



University
of Exeter

Cedar

OVERCOMING OBSESSIVE COMPULSIVE DISORDER



A Cognitive Behavioural Therapy
evidence-based approach to help you get
on top of Obsessive Compulsive Disorder (OCD).

WELCOME!

Well done for seeking help to manage your OCD.

This workbook uses an evidence-based psychological therapy called Cognitive Behavioural Therapy (CBT). It focuses on the here-and-now and helps people who experience unwanted, intrusive thoughts and compulsive behaviours.

The workbook will guide you through a technique called Exposure and Response Prevention that has helped many people who have experienced OCD.

It's designed to be worked through with the support of a mental health professional trained to ensure people make the most of the technique. Across England this will often be a Psychological Wellbeing Practitioner, working within an NHS Talking Therapies service. Given the success of this way of working, similar roles have now also become available in other countries.

You may have also come across this workbook on your own. Whether with support or using on your own, you're in control of the way you choose to work through the workbook.

PART 1: WHAT IS OCD?

Obsessive Compulsive Disorder (OCD) is a common anxiety disorder. When we experience OCD, we frequently and repeatedly experience intrusive and unwanted thoughts and images, called obsessions, which can feel very distressing. In response to these obsessions, we can often feel an urge to carry out certain behaviours or rituals, called compulsions. You can find some examples of obsessions and compulsions on page 6.

We do compulsions because we think they will stop the intrusive thought from coming true. In the short term, compulsions can feel helpful in managing distress, but the relief is fleeting, and the distress returns every time an intrusive thought occurs.

Are intrusive thoughts normal? Yes!

It's important to know that **everyone** experiences intrusive thoughts, not just when we experience OCD. **Intrusive thoughts are very common and not something to feel ashamed about.** However, in OCD, we tend to feel much more distress in response to these thoughts and find it much harder to let go of the thoughts. We may also choose to keep these thoughts a secret from others.

This distress can be experienced in different ways. We may experience overwhelming anxiety, panic attacks, strong feelings of disgust, or a sense of uneasiness unless things look, feel or sound 'just right'.



Thought-action fusion

Thought-action fusion can help us to understand why OCD is so distressing. It refers to two assumptions relating to OCD:

1. “Thinking about doing something bad is **just as bad as doing it.**”
2. “Thinking about something bad happening means **it’s more likely to happen.**”

I’m essentially a murderer
for having a thought about
hurting my sister

Now that I’ve
thought about an
intruder breaking in,
it’s going to happen



When we experience OCD, we often take full responsibility for unwanted situations. As a result, we can feel bad for actions that we are not responsible for or have no intention of doing.

Luca's Story

I felt responsible for so much and found it almost impossible to switch off.

Lots of things became a concern for me. I had to check that the oven, electric fireplaces and plug sockets were off in the house to prevent a fire. I had to check that the windows and doors were always locked to prevent burglars entering the home. At work, I had to double check my work and ask others to check it for me to prevent a terrible mistake happening on my watch. I was also concerned about losing important things so would check my wallet to ensure all debit cards were there. Sometimes, I would worry I'd dropped something when walking outside and would re-trace my steps to check nothing had been lost. Even when I thought I hadn't dropped anything, I felt I had to go back and check to feel better.

Over the months and years, I noticed feeling more and more worried about everything, and the checking started to take more time. It was becoming difficult to manage a simple day. The pressure of being responsible for everything was exhausting. I really tried to keep it a secret, but my manager told me I needed to be more confident in my work and stop asking others to check it. My family kept saying I seemed stressed and distracted all the time, and that maybe I should get some help. I didn't really know what to do so I reached out to the local NHS talking therapies service.

When I first heard that I would have to stop some of my compulsions, I never thought I would be able to do it. The thought of it was overwhelming. My practitioner was very understanding though and reassured me we could always go at my own pace. I was surprised by how quickly I was able to stop one of my compulsions and felt really great about it! I couldn't wait to share the news with my practitioner, and they were really encouraging. I felt more motivated from then to tackle some other compulsions. I thought if I can stop this one, maybe I can stop others.



OCD Presentations

OCD is common and can be experienced in different ways. The table below includes **examples** and, whilst common, **are not exhaustive**. There are many other examples of compulsions and intrusive thoughts that may be experienced within OCD.

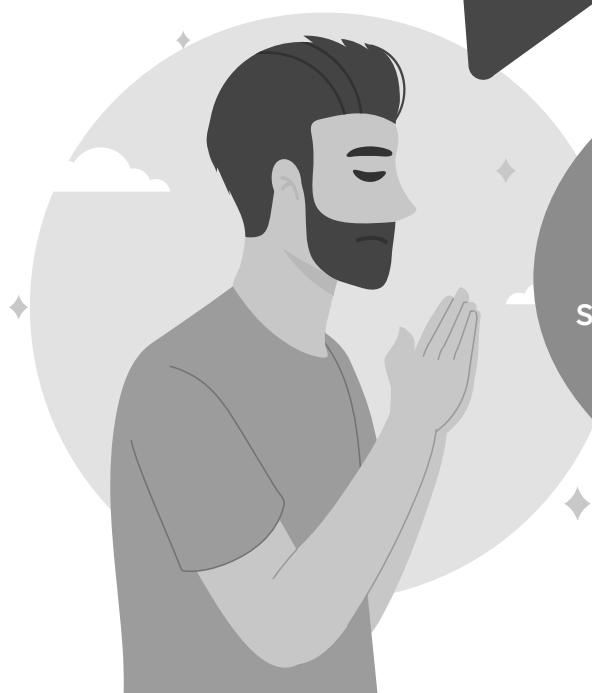
Theme	Themes in obsessions	Examples of compulsions
Cleaning and contamination	Thoughts of germs, infection and contamination. This may include concerns around catching diseases from people or objects, and passing diseases on to others.	Frequent, repetitive washing and cleaning; washing hands and clothes, cleaning surfaces and objects.
Symmetry	Obsessions around symmetry, things needing to be arranged and ordered in a certain way until they feel 'just right'. This can involve 'good' and 'bad' numbers.	Repeating, ordering and re-ordering things, counting objects or mental counting.
Morally forbidden or taboo	This may include thoughts of hitting people with a car, insulting or being violent towards others, intimate thoughts with an unacceptable person, public exposure, thoughts about committing a sin or being punished by God.	Re-tracing steps to ensure no one has been harmed, seeking reassurance from others, checking self for inappropriate arousal, excessive praying (outwardly or internally).
Concerns of harm and safety	Fears of being harmed or concerned for the safety of others. This may include accidents such as a fire or valuables being lost.	Frequent, repetitive checking of things; checking doors and windows are locked, checking electrical appliances and plugs are off, checking over own work for mistakes.

Whilst there are different themes within OCD, it is also common for people to experience obsessions and compulsions in more than one theme.

What causes OCD

The causes of OCD aren't always known, but it is recognised that several factors may contribute to our experience. It is also understood that our age, culture, background, life stage and other characteristics can affect how we experience OCD.

My faith is really important to me. For years I have relied on prayer to practice my faith, but over time I noticed my urge to pray became very intense. I felt that if I didn't pray, someone in my family will be harmed in some way, which made me want to pray more and it quickly began to take over my whole life.



Having my first child was a big adjustment. During the newborn months, I started getting intrusive thoughts about dropping my baby down the stairs or suffocating them at night. I found myself lying awake for hours, getting up to make sure I hadn't done anything to harm them. I felt guilty that I was a terrible parent.



OCD will be experienced differently by each of us individually, but this doesn't take away the common feelings of anxiety, guilt and distress experienced with OCD.

Setting goals

Before using Exposure and Response Prevention, it can be helpful to set some goals to work towards and achieve through following this workbook.

When setting goals, it's important to keep the following in mind:

Be Specific



It can be common to set general goals such as “To manage better”. However, it can be difficult to know when this goal has been achieved. Instead, it can be more helpful to think about how we would know if you were feeling like yourself again. What would this look like? For example, “Be able to leave the home without checking each window five times”.

Be Realistic



Set goals that feel achievable over the next few weeks. Think about setting short-term goals, just out of reach, but not out of sight. Then begin working towards these and move on to medium and then long-term goals. It's important to think about medium and long-term goals too as they give us something to work towards when the shorter term goals have been achieved.

Be Positive



It can be tempting to set goals around what we don't want, instead of what we want to achieve. For example, “I want to feel less anxious”. However, it's more helpful to set goals in a positive way so we can strive towards something. For example, “I want to be able to watch a film without checking that the volume is set to a ‘good’ number”.

Remember: Setting goals can appear challenging, especially when we're anxious and things seem more difficult. Just take your time and think about a few key things you'd like to be different to how they are now. When rating if you can currently achieve your short-term goals, if you find yourself thinking you can't do them right now try not to be disheartened. These goals are something to work towards over time.



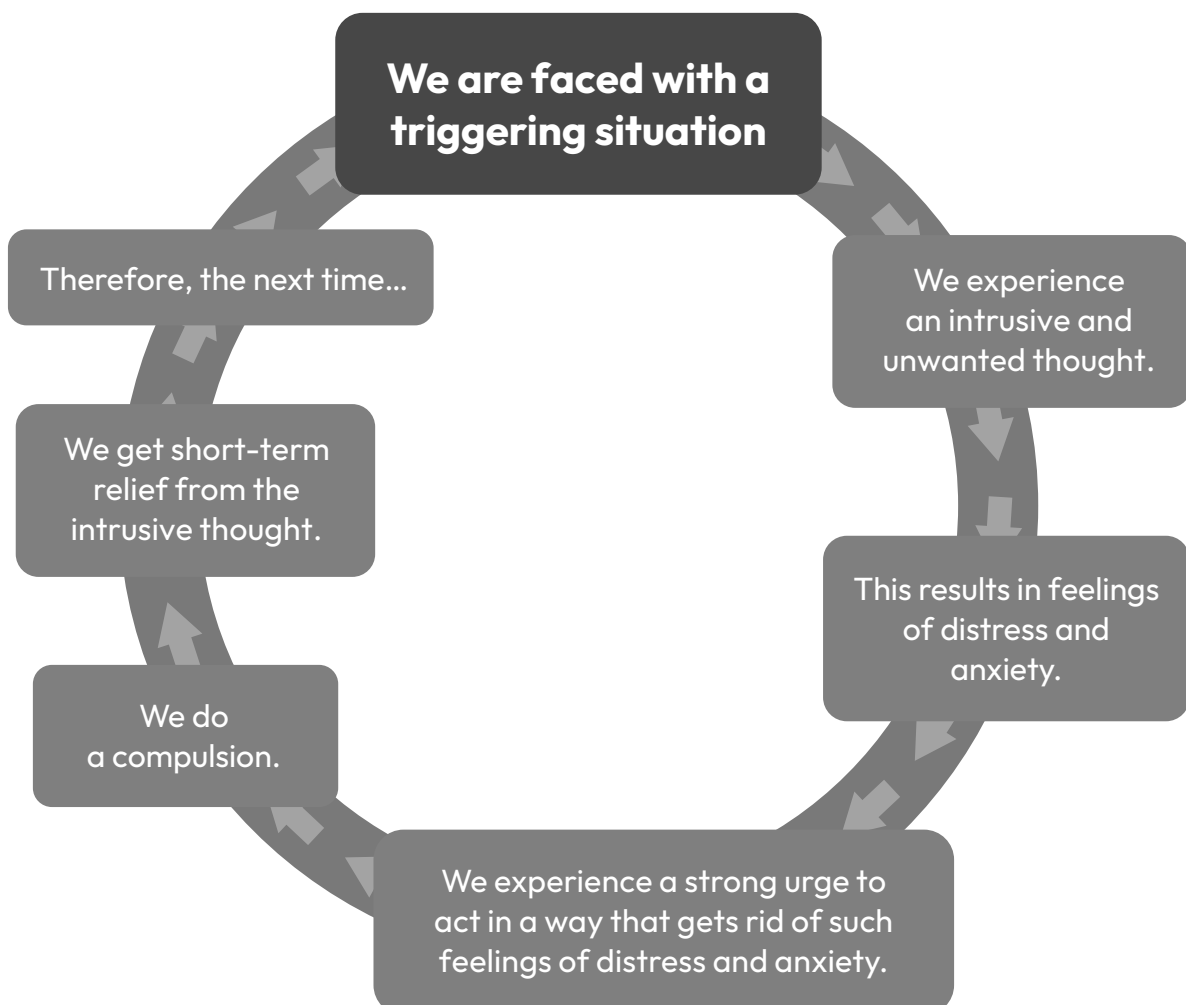
MY GOALS WORKSHEET

GOAL 1	TODAY'S DATE:						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 NOT AT ALL	1	2 SOMETIMES	3	4 OFTEN	5	6 ANYTIME
GOAL 2	TODAY'S DATE:						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 NOT AT ALL	1	2 SOMETIMES	3	4 OFTEN	5	6 ANYTIME
GOAL 3	TODAY'S DATE:						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 NOT AT ALL	1	2 SOMETIMES	3	4 OFTEN	5	6 ANYTIME
GOAL 4	TODAY'S DATE:						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 NOT AT ALL	1	2 SOMETIMES	3	4 OFTEN	5	6 ANYTIME
GOAL 5	TODAY'S DATE:						
	I CAN DO THIS NOW (CIRCLE A NUMBER)						
	0 NOT AT ALL	1	2 SOMETIMES	3	4 OFTEN	5	6 ANYTIME

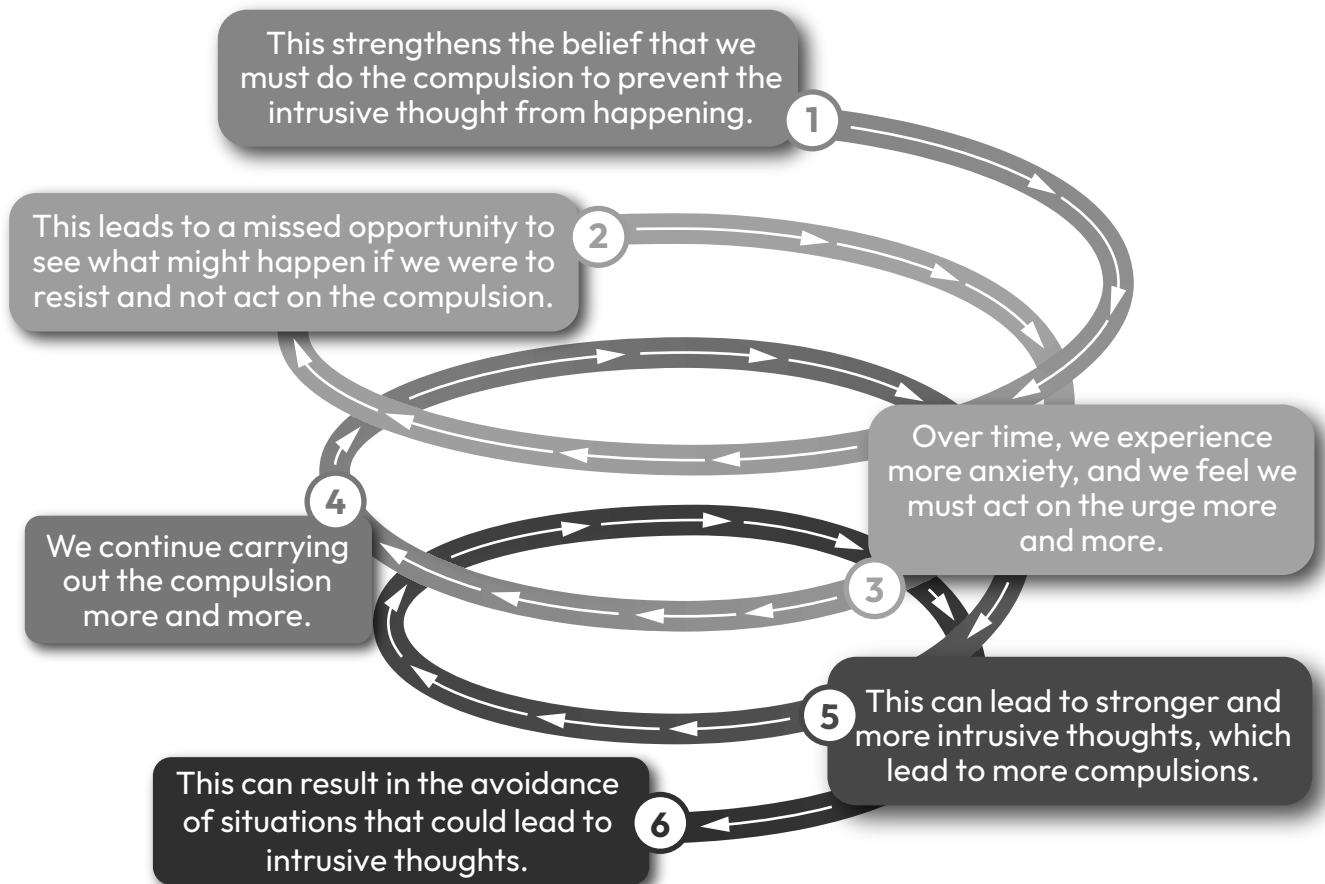
PART 2: WHAT KEEPS OCD GOING?

Compulsions are commonly experienced within OCD. These are behaviours that we feel we have to carry out in response to intrusive and unwanted thoughts. This strong feeling to act on a compulsion is called an urge.

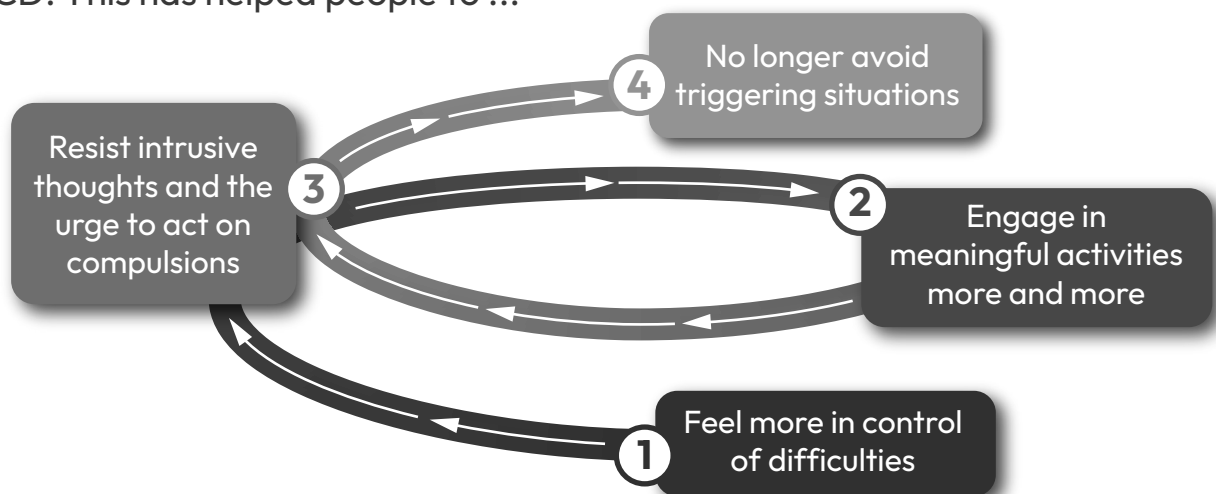
Compulsions can be physical (washing, checking, ordering) or mental (counting, ruminating, praying, repeating numbers or phrases), and are often related to the intrusive thought in some way. These compulsions aren't usually enjoyable for us, but they provide a fleeting feeling of relief from the intrusive thought. This is sometimes related to the belief that doing the compulsion will stop the thought from coming true. Although we might recognise our compulsions as being irrational or unhelpful, it is the strong urge to carry out these behaviours that can make them feel difficult to resist.



Over time, we will keep doing compulsions to feel relief from intrusive thoughts. However, in the long-term ...



Exposure and Response Prevention provides practical ways to manage OCD. This has helped people to ...

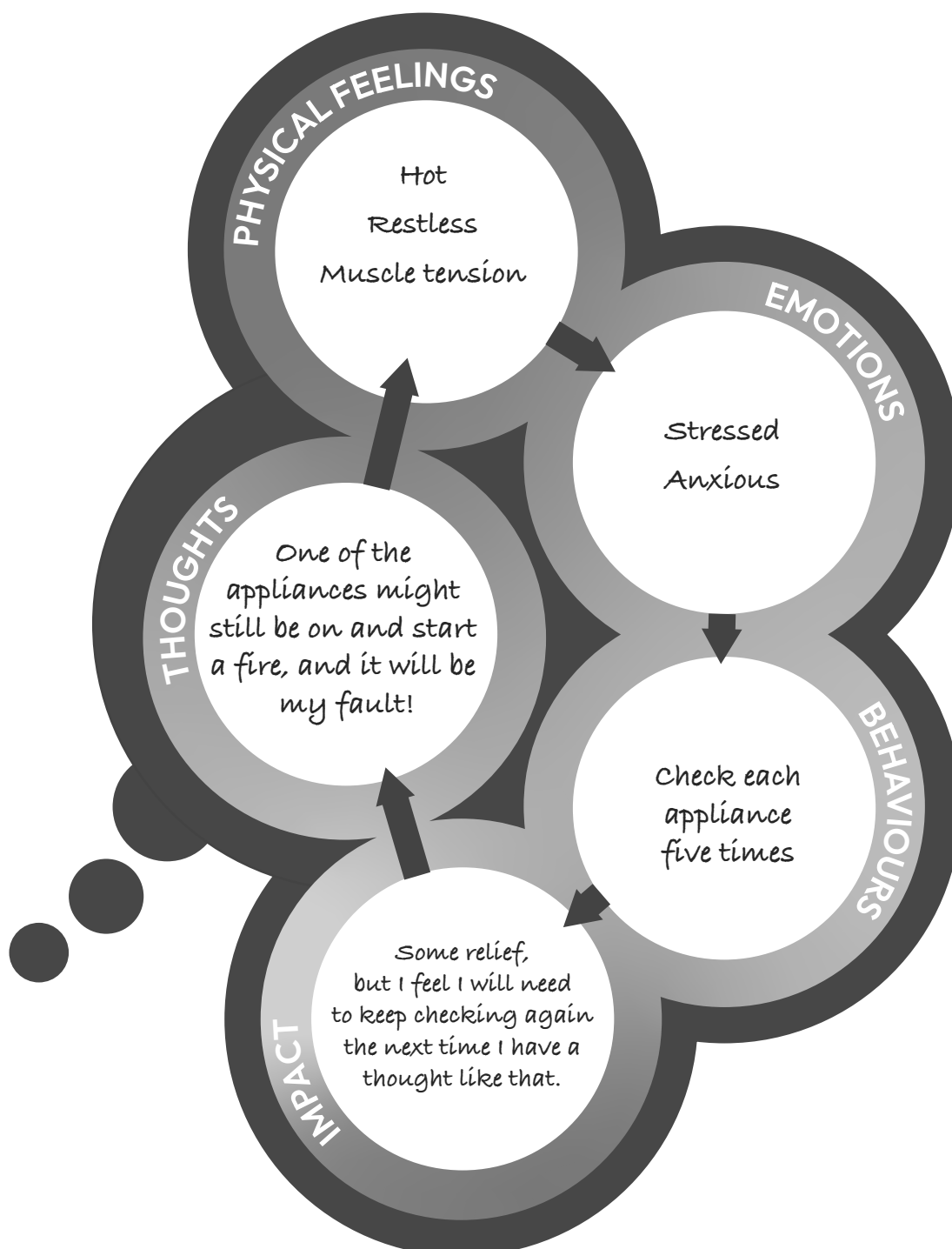


This workbook will help you find more helpful ways of responding to intrusive thoughts by resisting the urge to do compulsions.

You may have already noticed the impact your difficulties are having on how you feel physically, how you behave and your thoughts and emotions. To help you understand your own Vicious Cycle of OCD you're going to complete one for yourself. Before you do however, it can be helpful to first look at Luca's vicious cycle.

LUCA'S VICIOUS CYCLE

Situation: *Getting ready to sleep*

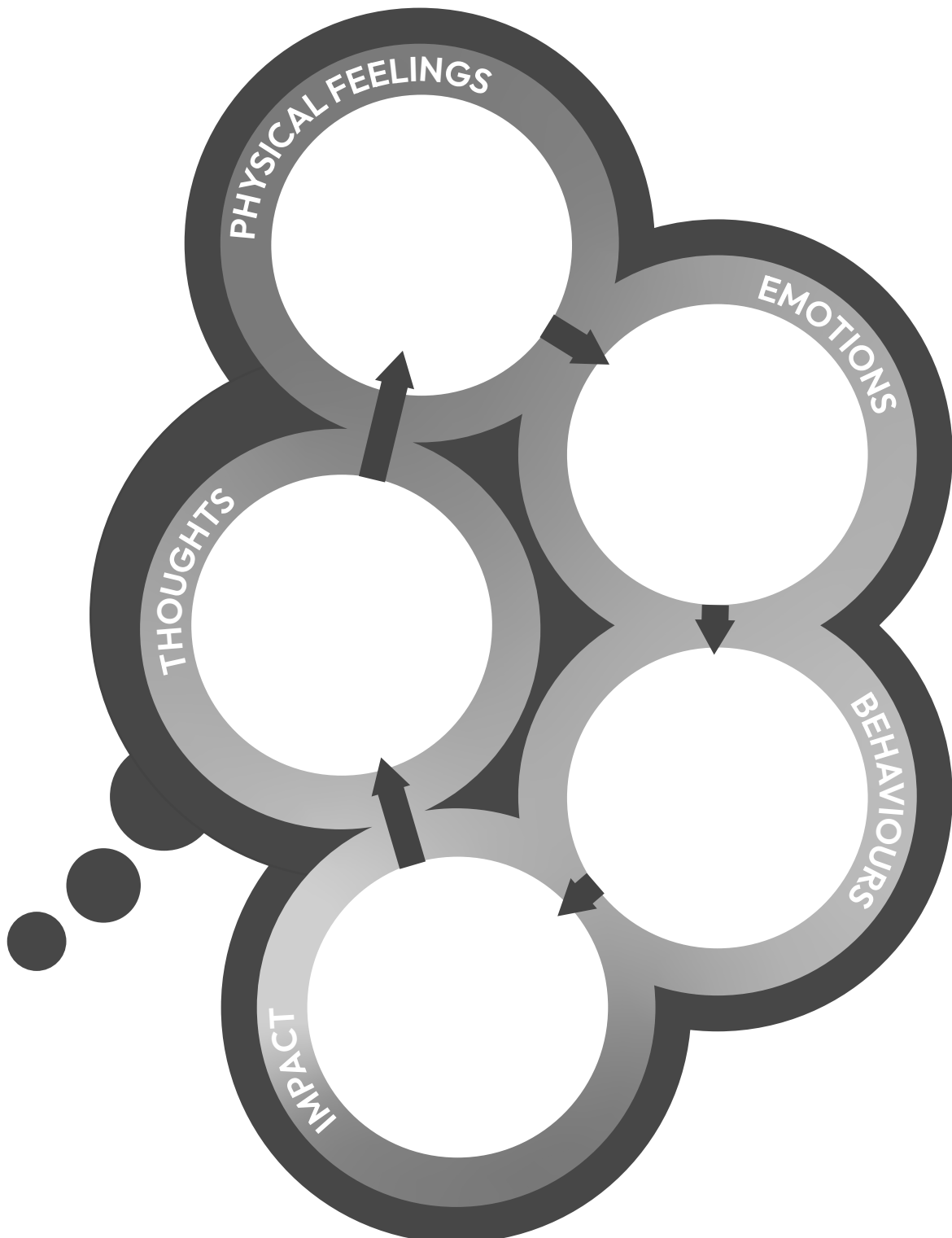




Now have a go at completing your own vicious cycle.

MY VICIOUS CYCLE

Situation:



PART 3: USING ERP

Exposure and Response Prevention (ERP) is an approach that tries to break the vicious cycle of OCD. Let's break down what ERP means.

Exposure: We put ourselves in situations where we experience intrusive thoughts and distressing feelings until these naturally reduce.

Response prevention: We resist the urge to act and do not carry out compulsions.

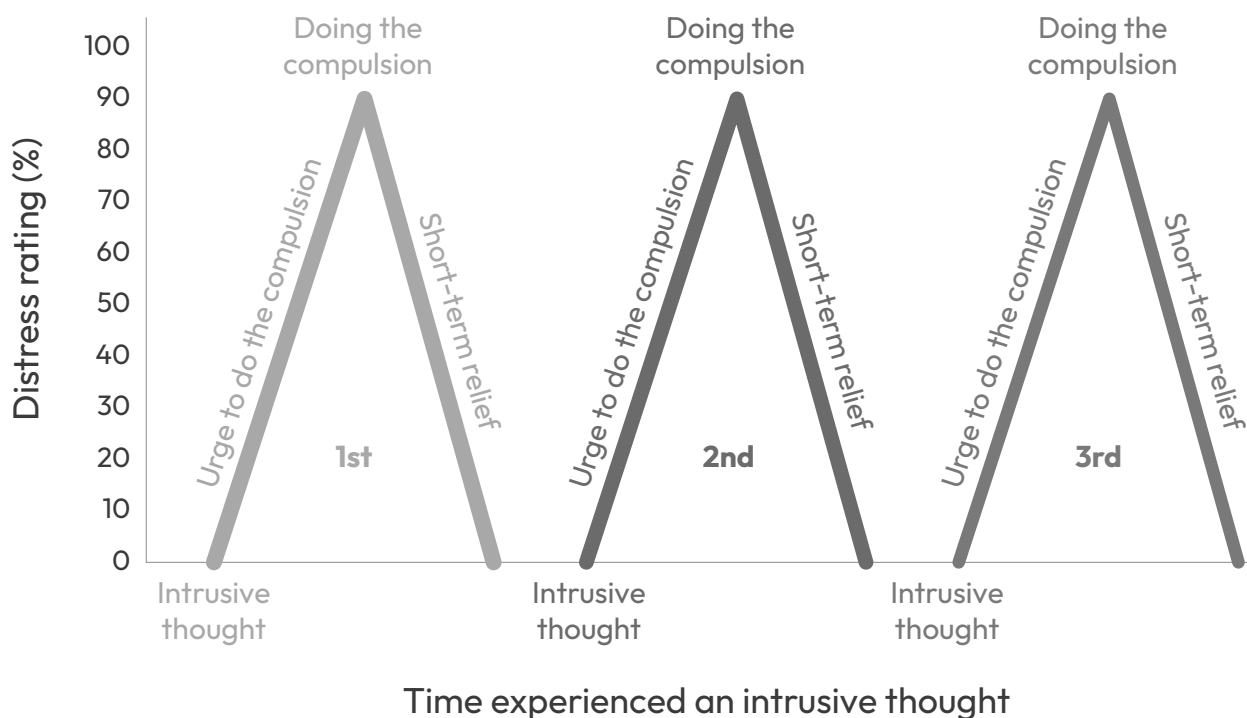
Myth busting

"It's a common myth that if I experience an intrusive thought and don't do the compulsion, my anxiety will get unmanageable, and the intrusive thought might come true and happen!"

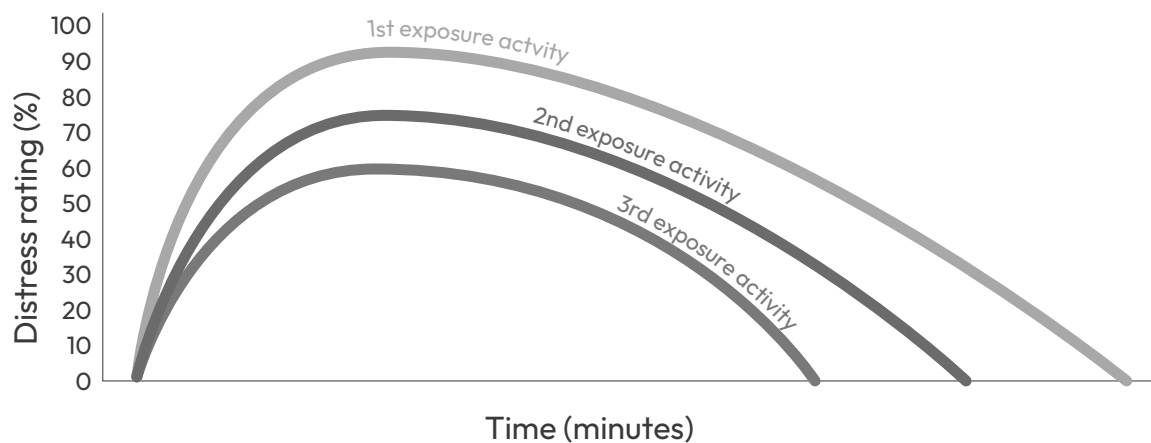


This is why doing the compulsion brings some short-term relief from the anxiety. We think it is stopping the intrusive thought from happening. However, this means that the next time the intrusive thought occurs, the anxiety quickly rises and the urge to do the compulsion gets stronger.

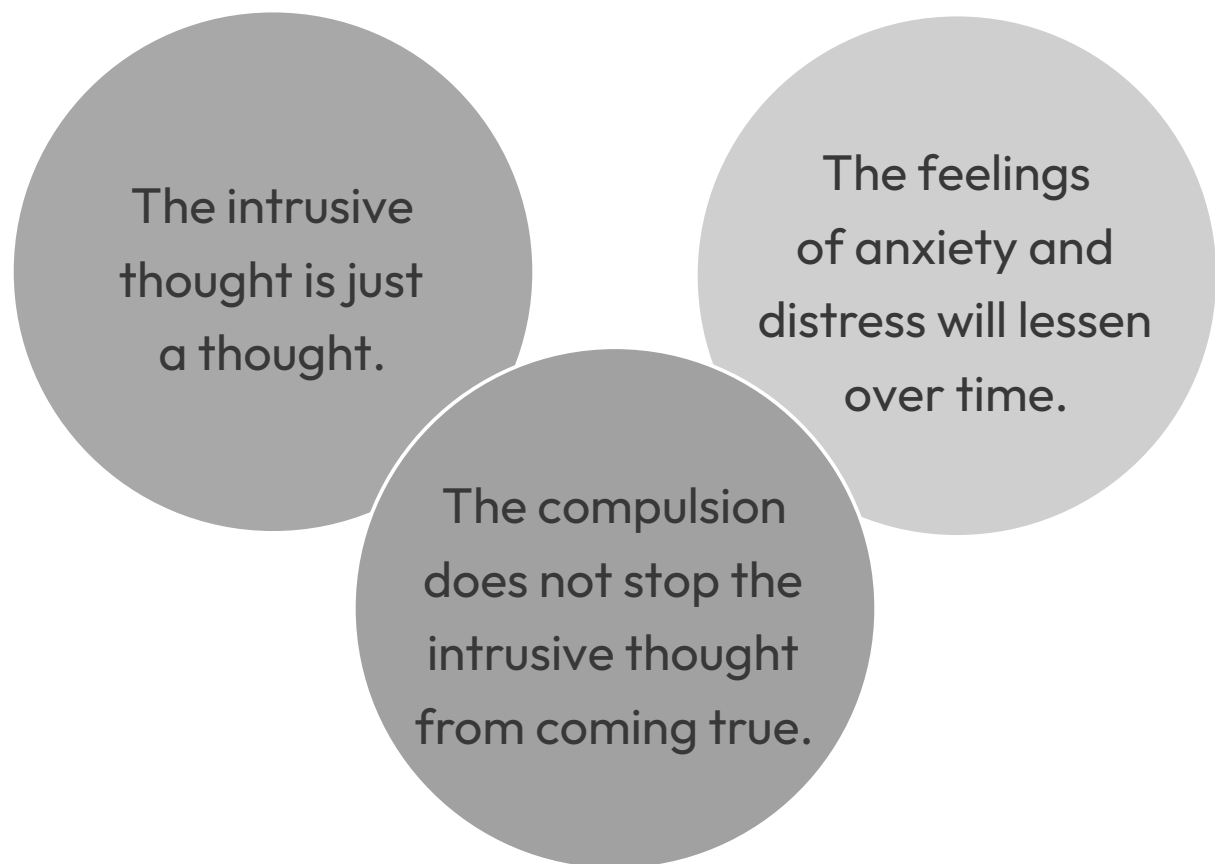
This graph shows our distress rating rising each time we experience an intrusive thought, and reducing in the short-term when we do the compulsion.



To break the OCD cycle, ERP will support you to slowly and gradually face situations where you experience intrusive thoughts and distressing feelings, whilst resisting doing the compulsive behaviours, and allow your anxiety to naturally reduce. This shows our distress levels when we repeatedly stay in the situation whilst resisting the urge to carry out compulsions.



Over time, this enables important learning that:



This process is called habituation, where we allow our anxiety to naturally reduce.

Important: This is a gradual process and it's important to go at your own pace.

The first time we stay in the situation without doing the compulsion, it's normal and expected for our starting anxiety to be high. But remaining in the situation allows us to learn that those initial feelings of anxiety will reduce, and we can resist the urge to act on a compulsion. The second time you stay in the situation, your starting anxiety will be lower, and this continues the more you repeat doing this. We continue this process multiple times so that we habituate, until we have reached a point where the anxiety and urge to act in the situation is minimal. Over time, it becomes easier and easier to stay in the situation, and the urge to do the compulsion lessens.

THE 5 RULES

We take a planned approach to staying in situations with intrusive thoughts, which we will refer to as exposure activities. The following 5 rules will help you to get the most out of your **exposure activities**, as these ensure you are using the techniques effectively.

1

Graded

Graded means gradually completing exposure activities.

We start with a situation that brings on an intrusive thought, where resisting the urge is manageable. It may be helpful to try starting with a situation around the 40% distress level. Over time, we will start to face more challenging situations. Taking a gradual approach means that although there will be some distressing thoughts and feelings, this shouldn't completely overwhelm us. Starting with an exposure activity that feels more manageable can be motivating whilst allowing for the habituation to occur, before moving up to a more difficult exposure activity.

2

Repeated

Repeated means doing the exposure activity several times.

We repeat the exposure activity until we feel able to remain in the situation whilst resisting the compulsion. It is recommended to do the exposure activity 4 to 5 times a week so you can habituate to the situation. This might sound daunting but remember that your starting distress rating will be lower each time you do the exposure activity.

3

Prolonged

Prolonged means staying in the situation. We should remain in our chosen situation until our starting distress rating has halved and therefore reduced by 50%. This way, the distress and urge to act reduces naturally, allowing for important learning that distressing feelings will lessen with time.

Without distraction

4

Without distraction means not distracting ourselves during the exposure activity. It is important to fully experience the distressing thoughts and feelings, otherwise, we are prevented from learning that these will lessen over time. Distracting ourselves away from these thoughts and feelings prevents these important learning processes from occurring. Distractions to avoid might include listening to music to take your mind off the intrusive thoughts, inviting someone you trust to talk to help shift your attention away from the exposure exercise, or purposely thinking about something else.

Without compulsion

5

Without compulsion means we resist doing these during the exposure activity. This means we should avoid doing any of our usual compulsions, and resist starting any new compulsions as we want to stop these entirely. Stopping ourselves from acting on these urges is important for experiencing habituation. It helps us learn that the compulsion doesn't stop the intrusive thought from happening, and that the thought is simply just a thought.

If you're being supported with this workbook, your mental health practitioner can **support** you with putting these 5 rules into practice.

Step 2: My Ladder (page 21) and **Step 3: Exposure Activity Record** (page 24) will support you to plan your exposure activities using these 5 rules.



STEP 1: MY OCD DIARY

It’s useful to keep a diary record of the situations where you experience intrusive thoughts and distressing feelings. This helps to recognise when you might feel the strong urge to do a compulsion, which is useful for planning in the exposure activities later.

Try to record these as and when they occur, so you don’t have to complete it from memory. This will help make it more accurate for the later steps.

TIP

Date & Time When did this happen?	Situation Where am I? What am I doing? What is happening around me? Am I with anyone?	Distressing thought, image and impulse What am I thinking? What is making me anxious? What do I fear will happen? What do I feel a strong urge to do?	Distress Level 0-100% 0% = low distress levels 100% = high distress levels	Response What did you do in response to the distressing thoughts and feelings? Which compulsion did you use?	Time Spent How long did you spend doing the compulsion?	What made you stop doing the compulsion? Was this when you had completed the compulsion a certain number of times? Was it until it felt okay?

Luca’s example (a snapshot of a couple of days from Luca’s week)

Date & Time When did this happen?	Situation Where am I? What am I doing? What is happening around me? Am I with anyone?	Distressing thought, image and impulse What am I thinking? What is making me anxious? What do I fear will happen? What do I feel a strong urge to do?	Distress Level 0-100% 0% = low distress levels 100% = high distress levels	Response What did you do in response to the distressing thoughts and feelings? Which compulsion did you use?	Time Spent How long did you spend doing the compulsion?	What made you stop doing the compulsion? Was this when you had completed the compulsion a certain number of times? Was it until it felt okay?
Monday 7:30pm	At home after work, eating dinner with partner	I must have left the oven on, it will start a fire and I'll be responsible!	80%	I went and checked the oven 5 times during dinner.	20 minutes	until I had checked the oven 5 times.
Monday 10:30pm	Just got into bed	The front door is unlocked, an intruder will break in if I don't check the front door.	95%	I checked the front doors and windows.	40 minutes	I stopped when I felt I had checked enough.
Tuesday 7.45am	Getting ready to leave for work	I must check the plug sockets – if they're left on a fire could start.	75%	Checked all plug sockets in the house were off.	25 minutes	Once I'd gone round the house twice to ensure all sockets were off.
Tuesday 8:30am	Walking to work	I think I dropped something – I could get in trouble at work.	55%	Turned around and walked back home to make sure I didn't drop anything.	15 minutes	Only had time to check once before starting work at 9:00am. Wish I could have checked more as still feel anxious.
Tuesday 4.45pm	Lunch break at work, after paying for lunch at	I've lost my credit card – I must make sure I still have	65%	Checked my wallet 3 times.	1 minute	When I was absolutely sure I had all my cards in

STEP 2: MY LADDER

Now that we have an idea of the situations in which you experience intrusive thoughts and compulsions, you can list them into a hierarchy of difficulty. Try to think about how difficult it would be to not do the compulsions in each of the situations. This is likely to feel difficult in all the situations, but some will likely feel easier or harder than others. You can use the 'Distress Level' column in the previous worksheet to support you in completing this. It is helpful to include situations where avoiding the compulsion brings about at least 40% distress, as we want to experience some distress during the exposure activity to feel it lessening with time.

It is useful to break down the situations and compulsions as much as possible, so you have lots of steps on the ladder. This can provide more options for exposure activities, making these feel more manageable. If you need to, you can extend the worksheet below using more paper to include all your triggering situations.



Try to come up with situations that feel achievable and realistic to complete several times. This will help with repeating the exposure activity.



Your hierarchy can be changed as you try different exposure activities in the next step. This can be useful if our starting distress rating is different to what we expected.





	Situation Situation that triggers the intrusive thought and compulsion	Distress Rating 0-100% How distressing it would be to resist doing the compulsion?
Most Difficult		
Medium Difficult		
Least Difficult		

Luca's hierarchy

	Situation Situation that triggers the intrusive thought and compulsion	Distress Rating 0-100% How distressing it would be to resist doing the compulsion?
Most Difficult	Cooking a meal and not checking the cooker is off more than once	100%
	Going to bed without checking the electric fireplaces are still off	95%
	Getting into bed and checking the door once before going to bed	90%
	Working on a bigger project and resisting asking my colleagues to check my work more than once	85%
Medium Difficult	Leaving for work and not checking the plug sockets	80%
	Using a hairdryer and leaving it plugged in	70%
	Paying for something and not checking my wallet after putting it away	70%
	Checking I have my office key once before leaving to go to work	65%
Least Difficult	Getting into bed and not checking the downstairs windows are locked	60%
	Walking to work and not retracing steps	60%
	Checking the downstairs windows once before going to bed	50%
	Resisting checking the upstairs windows are locked before going to bed	40%

STEP 3: EXPOSURE ACTIVITY RECORD

Now that we have our hierarchy, we can choose an easier situation to start with as our chosen exposure activity. We will plan this in several times. Remember, we are aiming to deliberately put ourselves in the situation that triggers intrusive thoughts, and deliberately NOT do the compulsion we would usually do in response.

Rating your anxiety can help with recognising improvements and celebrating the progress you have made. It can also help us to decide how to move forwards with the plan.

It is important to keep repeating the exposure activity until we feel less anxious doing it. Once the exposure activity feels manageable whilst resisting the urge to do the compulsion, we will be ready to move to up to a more difficult activity from the hierarchy.

You will rate your anxiety using the distress rating at three times for each exposure activity:

- As you prepare for the exposure activity, just before you put yourself in the situation.
- At the start of doing the exposure activity, when you first enter the situation.
- When you end the exposure activity. Remember, we want to end when the starting distress rating has halved.

Stick with doing your chosen exposure activities consistently using the 5 rules. It can be tempting to want to stop, but it does get easier the more you do it. It may take several times before you start noticing improvements. Make sure you give yourself praise each time you resist doing the compulsion!





Exposure Activity Record Worksheet

Date & Time of Exposure Activity Where and when will you complete this?	Exposure Activity	Distress Ratings (0-100%)			Duration How long did you continue the exercise?	Comments How difficult did you find this? What did you notice about how you felt? What have you learnt?
		Whilst preparing for activity	At the start	At the end		

Luca’s Exposure Activity Record Worksheet

Date & Time of Exposure Activity Where and when will you complete this?	Exposure Activity	Distress Ratings (0-100%)			Duration How long did you continue the exercise?	Comments How difficult did you find this? What did you notice about how you felt? What have you learnt?
		Whilst preparing for activity	At the start	At the end		
Mon 8.30-9am	walking to work and not re-tracing steps	60%	65%	40%	Half an hour	I didn't re-trace my steps but I did sort of look back to check the pavement for anything I'd dropped – I know I'm not supposed to do this – it could be a replacement compulsion.. I'll try again tomorrow.
Tues 8.30-9am	walking to work and not re-tracing steps	65%	60%	30%	Half an hour	I managed to not look back today! Really proud of myself. I felt less anxious than yesterday too.
Wed 8.30-9am	walking to work and not re-tracing steps	55%	50%	25%	Half an hour	This felt easier to do than yesterday!
Thurs 8.30-9am	walking to work and not re-tracing steps	40%	45%	20%	Half an hour	I actually feel calmer walking to work now!



MAINTAINING PROGRESS

Well done for getting to this point of the workbook! We hope you have been able to put some of the tools into practice and have started noticing some positive changes. This section is about helping you to continue making progress and staying well. We have a dedicated resource called Staying Well for further support and techniques which you may like to use [here](#).

My previous warning signs

At this point, it can be easy to stop putting in the same effort towards making and maintaining the progress you have made. But if this happens, you, or friends and family, may start to notice your vicious cycle beginning to spiral downwards again. So, it's important to ensure the approach used in this workbook becomes part of your daily life. Simple steps can help you do this. Revisit your Vicious Cycle completed earlier in the workbook and write the content of each area below:

My Behaviours
My Emotions
My Physical Symptoms
My Unhelpful Thoughts

Doing this can help you recognise the first signs that may indicate the urge to do compulsions is feeling tricky to resist. This can help you make changes sooner rather than later to get things back on track.



CHECKING IN WITH HOW I'M DOING

As you come to the end of this workbook, it's helpful to set a regular time to check in with how you're doing. This can support you to notice your previous warning signs and put your staying well toolkit into place as soon as possible.

I will check in with myself about the difficulties that have been troubling me every _____ over the next _____ weeks/months.

Since completing this workbook:

	Yes	No
Have I started doing more compulsions?		
Have I been experiencing any uncomfortable intrusive thoughts?		
Have I noticed any physical feelings?		
Have I experienced any distressing feelings?		

Remember: We all experience intrusive thoughts at times, so this doesn't necessarily mean you're going back to where you were. However, if you find the urge to act on compulsion is hard to resist, it may be helpful to go back through this workbook, look at what you learnt last time that helped and try to use these tools to support you.

FURTHER RESOURCES

Here are some organisations with further information and support around OCD.

[OCD: An overview](#)

[OCD Action](#)

[OCD UK](#)

[Triumph Over Phobia UK](#)

[Maternal OCD](#)

These links were selected at the time the workbook was published.

AUTHORS

Senga Clarke-Côté: Senga is a former lecturer on the Post Graduate Certificate in Psychological Therapies Practice (LICBT) within Cedar; Psychology. She is now working as a PWP assessor for the British Psychological Society. Senga worked as a Psychological Wellbeing Practitioner within NHS Talking Therapies and gained a lot of experience working with OCD. She co-developed a masterclass at the University of Exeter for training qualified PWPs in using ERP for OCD and also supported the delivery of the Cedar Supervisor Training for PWPs. Outside of work, Senga enjoys theatre, acting and singing.

Rose Wysocka: Rose is a Lecturer on the Level 6 Certificate in Psychological Wellbeing Practice within Cedar; Psychology. She worked as a Psychological Wellbeing Practitioner within NHS Talking Therapies and supported a self-help group for an OCD charity. Rose leads the OCD training for trainee and qualified PWPs at the University of Exeter. She is also a co-author of the Staying Well workbook for mental health practitioners. Outside of work, Rose is involved in a local Church and enjoys travelling and running.

