

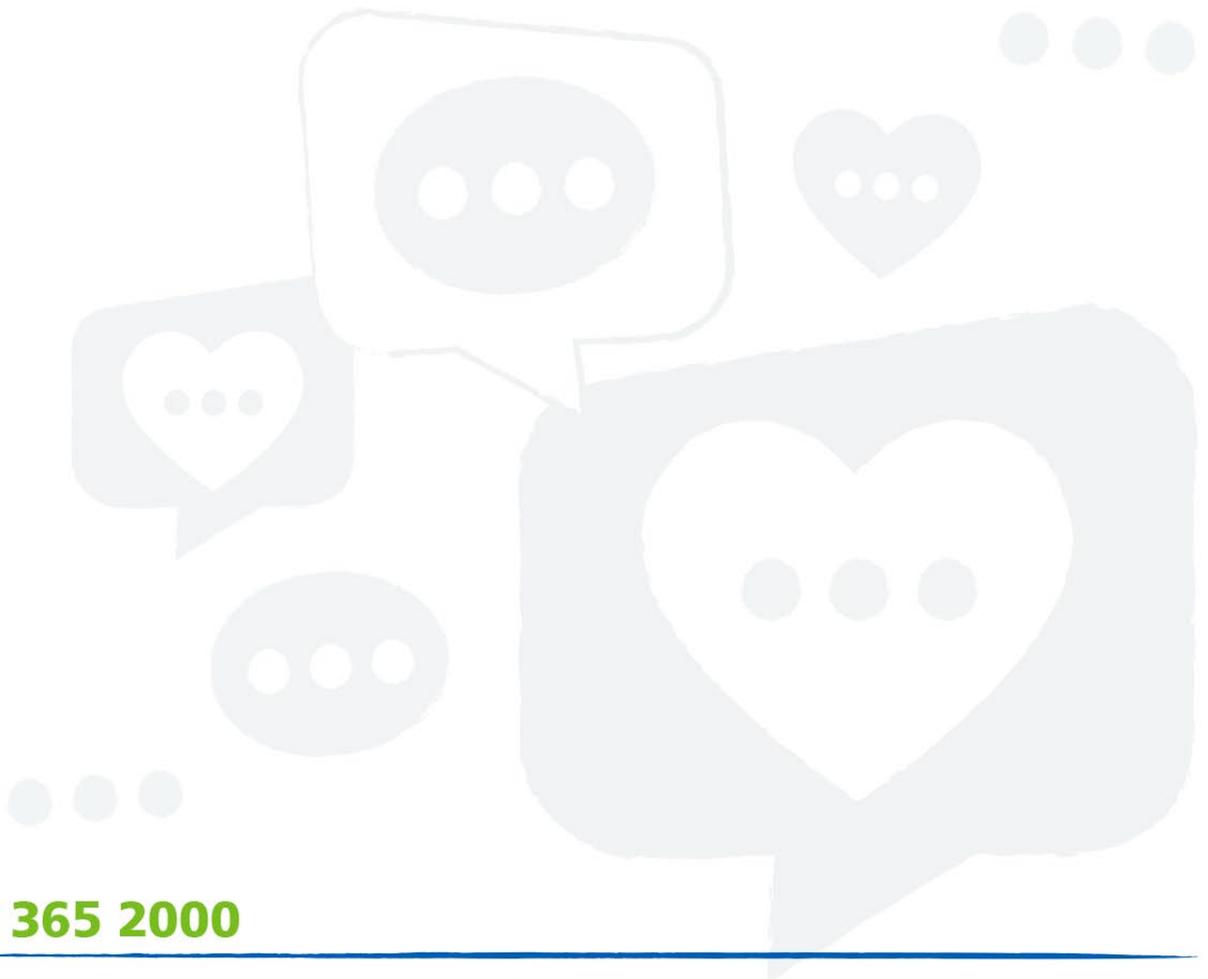


Talking Therapies  
**Workbook...**

Workbook 9

# Obsessive Compulsive Disorder (OCD)

A self-help guide



 **0300 365 2000**

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As you work through the booklet, feel free to make notes on pages 16-18.

# Obsessive Compulsive Disorder (OCD)

## What is OCD?

**OCD is a common mental health condition in which a person can have obsessive thoughts and compulsive behaviours.**

## What is an obsessive thought?

Obsessive thoughts are unwanted (intrusive), frequent and cause distress or anxiety.

The obsessions can be thoughts, images, impulses or urges and often contradict their values as a person. They are experienced by 98% of the population.

They only become a problem if they are interpreted in such a way that they seem threatening and so an action (or compulsion) is taken to prevent whatever is feared from happening. This can lead to the thought becoming stuck and very disturbing.

## What is a compulsive behaviour?

A compulsive behaviour is something a person carries out to reduce the distress of the obsessive thought. This is sometimes also called 'neutralising'.

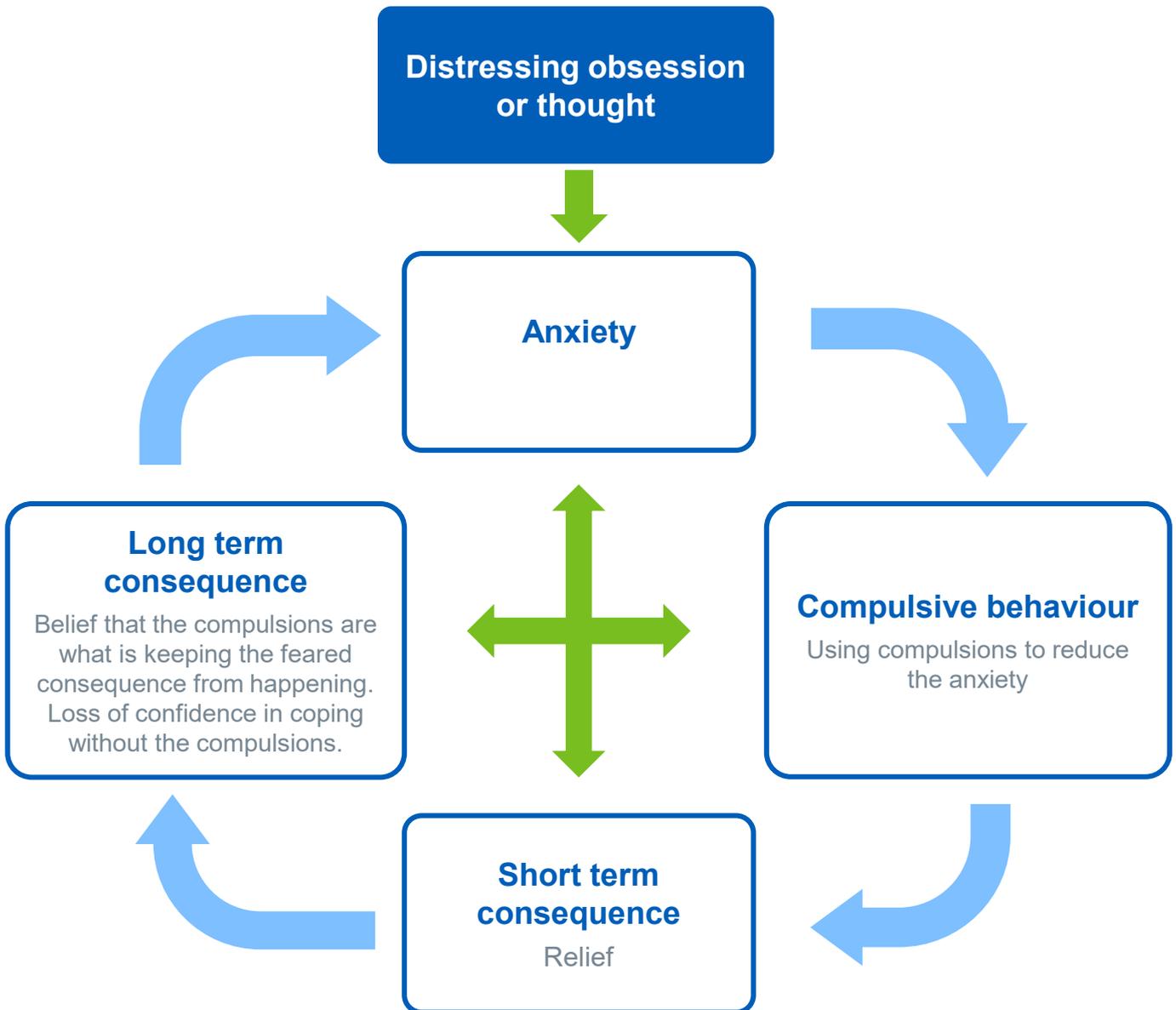
Compulsions may be something that the person does that can be seen by others, e.g. washing or checking, or something they do internally, such as counting or repeating words. They are usually linked to the obsession and tend to make us feel better because we believe that they can influence or resolve the things that we are worried about happening.

However, the compulsion often has no real influence. Compulsions are not normally enjoyable but bring about temporary relief from feelings of anxiety, tension and frustration which are associated with obsessions.



# The vicious cycle of OCD

The way you think about a problem (**thoughts**), can affect how your body reacts (**physically**) and emotionally (**feelings**). It can also alter how you might act in response to that trigger (**behaviour**).



## Reflect

- The problem is not having disturbing intrusive thoughts, but how you may have learnt to deal with them. It is these behaviours, or compulsions, that causes your intense distress and keeps the problem going
- Have you noticed this cycle in yourself?
- Are there any specific compulsions that you recognise you use for this cycle?

# Types of OCD

**There is common misconception that OCD is just about being excessively clean. However, this is not the case, there are actually many different types of OCD:**

**Cleaning** – people with this type of OCD tend to pre-occupied with thoughts of germs in the environment and possible contamination. They cope by cleaning and washing excessively and avoiding places or situations that may result in contamination.

**Checking** – people with this obsession are pre-occupied with making sure everything is safe so that harm does not come to themselves or other people. To cope with this, they will check things repeatedly, just in case. For example, a person might repeatedly check that the cooker is off; for fear they will forget to turn it off one day and burn down the house.

**Order and symmetry** – people with this type of OCD want to make sure that everything is done in exactly the right way and in the right order. Objects must be put in exactly the right place. If this order is disturbed then they may get very agitated or upset, thinking there may be a bad consequence.

**Hoarding** – is when you keep all of your possessions and feel afraid to throw anything away, including small things such as old newspapers, used tickets and clothes that no longer fit. The underlying fear is that you might throw away something important or be wasteful.



## Reflect

- People with OCD can participate in one, some, or all of these types depending on what they fear happening.
- Do you relate to any of these types of OCD?

# Monitoring your symptoms

A useful way to identify your obsessions and compulsions is to keep a record of them and the level of anxiety or distress they cause you:

Day/time	Obsessive thought	Compulsive behaviour	Level of anxiety (0-10)

# Common intrusive thoughts

**Intrusive thoughts, as mentioned earlier in this workbook, are unwanted and unpleasant thoughts that come into our mind.**

It is not just people with OCD who experience intrusive thoughts. The table below shows the results of research findings from a survey of 293 people, none of whom had a diagnosed mental health problem. 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 intrusive thought.

Intrusive thought	Female	Male
Hitting animals or people with car	46%	54%
Running car off the road	64%	56%
Swerving into traffic	55%	52%
Jumping off a high place	39%	46%
Jumping in front of car/train	25%	29%
Insulting strangers	50%	59%
Hurting family	42%	50%
Accidentally leaving the heat/oven on	79%	66%
Swearing in public	30%	34%
Shoplifting	27%	33%
Sex with unacceptable person	48%	63%

Intrusive thought	Female	Male
Exposing self in public	9%	21%
Acts against sexual preference	19%	20%
Catching sexually transmitted disease	60%	43%
Getting fatal disease from strangers	22%	19%
Giving fatal disease to strangers	25%	17%
Giving everything away	52%	43%
Removing all dust from the floor	35%	24%
Removing dust from unseen places	41%	29%
Contamination from doors	35%	24%
Contamination from phones	28%	18%
Scratching car paint	26%	43%
Throwing something	28%	26%
Breaking window	26%	43%
Leaving home unlocked	77%	69%
Leaving taps on and flooding the house	28%	24%



Remember, these are percentages of people having intrusive thoughts without having OCD. Look at this when you experience an intrusive thought and see how many others experience it as well.

# The importance of changing compulsions

**By carrying out compulsions, you are avoiding the anxiety caused by the obsessions.**

Although in the **short term this leads to a sense of relief**, in the **long term it makes the anxiety worse** for several reasons:

1. The relief you get from carrying out the compulsions reinforces the belief that compulsions are the best way to deal with the anxiety associated with the obsessions.
2. They undermine your confidence in dealing with the situation in an alternative way. You may reinforce your belief that you are unable to cope with the anxiety unless you carry out the compulsion.
3. You are not giving yourself the opportunity to test our your beliefs and see if they are actually true.



## Reflect

A woman walks down the road and sees a man waving his arms around in the air. “Why are you doing that?” she says. “To keep away the dragons”, said the man. “But there aren’t any dragons”, said the woman. The man replies, “That just shows how well it works”.

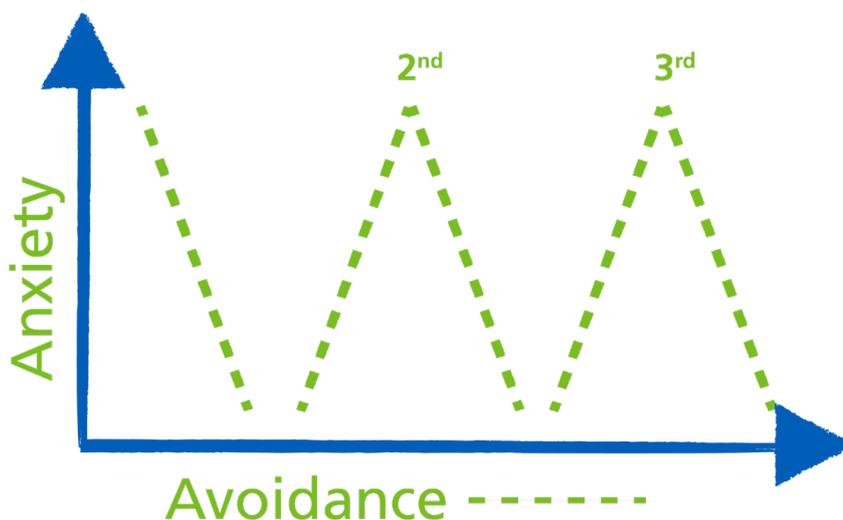
# Facing your fears

## What do you think would happen?

**The process in which we change behaviour is called exposure and has been shown to be an effective form of treatment for OCD.**

Exposure response prevention is the process in which we face our fears without engaging in our compulsive behaviours.

Most people think that if they did not carry out their compulsive behaviours their anxiety would just keep rising until eventually something catastrophic happens, for example someone being harmed. Because of this, they carry out their compulsions and their anxiety drops right down. This works well in the short term but then the next time you have an obsessional thought, your anxiety is just as high as it was last time, if not higher. The doubts will creep back in and the whole process starts again.

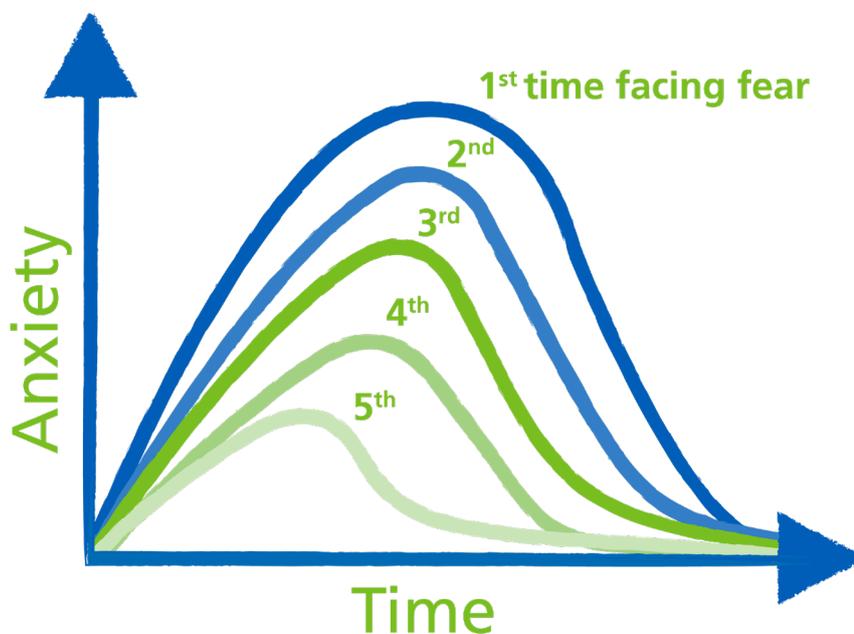


# Facing your fears

## What would actually happen?

However, when you face the situation without engaging in your compulsive behaviours, your anxiety will go up, reach a peak then go down again on its own.

The very first time you do this your anxiety will be at its highest. However, the second time you face the feared situation you will find that your anxiety has reduced and the third time your anxiety will be even lower. Each time you put yourself in your feared situation your anxiety will be progressively less severe and more tolerable (see graph below). This process is known as 'habituation' where the situation is so familiar that it no longer appears threatening. As the anxiety fades, so does the urge to carry out the compulsive behaviours.



# Exposure response prevention (ERP)

## What is exposure response prevention?

**Exposure response prevention (ERP) involves gradually facing your fears, starting with the easiest or least fearful situations and working your way up to the more difficult ones.**

For each situation that you face, you need to resist the urge to carry out your compulsive activity and endure it until you feel your anxiety come down. You will need to stay in the situation until your anxiety has dropped by half, otherwise the drop in anxiety may be attributed to leaving the situation and you won't learn that the anxiety has reduced naturally and that you can indeed cope with the situations.

## The five conditions of ERP

- 1. Graded** - Exposure to anxiety provoking situations must be graded in order of least to most anxiety provoking.
- 2. Prolonged** - You need to ensure that your exposure to the situation is prolonged. There must be sufficient time for anxiety to reduce without the compulsion being carried out. Typically anxiety needs to reduce by 50%.
- 3. Repeated** - Each step on the hierarchy should be repeated until the anxiety associated with the step has reduced. Once you have achieved this, you can then move up to the next exercise on your hierarchy.
- 4. Without distraction** - In order to notice a reduction in anxiety, it is important that you are able to experience anxiety when you first start exposure so you can learn that anxiety will naturally reduce if you keep revisiting situations that are feared. If you distract yourself from feeling this anxiety, for example thinking about something else or listening to music, you will not experience the reduction in anxiety and so will not learn that you can cope.
- 5. Without compulsion** - Each time you expose yourself to an exercise on your hierarchy, you need to remain in the situation, resisting the urge to carry out a compulsion to reduce your distress (either one that you have done before, or a new one).



It is important to make sure you do not replace compulsions when resisting the urge to carry out the current compulsion.



# My exposure diary

Fill in this exposure diary before and after you have placed yourself in an anxiety provoking situation. This can help you track your progress and notice improvements over time.

Date and time	Duration (minutes)	Situation	Anxiety (0-100)			Comments
			Before the exposure	At the start of the exposure	End of the exposure	

# Keeping it going

## Top tips

**Making changes to the way you think and behave can be very challenging and difficult and at first it is likely that it will take a while before you see a significant positive change.**

It may be tempting to give up, but it is important to stick with it – it will get easier, and it will be worth it!

- **When you feel yourself getting anxious again in the future or while carrying out compulsions** - STOP! Take a moment to review your thoughts and behaviours and change them using the methods you have learnt. By catching it early you may be able to prevent it from becoming a big problem in your life.
- **Look out for your trigger situations** - if you know that a particular event or situation is likely to provoke negative thoughts or compulsions, think about how you are going to generate more helpful ways of behaving and thinking.
- **Keep the list of common intrusive thoughts nearby** - so you can reflect on them when they happen.
- **Resist the temptation to carry out compulsions** - stopping your compulsive activities is difficult initially and there may be times that you are unable to resist the urge to carry out your compulsive activity. If you find that you cannot resist the urge and you carry out your compulsive activity during an exercise, you can 'undo' the compulsion by exposing yourself to the fear again and restarting the exercise.





# Notes

A series of 20 horizontal dotted lines for writing notes.



# Further resources



## Workbooks

**Centre for Clinical Interventions (CCI)** - <https://www.cci.health.wa.gov.au/>

A range of detailed resources and PDF workbooks available to download for free focusing on a range of depression and anxiety related difficulties

**Northumberland, Tyne and Wear NHS** – <https://web.ntw.nhs.uk/selfhelp/>

Self-help guides free to download by PDF and print on a range of difficulties including anxiety and depression

## Smartphone apps (found on Apple and Google Play store)

**WRAP** – Wellness recovery action app

**Mood Tools** – Depression aid

**Fear Tools** – Anxiety kit

**Insight Timer** – Meditation app

## Websites

**Mind** – <https://www.mind.org.uk/>

**Mental Health Foundation** - <https://www.mentalhealth.org.uk/>

**NHS** - <https://www.nhs.uk/mental-health/>

# Useful contacts...



## Talking Therapies:

**0300 365 2000**

(Open 8am to 8pm Monday to Thursday  
8am to 5pm Friday)

Email:

[talkingtherapies@berkshire.nhs.uk](mailto:talkingtherapies@berkshire.nhs.uk)

## Other contacts:

Berkshire Crisis Team:

**0800 129 9999**

(24 hours, specialist service for  
immediate mental health crisis)

Samaritans:

**116 123**

(24 hours, confidential listening service)

NHS Direct / out of hours:

**111**

(24 hours, physical and mental  
health concerns)

**In an emergency always call 999**

