these are unwanted thoughts (or images) that pop into your head. They are not things you want to think about and can cause distress if the content is disturbing. You may be surprised to hear that everyone can experience intrusive thoughts about a wide range of different topics- not only people with OCD. These do not make you a bad person and you cannot stop them. However, people with OCD find these thoughts cause strong emotions and lead to the compulsive behaviour. Below is a list of common intrusive thoughts.

Can you identify with these?

The table below shows the results of research findings from a community survey, in which none of the participants had OCD. The column on the left shows the type of intrusive thought and the two columns on the right show the percentage of women and men who said they had experienced that particular thought.

	Item	female %	male %
1.	driving into a window	*13*	*16*
2.	running car off the road	*64*	*56*
3.	hitting animals or people with car	*46*	*54*
4.	swerving into traffic	*55*	*52*
5.	smashing into objects	*27*	*40*
6.	slitting wrist/throat	*20*	*22*
7.	cutting off finger	*19*	*16*
8.	jumping off a high place	*39*	*46*
9.	fatally pushing a stranger	*17*	*34*
10.	fatally pushing friend	*9*	*22*
11.	jumping in front of train/car	*25*	*29*
12.	pushing stranger in front of train/car	*8*	*20*
13.	pushing family in front of train/car	*5*	*14*
14.	hurting strangers	*18*	*48*
15.	insulting strangers	*50*	*59*

16.	bumping into people	*37*	*43*
17.	insulting authority figure	*34*	*48*
18.	insulting family	*59*	*55*
19.	hurting family	*42*	*50*
20.	choking family member	*10*	*22*
21.	stabbing family member	*6*	*11*
22.	accidentally leaving heat/stove on	*79*	*66*
23.	home unlocked, intruder there	*77*	*69*
24.	taps left on, home flooded	*28*	*24*
25.	swearing in public	*30*	*34*
26.	breaking wind in public	*31*	*49*
27.	throwing something	*28*	*26*
28.	causing a public scene	*47*	*43*
29.	scratching car paint	*26*	*43*
30.	breaking window	*26*	*43*
31.	wrecking something	*32*	*33*
32.	Shoplifting	*27*	*33*
33.	grabbing money	*21*	*39*
34.	holding up bank	*6*	*32*
35.	sex with unacceptable person	*48*	*63*
36.	sex with authority figure	*38*	*63*
37.	fly/blouse undone	*27*	*40*
38.	kissing authority figure	*37*	*44*
39.	exposing myself	*9*	*21*
40.	acts against sexual preference	*19*	*20*
41.	authority figures naked	*42*	*54*
42.	strangers naked	*51*	*80*
43.	sex in public	*49*	*78*
44.	disgusting sex act	*43*	*52*
45.	catching sexually transmitted disease	*60*	*43*
46.	contamination from doors	*35*	*24*
47.	contamination from phones	*28*	*18*
48.	getting fatal disease from strangers	*22*	*19*
49.	giving fatal disease to strangers	*25*	*17*
50.	giving everything away	*52*	*43*
51.	removing all dust from the floor	*35*	*24*
52.	removing dust from unseen places	*41*	*29*

Purdon C. & Clark D (1992). Obsessive intrusive thoughts in nonclinical subjects. Part 1 Content & relation with depressive, anxious & obsessional symptoms. Behaviour Research & Therapy, 31, 713-20

Discussion point:

What do you think about these (do they surprise you)?

- How can you use this information to change how you see your intrusions?
- Now that you know how the cycle works, it would be really useful to notice it happening. Noticing the patterns of your OCD can help break the cycle.

Patient examples

- Before we look at your worksheet let's think about what others have written before…

Situation	Intrusive thought/ image	Emotions	Compulsion (internal/external)
Wednesday 10am on way to work	"House burning down"	Scared	Go back and check all the plugs
Saturday dinner time	"Imagining my partner dying due to severe food poisoning, after he eats the food I cooked him"	Anxiety, disgust, anger	Throw dinner away and redo it. Washes hands excessively.
Sunday afternoon drive	"Running somebody over"	Guilt, fear	Re-drive route and pull over to check no-one is on the ground injured
Walking through town	"I want to have sex with that person"	Disgust, shame	Thinking about my partner ten times

Task Summary

- Review your OCD cycle
- Complete worksheet 1
- Look back over the information already given

Worksheet 1

Noticing My OCD Patterns

Situation	Intrusive thought/ image	Emotions	Compulsion (internal/external)

Step Three

Planning Changes

Questionnaire Scores	Scores
My PHQ9 (measure of low mood symptoms)	
My GAD7 (measure of anxiety symptoms)	
My OCI (measure of OCD symptoms)	

Recap of session two

- What can you remember about intrusions?
- Do you have any questions?

Worksheet Review

How did you find reviewing worksheet 1?

Does anything stand out to you?

Can you see any themes or patterns with the intrusions?

What is the treatment approach?

Exposure and response prevention (ERP) is an evidence-based psychological treatment for people experiencing OCD and it is recommended by the National Institute of Health and Care Excellence (NICE).

This means that it is recommended because studies have shown that it can help you. It means that to get better, you need to work closely with your PWP and follow the steps in this workbook.

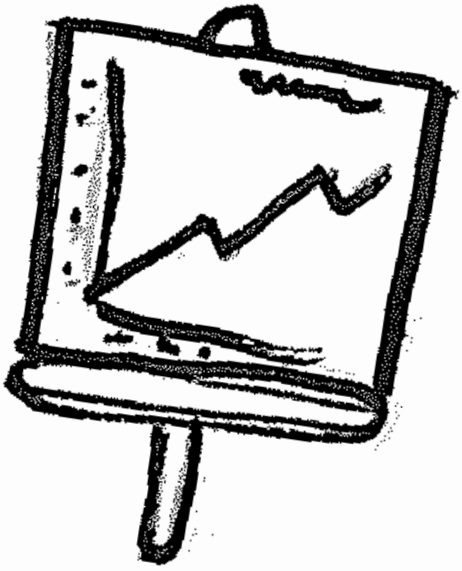
How does this work?

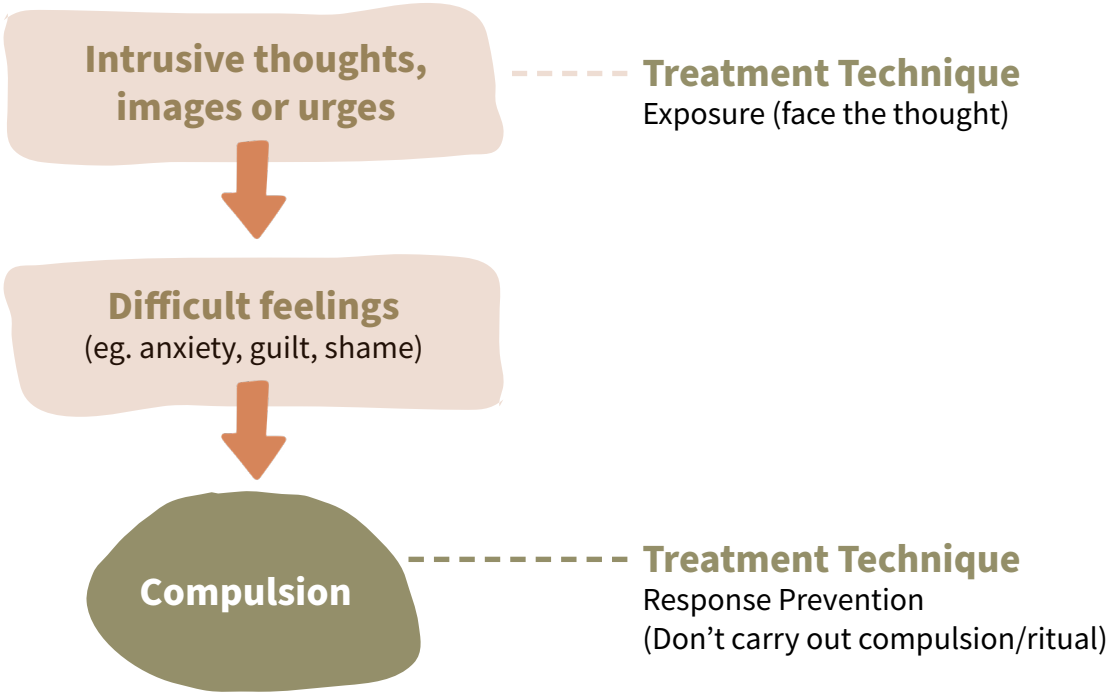
ERP works by breaking the link between the intrusive thoughts, images, urges or impulses and the compulsive behaviours that you do to reduce the distress or anxiety that they cause. Do not forget that compulsions can be internal (inside your head) or external (the ones people can see).

During ERP exercises, you gradually face your fear caused by your obsessions, whilst not carrying out your compulsions. Exposure is done in a graded way that feels manageable for you. ERP can be challenging; but for many people it has helped them to learn to manage their symptoms more effectively so that they do not interfere with their daily life.

Remember what you have learnt about rebound and enhancement. ERP helps you to face the thoughts without pushing them away so that the uncomfortable feelings gradually trail off – this is called habituation. If you push the thought out, it just comes back in a bigger and more upsetting way.

Remember in step one we talked about the OCD being a bully. Maybe it is useful to think about response prevention being a version of standing up to the bully.





How ERP works for OCD

To make this achievable and not too overwhelming it is important to face your fear staying with and facing your intrusions gradually. On worksheet 2 you are asked to create a graded list of how you will expose yourself to your fears, from those that are least distressing, to those that are most distressing.

By facing your fear in a graded manner, the feelings aroused gradually trail off without the physical symptoms you experience becoming too overwhelming. This process is known as habituation.

How can I expose myself to my intrusive thoughts?

It can be tricky to force yourself to face your feared intrusions as they create difficult feelings. However, the more you do this the less intense those feelings are, and the power of them is reduced.

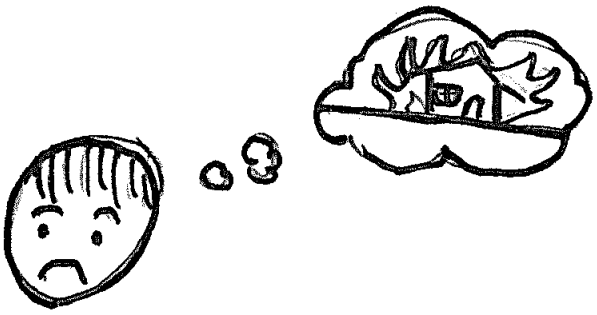
The treatment technique to grasp here is one of **APPROACH** and **STAY WITH**. This means that you approach the intrusions (rather than push them away and they **REBOUND** and **ENHANCE**) and you stay with the intrusions by holding the intrusion in your mind. You don't need to do anything else but hold the intrusive thought, image or urge in your mind – don't try to alter it or make it go away; just stick with it. Importantly you must not use your compulsion to make you feel better. By not using your compulsion to feel better, you break the OCD cycle and stand up to the OCD Bully.

For some people the intrusive thoughts can occur whatever the situation. Therefore the graded list (hierarchy) will be about being creative, and approaching these thoughts in different ways (more on this later with Jim's example).

However, some people may need to be in a specific situation or do a specific task in order for the thought to be present.

For example, if you have obsessive thoughts around your house burning down, you may need to leave the house to have these thoughts. Or, if your thoughts are around cleanliness, it may require you doing an activity (such as touching the bin) in order to set off these thoughts in your mind.

The content of the thoughts you have may always be distressing and people without OCD would likely find this too. However, the aim is to take away the power of the intrusive thought, and reduce the frequency and impact on your life. Hopefully you will begin to realise having the thought isn't a prediction of what will happen, or what you want to happen. **Having the thought does not make you a bad person!**



Task

How can I face my intrusive thoughts and stay with them?

Work with your PWP to problem solve how you can face and stay with your intrusive thoughts, images or urges.

Here are some examples:

INTRUSIVE THOUGHTS, IMAGES OR URGES	HOW TO APPROACH AND STAY WITH THIS
Thinking that my hands are covered in other people's germs and this will transfer to my family	Shaking a friend's hand then allowing the thought into my mind and staying with it
Seeing an image of someone I think I have knocked over	Draw a picture of this and then keep looking at the picture whilst sitting in the car (parked)
Thinking that my house is going to get broken in to	Leaving your house, sitting in a local cafe and writing down this thought again and again
Thinking that I will hurt my partner	Audio record the thought and listen to it on a loop

Task

Write out your intrusive thoughts, images or urges and how you will approach and stay with these.

You do not need to start the process of doing it just yet, as this is the planning phase. We will come onto the doing later.

INTRUSIVE THOUGHTS, IMAGES OR URGES	HOW TO APPROACH AND STAY WITH THIS

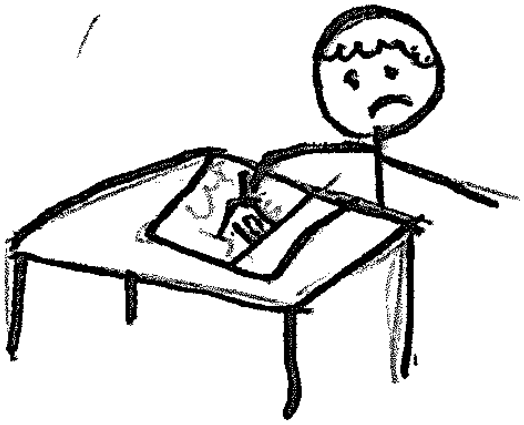
Example hierarchy: fear of contamination

Summary of Agata's OCD problem statement:

My main problem is my OCD. I have intrusive thoughts that my family or I will become ill. I spend a lot of time cleaning my hands, cleaning, and avoiding touching things which I think are unclean. This impacts my life as my hands are sore and my cleaning routines are taking up a lot of my time.

Agata's Hierarchy	Emotion Rating (0-100%)
Most difficult...	100% …
Eat a piece of food that has dropped on the floor and think that I will become ill.	95%
Not wash my hands after going to the toilet and think my family will get ill	85%
Cook my family a meal without washing my hands beforehand and think my family will get ill	70%
Touch the sole of my shoe, not wash my hands and think my family will get ill	65%
Empty the bins without washing hands and think my family will get ill	60%
Touch the floor, not wash my hands and think my family will get ill	55%
Not washing my hands and thinking I will get ill and my family will get ill.	50%
Least Difficult…	40%

Example hierarchy: fear of harm to others



Summary of Jim's OCD problem statement:

My main problem is my OCD. I have thoughts coming into my mind that I have hurt someone. This makes me feel panicky and I can't breathe. In order to make these thoughts better I pray for those people so they stay safe. I also make sure I don't go out alone in case something bad happens. The impact of this is my life is restricted and I am isolated.

Jim's Hierarchy	Emotion Rating (0-100%)
Most difficult...	100% …
Talking to my friend about the thoughts I am having	90%
Talking to my wife about the thoughts I am having	80%
Recording me talking into my phone about me causing someone harm. Listening to it back on repeat.	70%
Drawing a picture of me causing harm to someone and looking at it	65%
Writing down my thought and showing it to my wife	60%
Writing down my thought about harming someone and not showing anyone	55%
Saying my thoughts out loud when no-one is around	50%
Least Difficult	40%

Task

Use worksheet 2 to create your own hierarchy.

You do not need to start the process of doing it just yet, as this is the planning phase. Its is a good idea to discuss your hierarchy with your PWP at your next appointment before you start.

My Hierarchy	Emotion Rating (0-100%)
Most difficult...	100% …
Least Difficult…	40%

Planning exposure

The next step is to begin facing the intrusive thoughts, images or urges, starting with the least distressing first. There are four rules to consider when planning exposure to make it really work for you. These rules are:

Graded

The first step is to grade the intrusions into a hierarchy with the least distress provoking at the bottom and the most distress provoking at the top. The reason exposure is graded is because facing your intrusive thoughts without doing your compulsions can be hard. Working your way up the hierarchy step by step ensures that the process does not become overwhelming, and you move on gradually at your pace.

Prolonged

The next important step in the process is to ensure that you are staying with the distress that the intrusions cause without using your compulsions for long enough that the feeling fades away (habituation). The length of time needed for this process to occur can differ between individuals and can take anywhere from 10 mins to 1-2 hours. We want the feeling to drop by half. For example, if the intrusion caused a feeling of distress rated at 80% at the start, the individual would need to carry on the exercise until the distress dropped to at least 40%. Staying with the distress that the intrusion causes can be particularly challenging, however it is vitally important in order to break the OCD cycle.

Repeated

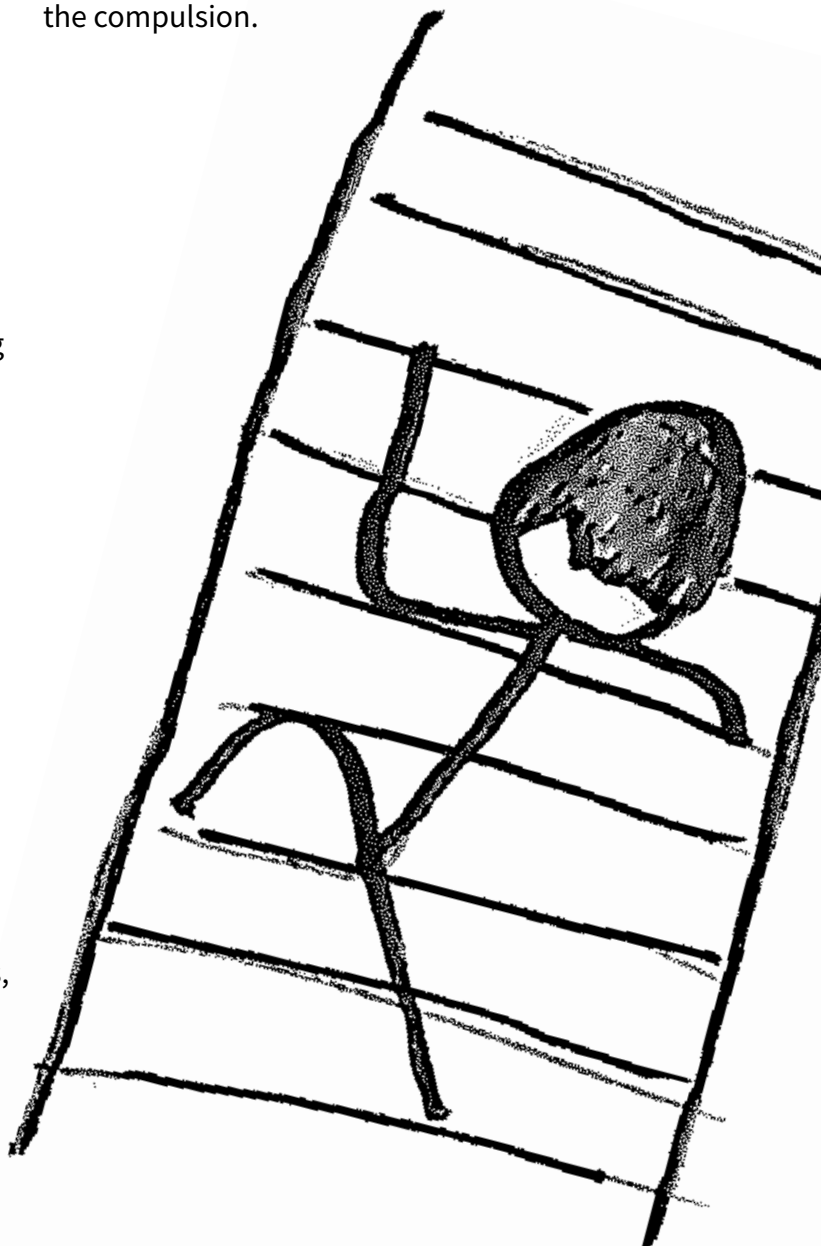
The third condition is to repeat the exposure multiple times during a week in order to fully face the intrusion. Ideally, the exercise would be repeated 4 times within a week.

Without Distraction

The final condition is carrying out the exercises without distraction. This can sometimes be referred to as using safety behaviours. Common examples include, going on your phone, listening to music, distracting yourself with other thoughts, talking to friends or family. If you complete the exercise whilst distracting yourself from the intrusion or the distress, two things will happen. Firstly, you won't be experiencing the feelings fully, so habituation can be limited. Secondly, you may believe that you can only deal with the distress because of the distraction, so therefore don't build confidence in yourself.

How to use an exposure diary

When planning exposure in the diary, be specific about what you are planning to do to face your intrusion. Exposing yourself to the intrusive thought whilst in different situations may cause different rates of anxiety, which can be included into your hierarchy. For example: Agata saying out loud that she will get severe food poisoning whilst she is cooking chicken may be more anxiety provoking than saying this out loud whilst she is sitting on the sofa. Rate your level of anxiety/ distress, from 0-100% before, during and after each exposure to monitor reductions in your anxiety levels. Tick whether you were able to complete the exposure task without performing the compulsion.



What if I can't complete the exposure exercise?

Often there will be occasions where you may not be able to complete the exercise you planned to do, perhaps the distress associated with that intrusion becomes too overwhelming and you feel an urge to complete the compulsion. Setbacks often occur when completing exposure and it is important to try to understand why the intrusion felt too overwhelming. Do you need to make the step smaller? Talk to your PWP who will be able to help you overcome these barriers.

Response Prevention

In order to make the exposure work, it is really important that you make sure that you do not let yourself complete the compulsion. This is called Response Prevention. Using the metaphor of the bully, the OCD bully wants you to do something (e.g. wash your hands), and the Response Prevention is you resisting the urge to comply, obey or go along with what the OCD is demanding or driving (e.g. so you sit with the distress of not washing your hands). This can be hard! Therefore, you need to give yourself the encouragement and permission to do this and you may want to enlist the help of friends and family when you do Response Prevention.

Do not forget that some of your compulsions will be less obvious (internal) - therefore only you know that you are doing them, and it is really important that you tell the PWP you are working with if this is happening.

You may sometimes feel that you have to complete the compulsion. This is not a disastrous set-back, but an opportunity to learn something and then get back to trying to complete the exposure. It is important to re-engage with the Exposure and encourage yourself with regards to Response Prevention.

Remember when we try a new skill it is common to take two steps forward and one-step back.

Agata's Exposure Diary

Date and Time	Duration	Exercise carried out to expose self to intrusive thought	Rating of Distress/ Anxiety Level			Exposure completed without compulsion?
			Before Exercise	Start of Exercise	End of Exercise	
19/08/20	40 mins	Not washing my hands and thinking I will get ill and my family will get ill.	50%	80%	40 %	
21/08/20	50 mins	Not washing my hands and thinking I will get ill and my family will get ill.	50 %	80%	80 %	Unable to complete the task – washed hands and chopping boards excessively.
22/08/20	60 mins	Not washing my hands and thinking I will get ill and my family will get ill.	55%	85%	45%	

Jim's Exposure Diary

Date and Time	Duration	Exercise carried out to expose self to intrusive thought	Rating of Distress/ Anxiety Level			Exposure completed without compulsion?
			Before Exercise	Start of Exercise	End of Exercise	
22/06/21	30 mins	Saying my thought out loud about me harming someone	55%	80%	40 %	This felt ok. I didn't feel the need to pray and my anxiety went down
23/06/21	15 mins	Writing down me harming someone	30 %	80%	70 %	This was a lot more upsetting than I thought it would be. I had to stop and pray and ask my partner if the person was ok.
24/06/21	35 mins	Tried the bottom of the ladder again – saying out loud my thought of harm	60%	85%	25%	After yesterday I was upset but this was ok again.

WORKSHEET 3:
My Exposure Diary

Task

Use worksheet 3 to plan your exposure exercises

Date and Time	Duration	Exercise carried out to expose self to intrusive thought	Rating of Distress/ Anxiety Level			Exposure completed without compulsion?
			Before Exercise	Start of Exercise	End of Exercise	

Step Four

Continuing with Change Work

Questionnaire Scores	Scores
My PHQ9 (measure of low mood symptoms)	
My GAD7 (measure of anxiety symptoms)	
My OCI (measure of OCD symptoms)	

Recap of step three

- What can you remember about exposure with response prevention?
- Do you have any questions?

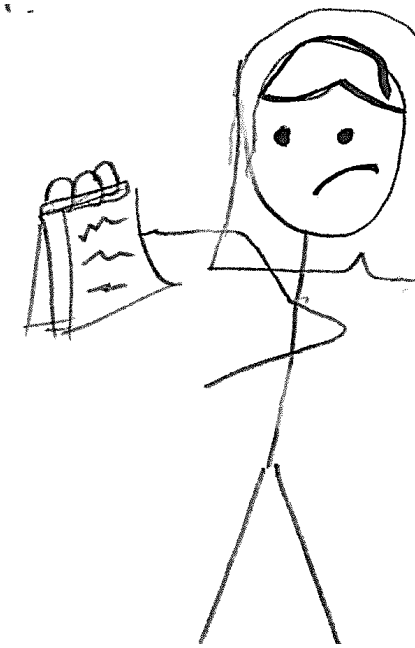
Between Session Work Review

How did you find facing the thought and image?

What went well?

What didn't go well?

How did you find not doing the compulsion (ritual)?



What went well?

What didn't go well?

Troubleshooting – exposure is hard and below are examples of problems patients have experienced:

- It is too hard: it may be that you have started too high up the hierarchy. Talk to your PWP about starting with something that causes less distress.
- I feel unsettled not doing the compulsion: This is really normal. For a long time you have used your compulsions to cope with your distress. Your mind is getting out of this habit. Remember the OCD bully metaphor!
- This is taking too long (progress too slow): It does take time. There are no quick fixes and if you persevere you will see the benefit. Remember this is an evidence-based treatment, it does work.
- I want the intrusions to just stop: This is also normal. Remember intrusive thoughts (and images) are unwanted but also common (revisit step two). However, we cannot stop them. The key to this treatment is to reduce the power of these on you. Remember, the thoughts are disturbing as they are about things you do not want to happen.
- I have done the activity a few times but no change in the distress: remember the key rules of exposure – prolonged, repeated, graded and without distraction. Consider if you have been doing the activity in line with these rules. The purpose is to make sure you can fully experience the distress. Sometimes people may do subtle things to help them with the process e.g. listening to music or having an alcoholic drink whilst doing the activity. These are understandable but they do not allow you to fully engage with the activity and feel the distressing emotion.

Discussion point:

Can you identify with these common problems? Are there any others you experienced?

Task Summary

- Make a plan and commitment to continue moving up the graded list (remember there is not a rush) and use worksheet 3 to record your experiences.
- What is the next step of your graded list? How will you approach and stay with the intrusion and not get drawn into doing the compulsion?
- Consider any barriers and what might get in the way of your progress.

Step Five

Continuing with change work and "filling the gap"

Questionnaire Scores	Scores
My PHQ9 (measure of low mood symptoms)	
My GAD7 (measure of anxiety symptoms)	
My OCI (measure of OCD symptoms)	

Recap of step four

- Do you have any questions?
- Was there anything about ERP you are unsure of?

Between Session Work Review

How did you find facing the thought and image?

What went well?

What didn’t go well?

How did you find not doing the compulsion (ritual)?

What went well?

What didn’t go well?

In session change method: Filling in the hole

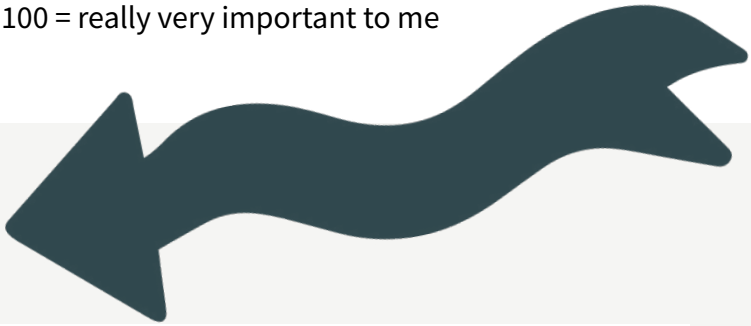
Hopefully you will have started to notice a reduction in your time-consuming compulsions and therefore you might have some free-time on your hands – feeling less anxious will also mean that you can start to live your life to the full again.

It is important to plan to fill this free time with meaningful, valued activity.

Doing activities that we value can help give our life meaning and purpose. Using a scale of 1-100 rate how important the following values are to you.

1= not important to me at all

100 = really very important to me



My Family:

1 ----------100

My Partner Relationships:

1 ----------100

My Parenting:

1 ----------100

My friendships and social relationships:

1 ----------100

My employment and career:

1 ----------100

My hobbies:

1 ----------100

Spirituality:

1 ----------100

Physical activity:

1 ----------100

Have a look at what you cherish the most. Reflect on how the OCD may have stopped you doing the things that are most important to you. For example, a father may value his family, but the OCD might mean that he has not been taking the kids to the park as much as he might want to.

Therefore, pick one of the values that is close to your heart and your identity. Write it below:

Now think of the behaviour that you could do THIS week that would be in keeping with that value. Make an if –then plan to make sure that you complete the behaviour.

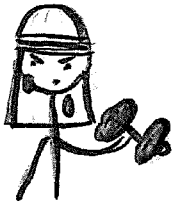
Here are some examples.

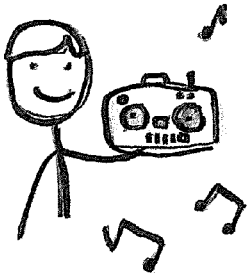
If I notice that I am slipping away from my values of being a good partner, then I will ask my partner how their day has been.

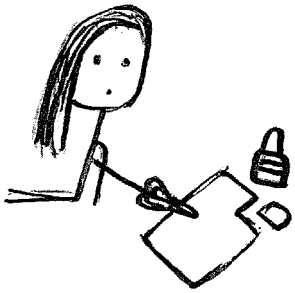
If I notice that I have not been looking after myself physically, then I will plan an activity that means I am caring for myself

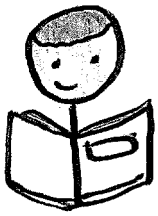
If I notice that I feel distant from my friends, then I will contact them and arrange to meet.

What is your if-then plan for a value-driven behaviour this week? Write it below:









Consider the values that you have rated as most important to you. Use the activity menu below for inspiration...

- *Animals: Walk a dog. Listen to the birds*
- *Kindness: do someone a favour*
- *Watch a movies or series*
- *Cook a new meal or bake*
- *Connect to others*
- *Get active*
- *Listen to music*
- *Relax*
- *Self-care*
- *Read*
- *Do something creative*

Task summary

What is the next step of your graded list? How will you approach and stay with the intrusion and not get drawn into doing the compulsion?

- *Continue with the exposure and response prevention*
- *Do a valued activity*
- *Think about coming to the end of these sessions*
- *Before our next session read through step six and reflect on your progress. You may wish to review your scores and look at your problem statement and goal from the beginning of treatment.*

Step Six

Looking after the ending and looking to the future

Questionnaire Scores	Scores
My PHQ9 (measure of low mood symptoms)	
My GAD7 (measure of anxiety symptoms)	
My OCI (measure of OCD symptoms)	

Reflecting on progress

Hopefully by now you are now practising your exposure and response prevention exercises regularly. You may have noticed a reduction in your intrusions and less of a need to rely on the compulsions (and the distress that comes along with this).

Take a moment to look back at the problem statement you wrote at the beginning of the booklet. Below is space to re-write this problem statement based on how you are feeling currently. Perhaps there has been a change in intensity of the symptoms you are experiencing. Think about the impact OCD now has on your life.

How I see and handle my OCD now:

Below is a space to reflect on your goals and your progress. At the beginning, we asked you to set yourself goals relating to your OCD.

Goal 1:

Goal 2:

How do I feel I have progressed towards meeting this goal?

Take a moment to reflect on your hard work and any overall changes. Write some thoughts in the space below. You may want to share these reflections with your PWP and others who have supported you.

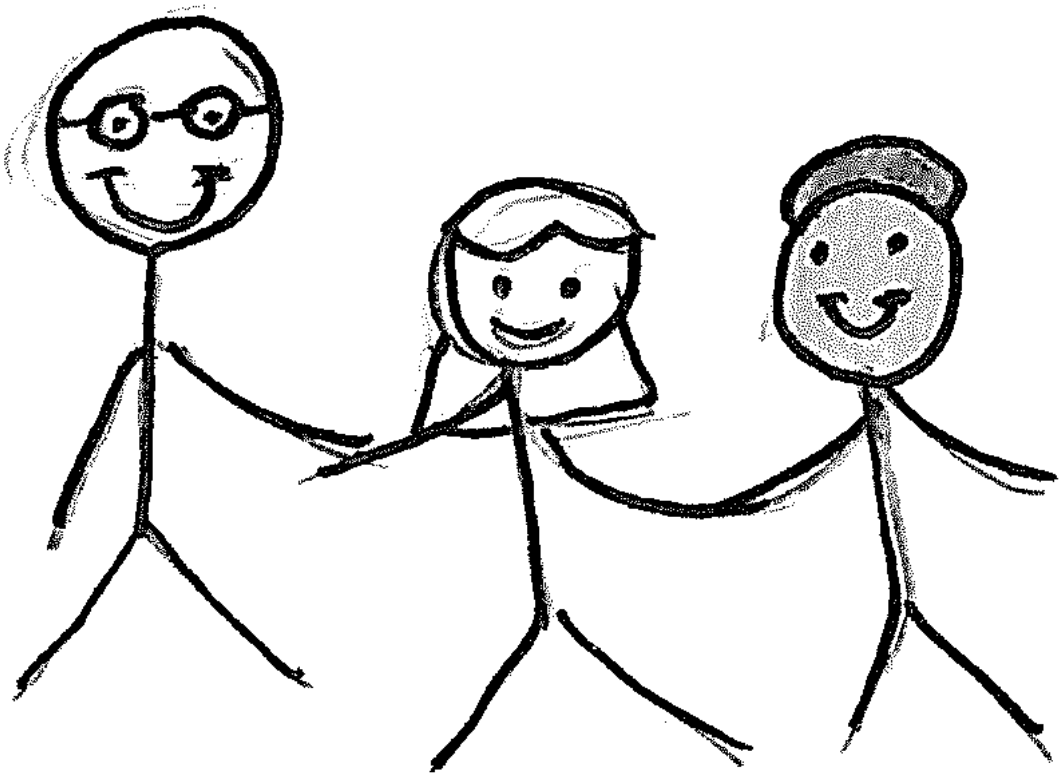
Looking to the future

What is a set-back? It is common when experiencing OCD that sometimes we experience a return of some of the symptoms we previously experienced. Perhaps you experience changes in your personal life or feeling more stressed - sometimes this can prompt a return of previous unhelpful coping strategies. It is important to plan for the future and how you hope to handle this. Like any new skill you learn, in order to keep well it is important to continue to practise exposure on a regular basis.

Therefore, the first step is to set yourself new goals to work towards. We would encourage you to do regular reviews and set yourself goals in order to keep well.

Goal 1:

Goal 2:



The second step is to plan how you will reach these goals and how you will manage any setbacks that may occur. Your PWP can help you with this.

What can I continue to practise to reach this goal?

What can I do to prevent a set back?

What can I do if I do have a set back?

Finally

Well done for getting this far. It won't have been easy, and it takes a lot of courage to try to tackle OCD. Changes can take time, so celebrate your successes (however small) and be patient with yourself.

However you feel now please be honest with your PWP and spend some time considering next steps and moving forward.

We hope this workbook has been helpful. Please continue to use the techniques and strategies included in it moving forward.

Thank you and all the best for the future.

NICE guidelines for OCD

https://www.nice.org.uk/guidance/cg31

This workbook has been written following NICE guidelines. This states, low intensity psychological treatments (including exposure and response prevention) should be offered if the patient's degree of functional impairment is mild and/or the patient expresses a preference for a low intensity approach. Low intensity treatments can be up to 10 hours therapist hours per patient for OCD as per NICE. The steps outlined in the booklet, therefore, do not need to align to 6 sessions. It is the expectation that certain steps (such 4 and 5) will be repeated in order to allow for an adequate dose of low intensity treatment. All Psychological Wellbeing Practitioners are supervised and decisions made in the best clinical interests of the patient.

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For further information about the content or production of this leaflet or if you would like to provide feedback, please get in touch.

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https://www.sheffield.ac.uk/clinicalpsychology/programmes/nhs-talking-therapies-anxiety-and-depression