WHAT IS OBSESSIVE-COMPULSIVE DISORDER?
WHAT IS AN OBSESSIVE-COMPULSIVE DISORDER?

I: Understanding The Problem

Produced by Ballarat Health Services, Psychiatric Services

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What is an Obsessive-Compulsive Disorder?

When we have an Obsessive-Compulsive Disorder (or OCD for short) we have thoughts that we do not want and actions that we must repeat even when they seem pointless. The harder we seem to try to get rid of these thoughts or repeated actions, the worse they bother us. We become obsessed by the thoughts and compelled to carry out the actions.

HAVE ANY OF US HAD THOUGHTS WE DID NOT WANT TO HAVE, OR POINTLESS THINGS WE FELT WE MUST DO?

OCD is an exaggeration of thoughts and actions which all of us have from time to time. Most of us have worries that we cannot get out of our heads, or do things that are not really necessary. Many of us cannot go to bed without checking the locks, lights or cookers, even when we know that they are safe. Others may have occasional thoughts of violence or sexual behaviour that seem out of character. We can usually put them out of our minds and forget about them. But for those of us with OCD coping with these unwanted thoughts make us very anxious and upset and begin to interfere with our lives. Two or three people out of every hundred will have some of the features of OCD, but less than one in every hundred will need some special treatment for the problems that this causes.

WHAT PROBLEMS HAVE WE HAD FROM OCD? HOW HAVE THESE AFFECTED OUR LIVES?

At times the thoughts or actions that we have may seem strange and we may be worried that we are going “mad” or “insane”. At other times these strange thoughts and behaviours may be confused with those of psychotic disorders. However, like all mental disorders, people with OCD are normal people who have some difficulties in their thoughts, feelings or actions from time to time.

OCD can have a variety of forms. Here are three different sorts of cases:

Angela is afraid of catching cancer from contact with other people. She is particularly afraid of touching people who may have been in hospitals where cancer patients have treatment. She now tries to avoid touching anyone because she cannot be sure that they may have touched someone who has had contact with cancer. To cope with this anxiety she tries to avoid going out of her house. If she does touch someone, she has to wash her hands and her clothes extremely thoroughly, sometimes taking hours. She also insists that her husband and children take off all their clothes and wash themselves thoroughly whenever they come into the house. Her family are becoming increasingly impatient with this. They are also beginning to resent her constant demands that they should tell her in great detail where they have been. This is so that she can be reassured that they have not been anywhere ‘dangerous’. She knows these fears are unrealistic but she cannot rid herself of the worry that she will catch cancer if she does not take these precautions.
Bernard constantly has to check things in order to prevent a catastrophe. Leaving his house can take him more than an hour. He has to go round the whole house checking and re-checking that ashtrays do not have burning cigarette ends, plugs are unplugged, switches, water and gas taps are switched off and doors are locked securely. Many of his everyday activities have to be repeated 6 times before he can be sure that they have been done ‘properly’. At work he is always behind because he has to check and recheck everything he does in case he has missed some small mistake. Again, he feels that his precautions are really too extreme, but whenever he tries not to carry out his checks he feels so anxious that he soon gives in and makes the check.

Carolyn has thoughts that she might harm her 6-month old baby son. She loves her baby very much and has never even smacked him, but she is constantly plagued by thoughts that she might somehow lose control and attack him in a very violent way. Sometimes she even sees pictures in her mind where she is throwing her baby out the window. She is worried that she must be ‘going mad’ because she has these outrageous thoughts. She tries very hard to forget about them, but they keep coming back many times a day. The only way she can calm herself is to make herself have what she calls a "good thought". This means saying a particular prayer to herself 3 times. In this way she gets temporary relief, but the thoughts soon come back.

**WHAT TYPES OF THOUGHTS AND ACTIONS HAVE WE HAD WHEN WE HAVE HAD OCD?**

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The Characteristic Experiences of Obsessive-Compulsive Disorders

As we have discussed earlier, there are several different types of experiences we can have when we have OCD. These are:

**Obsessional Thoughts or Ruminations**

These are used to describe the unpleasant thoughts that make us anxious. Angela’s fears about cancer, Bernard’s worries about a disaster and Carolyn’s thoughts about violence are all examples of obsessions.

Obsessions come in three forms. They may be simple thoughts, such as "I might get cancer": they may be pictures in our minds, such as seeing ourselves throwing our baby out a window; or they can be impulses, such as a real urge to want to harm someone. We are usually terrified that one day they will act on these urges. In fact, long experience with OCD tells us that these urges are almost never carried out.

The sort of ideas that people become obsessed about are usually concerns about dirt and disease, sex and violence, and other kinds of disasters that may happen to us or our loved ones. Because the thoughts are unpleasant or frightening for us, they make us feel very uncomfortable or anxious. Most often the discomfort aroused by the obsessions leads us to try to do something to feel better. These coping activities may need to be repeated frequently to make the unwanted thoughts go away, as well as to prevent them occurring in
the first place. These repeated activities, which may seem senseless to others, are sometimes called rituals.

WHAT KIND OF OBSESSIONAL THOUGHTS HAVE WE HAD?

____________________________________________________

Compulsive Actions or Rituals

A compulsion is an action that we feel compelled to carry out to cope with our anxiety or distress no matter how foolish it may seem. There are two types. First, there are actual actions which somebody watching would be able to see. Angela’s washing and Bernard’s checking are examples of these. In fact, washing and checking are the two most common kinds of obsessional ritual. Often, as with Angela, our resource group may also become caught up in our ritual activity.

The other kind of ritual is a mental action, such as Mrs C’s “good thoughts”. Obviously no one else can know about this unless she tells them. These are things that we can say or think to ourselves that make our unwanted thoughts go away or relieve our anxiety about them.

WHAT KIND OF COMPULSIVE ACTIONS OR RITUALS HAVE WE HAD?

____________________________________________________

Seeking Reassurance from Others

Another way we try to reduce our distress is to ask others, such as our friends, family or doctor, for reassurance about our fears. Angela’s requests for details of her family’s movements is an example of these efforts to seek reassurance that everything is alright. Sometimes we may also spend time trying to reassure ourselves. For example Angela reviewed her day’s activities in her mind, trying to be sure she had not touched anyone she considered dangerous.

WHAT THINGS HAVE WE DONE TO SEEK REASSURANCE?

____________________________________________________

Avoidance

Often our worries are triggered by certain situations or people. For example, Angela’s worrying thoughts were triggered when she touched people. We then try to avoid these specific situations to reduce our fears. Angela’s staying in her house is an example of this. Although this is a good way of coping it can lead to an increasingly restricted lifestyle as we find more and more situations we must avoid.

WHAT THINGS HAVE WE AVOIDED?
What Causes Obsessive-Compulsive Disorders

Biomedical Factors
OCD runs in some families and there is evidence that the tendency to develop this disorder is inherited. Studies of the brain have found some minor abnormalities but no clear chemical imbalances. Medications that help with general features of anxiety or depression tend to benefit those same symptoms in people with OCD.

HAS ANYONE IN OUR FAMILY HAD ANY FEATURES OF OCD?

Psychological Factors
The experience of having unwanted, intrusive thoughts is very common. But most people do not develop OCD. The big question is why this gets out of hand and becomes so troublesome for some of us but not for others. Psychological research is still at an early stage but there seem to be a number of answers to this question.

First, it seems that people who develop OCD are more likely to become tense and anxious than other people. So that any upsetting experience may be worse than for someone else.

Second, people who get OCD often have extremely high standards, particularly in the areas of morality and responsibility. This means that a violent or sexual thought which someone else would ignore is extremely distasteful or unacceptable to us.

Third, we know that upsetting thoughts become worse at times of stress. OCD often begins in young people at these times, especially if we must cope with extra responsibility (for example, when starting a new job or having children). After OCD has begun, it usually gets worse when we are have to cope with high levels of stress.

Finally, we know that we all find our worries harder to control when we are very distressed.

The result of all these effects is that those of us with OCD become very anxious and distressed when we have certain thoughts. This distress makes it harder for us to ignore those thoughts. We become trapped between severe worries and our inability to control them and try to find some other ways to cope. Rituals and avoidance are two ways that help us to become less distressed, at least temporarily.

WHAT FACTORS DO WE THINK MAY HAVE CONTRIBUTED TO OUR OCD?

Why do the problems continue and get worse?
The rituals we use seem to work in the short term. If we cannot rid ourselves of a fear of catching an infectious disease, it seems logical to try to clean ourselves as thoroughly as
possible. Avoiding particular situations or getting reassurance from friends or family also help us feel less worried, for a while. But these actions do not seem to help in the long run. There are two main reasons for this.

First, because rituals reduce our discomfort, they become a stronger and stronger habit. It’s a bit like smoking for a cigarette smoker - 10 a day tends to become 20 a day, and then 30 a day and so on. If we feel uncomfortable and we know that something we do will make us feel better, it’s natural that it’s hard to resist carrying out that action. The trouble is that soon our whole life is taken up with rituals or avoiding things. We never learn any other, less disruptive, way of dealing with our worries.

Secondly, if we control our discomfort with rituals or avoidance we will never get a chance to test whether what we fear is really as bad as we imagine. Our obsessional worries are almost always unrealistic or excessive, but the only way to really find this out is to face up to them without rituals, avoidance or reassurance. There is a joke about a man standing on the street waving his arms up and down. When someone asked him what he was doing, he replied "Keeping the dragons away". The second man said "But there aren’t any dragons around here", to which the first man replied, "That shows how well it works!". When we have OCD we are a bit like that - the rituals keep away the non-existent dragons we fear. What we really need to learn is that there are no dragons!

WHAT RITUALS, AVOIDANCE OR REASSURANCE MAY STOP OUR OCD FROM GETTING BETTER?

_____________________________________________________________________
_____________________________________________________________________

Making Sense of OCD

Let us try to summarise what we have talked about so far.

• Having unpleasant thoughts is very common, but some of us become very frightened by them.
• If we have an idea that something terrible will happen unless we do something, it seems perfectly sensible to try to prevent it.
• But, the actions we take to prevent such a disaster may actually make the original idea become more frightening.
• So we get into a vicious circle. The fears get worse and worse, and our efforts to cope may start to rule our lives.

In the next sessions we will learn about some ways that may help us overcome many of these difficulties.
COPING WITH
OBSESSIVE-COMPELLSIVE
DISORDERS

II: Effective Treatment Strategies

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The Treatment Of Obsessive-Compulsive Disorder

Action rituals, mental rituals and reassurance are all similar in one important way. They are all ways in which people with OCD try to cope with the discomfort arising from their worries. As we discussed in our last session, the problem is that although these coping strategies may work well in the short term, it makes things worse in the long term. The task of effective treatment is to find ways to learn to cope with our fears by facing up to them without any rituals.

Each person who has OCD will have different problems. For one it may be checking or cleaning rituals, another special counting habits, another high levels of anxiety, another avoiding specific activities, and another controlling violent or sexual urges.

**WHAT ARE THE MAIN PROBLEMS WE HAVE WHEN WE HAVE OBSESSIVE COMPULSIVE SYMPTOMS?**

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

For some of us it may be difficult to be clear what our problems are. Our rituals and avoidances become such strong habits, it can be hard to notice all the problems. It may be useful to ask ourselves two questions:

**WHAT WOULD WE NOT BE DOING IF WE DID NOT HAVE OCD? (RITUALS, ETC)**
_____________________________________________________________________
_____________________________________________________________________

**WHAT WOULD WE BE DOING IF WE DID NOT HAVE OCD? (AVOIDANCES)**
_____________________________________________________________________
_____________________________________________________________________

*Problem Analysis (INSTRUCTOR)*

In order to get a better idea about these problems and the things that make these problems better or worse, our Instructor will ask X_________ some questions about it using the Problem Analysis Worksheet. We will need to decide which two or three problems are the most important for us to work out plans to cope with at this point. This will take us about 25 - 30 minutes. We can stay and listen, but we may have other things that we would rather be doing at this time.

*Feedback to all group members (after completing the Problem Analysis worksheet and listing the main points that might help develop more effective strategies)*
We have had a good discussion about the problems that X________ has been having. Some of the points that we felt were particularly helpful in thinking of ways to cope with these problems were:

Problem 1
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Are there any other points that we would like to add to these?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Problem 2
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Are there any other points that we would like to add to these?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Coping With the Problems of OCD

Does treatment make a big difference?
The prospects for sufferers from OCD have improved dramatically in the last 15 to 20 years. Before the, OCD often went on for many years, or even a lifetime. With modern treatment, research shows that 70-80% will greatly improve within months and will remain well. However, the chances of success depend greatly on us. Modern treatment is very active and depends for its success on our efforts. Our instructors will offer support and advice but it is our work learning better coping strategies that is the key to success.

What is the best treatment?
For most people with OCD symptoms, the most effective treatment is Exposure with Response Prevention. This means that we need to put ourselves in the situations that we fear (exposure) without using the coping strategies of rituals or avoidances to minimise the anxiety and distress we feel (response prevention). The situations that trigger each person's fears will be different in each case. Some will be real situations, others will be frightening thoughts or images. Our instructor will help us to work out what our key situations are.
With this approach most of us can get used to the things that worry us and learn that nothing really terrible actually happens. The details of how quickly we face up to our worrying situations and which responses we should prevent will be worked out with our instructor. This probably sounds like hard work, and it often is. However, most of us find that with the right kind of help and support, we can carry out such a programme and overcome our problems.

**Can medicines help?**

There are several medicines that help relieve the symptoms of OCD. They seem to work in two ways. First, by dampening the responses of our nervous systems and making our responses to feared situations less severe. This may have the disadvantage of preventing us from learning to cope with the actual experience of anxiety that the feared situations trigger, and slow our recovery. But for some of us who experience overwhelming anxiety responses this more gradual approach may be the only way we can face up to our fears. For those of us who are not keen on taking medicines, other relaxation strategies may be useful (see *DEVELOPING STRATEGIES TO COPE WITH ANXIETY: Reducing the Sensitivity of Our Nervous System*).

Many of us who have struggled to survive with our obsessions and compulsions for many years will tend to become discouraged and may have many symptoms of depression. We may feel too tired to attempt a treatment that requires even more work every day. A course of antidepressant medication may relieve some of our depressive symptoms and restore our enthusiasm for overcoming our difficulties.

Worrying thoughts are key symptoms of depressive disorders as well as of OCD. Worrying thoughts of depression are considered to be exaggerations of realistic worries and it is more easy for the person to take their mind off them. But at times it may be very difficult for experts to make the distinction between the two. Of course it is also possible to have a mixture of both types of worrying thoughts. In these cases treatment for depression may be an important part of our program (see *What is Depression?*).

**What do we do if we only have worrying thoughts without rituals?**

Some of us may have few or no rituals. Our main problem is the worrying thoughts. Different treatments strategies may be needed. These strategies help us to learn either to control the thoughts directly, or to become less distressed by them so that they become easier to put out of our minds. We will discuss strategies that some people have found helpful to cope with worrying thoughts in our next session.

**Some Important Points About Treatment**

It should be stressed that treatment is a joint task between us and our instructors. Though some of the things we may be asked to do may be difficult, we will never be asked to do something we have not agreed to do. No surprises will be sprung on us - in the end, it is always up to us to decide what happens.

During treatment we may well find that our instructor suggests that we do things which do not seek like 'normal' behaviour. For instance, someone who washes too much may be asked not to wash at all for some time. Clearly most of us do wash our hands in everyday life, but what happens in treatment is not necessarily to be taken as a standard for 'normal'
behaviour. If someone breaks a leg, we put it in plaster, but this does not mean that we should all wear plaster on our legs all the time!

Many people find that at some time during treatment they are no longer sure what is ‘normal’ and what isn’t. Don’t worry if this happens. Once treatment has helped to reduce our excessive worries, we will be free to decide our own standards, standards which are not controlled by fear.

Most people do become uncomfortable at times during treatment. We should try not to let this stop us sticking to the program we have planned. If we can keep to the programme, the discomfort will decline as we improve. This discomfort is normal, and perhaps even necessary. We cannot expect to lose a strong habit, which has grown over months or years, without any discomfort. It would be much easier for all of us if there were a completely comfortable form of treatment, but so far we do not know of one. Exposure and response prevention at present offers us the best hope of improvement.

Of course, there are ways of keeping the discomfort within manageable limits. Our Resource Group can give us support and encouragement. It may also be helpful to plan activities that we enjoy to help reward ourselves after we have done difficult tasks.

How can we get the best out of treatment?

First, we must be honest about our successes and failures. There may be a temptation to hide any failures in the programme, but this will not help. It is perfectly normal for things to be difficult sometimes, but we all need to know what is happening to be able to find the best ways to help. ‘Failures may have a positive value in helping us to learn more about the problems and be better prepared for future difficulties.

Second, we should try not to hide embarrassing or unpleasant thoughts. Many obsessional thoughts are unpleasant or silly, but we will not be shocked or offended by them. Many other people have had the same thoughts.

Third, we should try to be strict with ourselves in deciding whether things we do are obsessional or not. Often the best rule is to assume it’s obsessional until we all agree that it is not! This may apply particularly to asking for reassurance. It can be very hard not to get reassurance but it is important that we learn to cope, without depending too much on our family or friends. They can help by supporting our efforts, but not by reassuring us, or by helping us to perform rituals. We will teach people in our Resource Groups how to give support and encouragement in the most effective way.

Keeping a Record of our OCD Problems

One of the first things we need to do is find out more about what might trigger our OCD problems. I would like us to look at the Daily Record of OCD Problems. This record will show us when we have had worrying thoughts and what situations might be linked to our problems. This record will also tell us what we did to cope in these situations.

**DAILY RECORD OF OCD PROBLEMS**
Distress:
0 = none 1 = almost none 2 = v. mild 3 = mild 4 = mild-moderate 5 = moderate 6 = mod-severe 7 = severe 8 = v. severe 9 = v.v. severe 10 = extreme

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<tr>
<th>TIME</th>
<th>WHAT TRIGGERED OUR WORRYING THOUGHT?</th>
<th>WHAT WAS OUR EXACT THOUGHT?</th>
<th>WHAT DID WE DO TO COPE?</th>
<th>HOW DID WE FEEL AFTER WE USED OUR COPING STRATEGIES?</th>
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<td></td>
<td></td>
<td>How much distress did we feel? (0-10)</td>
<td>List ALL strategies, both good and bad.</td>
<td>How much distress? (0-10)</td>
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Of course there may be times when we have worrying thoughts continuously, or when we are unsure exactly what to write in the spaces. We do not need to worry too much about this, just write down what we can in the spaces. It is usually easiest to keep a record as we go each day. So it is useful to carry the sheet around so that we can write down what is happening right away.

Practice filling in the OCD Record sheet
We can start by filling in one time when we have had worrying thoughts today. This should help us to get an idea of how the sheet works and we can help to sort out any confusion.

Review of OCD Record sheet
At the start of our next teaching session we will look over the records that we have made and see what we can learn more about our OCD problems and find other ways to help us cope with them.

DO WE HAVE ANY QUESTIONS ABOUT MAKING A RECORD OF OUR OCD PROBLEMS?
## DAILY RECORD OF OCD PROBLEMS

Name: _______________________________     Date: ___________________

### Distress:
0 = none 1= almost none 2= v. mild 3 = mild 4 =mild-moderate 5 =moderate 6 = mod-severe 7 = severe 8= v. severe  
9 = v.v. severe 10 = extreme

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<tr>
<th>TIME</th>
<th>WHAT-triggered my worrying thought?</th>
<th>WHAT was my exact thought? How much distress did I feel? (0-10)</th>
<th>WHAT did I do to cope? List ALL strategies, both good and bad.</th>
<th>HOW did I feel after I used my coping strategies? How much distress?(0-10)</th>
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COPING WITH OBSESSIVE-COMPULSIVE DISORDER

III: GETTING USED TO THE SITUATIONS THAT SET OFF OUR WORRYING THOUGHTS

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Avoiding Situations that Make Us Anxious

We quickly learn to avoid those situations and things that are extremely distressing. This tends to include those places, activities or things that cause us to think frightening thoughts. Avoiding those situations or thoughts that set off our OCD will prevent those problems, at least for a while. However, in the long run we usually find that we need to avoid more and more situations and our lives become more and more restricted. In order to avoid things that might make us distressed we may need to change our entire lifestyles and sometimes the lives of our friends and families.

We can learn to get used to situations that make us frightened if we stay in those situations until our anxiety comes to a peak, and then begins to decrease. This may sound very frightening and a little ridiculous until we try it. Of course the usual tendency is to escape when our anxiety begins to develop, so we have never learned that it will go down if we can manage to stay longer.

Review of our OCD Record
Let us look at the records we have made of worrying thoughts that we have had during the past week.

WHAT COPING STRATEGIES DID WE USE? HOW WELL DID THEY WORK?

WHAT THINGS OR SITUATIONS DID WE AVOID BECAUSE WE THOUGHT THAT THEY MIGHT SET OFF OUR WORRYING THOUGHTS?

importance in our lives 0 - 10

Deciding Which Situations Are Most Important To Get Used To First

Avoiding doing some of these things may not be very important. For example, a person who has a fear of getting cancer only when he is visiting a friend in a special cancer hospital may not have much of a problem on an everyday basis. But if that person works as a nurse in such a unit this may be a big problem.

So we can look at the lists we have made and tick off those situations that are important to us, because they make it difficult to have the kind of life that we would like to have. Next we can put a number next to each from 0-10 (0 = not important at all to 10 = extremely
important to us) to indicate how important it would be for us to be able to cope in that situation, or with that thought.

Now that we have decided which situations will make our lives better if we can get used to them, we can decide which ones are best to learn to cope with first. Some of us like to start with the easiest then gradually work up to the more difficult. Others prefer to start with the most important issues, even if they are likely to make them very distressed.

We can look at the lists again and write then write down the first 2 situations that we would like to start getting used to.

THE FIRST SITUATIONS WE WOULD LIKE TO GET USED TO

1. __________________________________________________________
2. __________________________________________________________

Graded Practice

This strategy helps us learn to cope with those situations that we have avoided because of our past experiences of panic and anxiety. The goal is to break down the connections between each situation and the unpleasant reactions it sets off by staying in that situation until the reaction subsides naturally. If this is done, the next time we go into the situation the discomfort is less. The process called desensitisation has begun.

We can do this in small steps, at the pace we are comfortable with. If we prefer to tackle our most frightening situations or thoughts from the beginning that is great. This will usually mean that our fears will decrease more quickly.

Some points to consider in making a plan to for graded practice are:

* get a close friend or family member to help us
* tackle one of our feared situations every day
* do not avoid any new situations which set off anxiety
* begin with steps that are mild to moderately difficult, repeat these steps until we have mastered them before moving on to more difficult steps
* only undertake activities in which we think will be successful
* go over each of our steps in our mind before our real-life practice
* keep a record of our efforts on our OCD Record worksheet
* praise ourself for all our efforts
* added encouragement from our helper is invaluable
**When practising the steps**

* use relaxation strategies to get ourselves as calm as possible before we begin
* give ourself plenty of time, don’t rush
* regularly check our breathing rate (keep around 10-12 per minute) and practice breathing control exercises
* relax our muscles: slowly put tension into our muscle and then release, do this several times and notice the difference
* think about the situation realistically
* if we feel overwhelmed, try to distract ourselves by looking carefully at things around us, use thought stopping and try to think of something pleasant, or even leave the situation. THEN AS SOON AS WE feel more in control, return to the situation and face our fear fully again.
* remain in the situation as long as possible
* do not leave the situation until the discomfort begins to subside -- it will always pass eventually, but in some situations this may take up till one hour. The less time we spend distracting ourselves, the less time it will take for the discomfort to subside.

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**DO WE HAVE ANY QUESTIONS ABOUT GRADED PRACTICE?**

*What will happen if we become too distressed and have to use our rituals, or ask for reassurance or use other OCD coping methods in the situation?*

Nothing bad is likely to happen to us. Minor setbacks like this are usual. When this happens, sit down, relax and give ourself a reward for our courageous efforts to tackle a very unpleasant situation.

Then, arrange to review our plan with our friends or family helpers. Decide what we have learned from this experience. It is likely that we have tried to tackle a situation that is too difficult at this time. Or maybe we didn’t use all our coping strategies as well as we can. Or maybe it was just a bad day.

Then revise our plan and keep practising.

*The Undoing Strategy*

When we have had to use our OCD habits to cope with a worrying thought and are feeling a little less distressed a helpful strategy is to deliberately ‘undo’ the ritual. For instance, if we wash when we shouldn’t have, we can go back and deliberately touch something ‘dirty’.

*What Can People in Our Resource Group Do to Help?*

We will discuss some ways that our friends and families can provide specific assistance to our program of Graded Practice. First, some of the things that can try to avoid doing.
They must not become involved in helping us with our 'rituals' (such as washing or checking).

They must not provide reassurance for us, even when we beg them to tell us that everything will be alright, that we are not likely to get cancer, or that nothing terrible is likely to happen. It may be easier in the short run if they give in, but it makes our OCD problems worse in the long run. This can be difficult as we all want to help the people we love, especially when they seem so upset. But this behaviour of asking for reassurance is a part of the rituals of OCD and it will go away if our helpers can also resist giving in to their natural tendencies. This is an area where the principle of 'being cruel to be kind' often applies. Often the best way for helpers to cope is to calmly say "We've agreed that it doesn't help to do this" and leave the situation.

However, on the positive side the support of our helpers and friends is extremely beneficial. Instead of trying to reassure us that everything will be alright our helpers can take the time to discuss our progress realistically. All our efforts, as well as our difficulties. Any real problems can be discussed using the Structured Problem Solving framework that deals fully with all the issues. This provides the opportunity for clear action plans, that when implemented, may lead to worthwhile benefits.

Friends and family can be an enormous support to the person who is learning to cope with OCD, particularly when they begin to understand more about the nature of OCD and its treatment. Then they can see more clearly the efforts that need to be made to live with this disorder. This makes it much easier to give genuine praise and encouragement, not merely warm, but rather empty reassuring comments.

**Make a Plan for Graded Practice**

Now that we have discussed many aspects of Graded Practice we may be able to make a plan to begin to get used to the first situation that we find fearful.

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Practice in the Session:

Let us practice the plan to get used to our worrying situation or thought. We will read again our Graded Practice Plan. Then we will each take a turn (if there are more than one patients in the group) to tell the others exactly what our worrying thought or situation is like. We will try to make it seem as realistic as possible.

Now imagine that we are in that situation. Tell the group what exactly what we are thinking, feeling and doing.

ARE WE FACING THE WORRYING SITUATION HEAD-ON, OR ARE WE DISTRACTING OURSELVES?

( IF WE ARE DISTRACTING OURSELVES TRY TO FACE THE SITUATION AGAIN AS SOON AS WE CAN )

WHAT COPING STRATEGIES ARE WE USING?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

WHAT IS THE LEVEL OF DISTRESS WE ARE EXPERIENCING?

0 = none  
1 = almost none  
2 = v. mild  
3 = mild  
4 = mild-moderate  
5 = moderate  
6 = mod-severe  
7 = severe  
8 = v. severe  
9 = v.v. severe  
10 = extreme

WE MAY HAVE TO CONTINUE FACING THE SITUATION OR THOUGHT FOR 20 MINUTES OR MORE BEFORE IT WILL START TO BECOME LESS DISTRESSING

Feedback from all group members

What did we like about the way that X_____________ practised his/her Graded Practice plan?

_____________________________________________________________________
_____________________________________________________________________

Would anyone like to suggest ways that (X_____________) might change his/her Graded Practice Plan in any way that might work better?


Keeping the OCD Record
We can continue to make a note of our worrying thoughts this week. The OCD Record will show us when we have had these thoughts and how we have coped with them. If we organise to do some Graded Practice each day we will be able to see how this progresses. It will also help us to see any problems that we have trying to use this strategy.

Real Life Practice
If our worrying thoughts only occur in certain situations we may need to put ourselves into those situations each day. It is important that once the worrying has begun that we stay in the situation for at least 20 minutes, and sometimes up to an hour, without using any rituals or reassurance to cope. Once the discomfort we feel begins to reduce we can stop exposing ourselves to the worrying thought. We will review progress with the help of our OCD Records at the start of the next session.

DO WE HAVE ANY QUESTIONS ABOUT USING GRADED PRACTICE?
COPING WITH OBSESSIVE-COMPULSIVE DISORDERS

IV: REDUCING WORRYING THOUGHTS

Produced by Ballarat Health Services, Psychiatric Services

First Published: 1988; Revised 1998
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Reducing our Worrying Thoughts

Some people with OCD have repeated worrying thoughts that they do not respond to with any rituals. At least none that we can see. However, they are often trying to avoid having the thoughts and using methods of controlling them with their own thought processes. For example a person might try to distract their thoughts away from the worrying topics, reassure themselves that the worrying thought is not true, or have to repeat the worrying thought a specific number of times. These strategies are similar to the rituals, reassurance and avoidance actions used by other people to cope with OCD symptoms.

However, because it is more difficult for others to understand what is going on in our minds, the treatment with exposure through Graded Practice with prevention of rituals is usually much more difficult. It depends almost entirely on our ability to carry out special tasks to enable us to face up to our worrying thoughts without using any strategies of distraction or mental rituals.

HAVE ANY OF US HAD OBSESSIONAL THOUGHTS WITHOUT OBVIOUS RITUALS?

Problem Analysis (INSTRUCTOR)
In order to get a better idea about these problems and the things that make these problems better or worse, our Instructor will ask X________ some questions about them using the Problem Analysis Worksheet. We will need to decide which two or three problems are the most important for us to work out plans to cope with at this point. This will take us about 25-30 minutes. We can stay and listen, but we may have other things that we would rather be doing at this time.

Feedback to all group members
(after completing the Problem Analysis Worksheet and noting the key points on the list below)
We have had a good discussion about the problems that X________ has been having. Some of the points that we felt were particularly helpful in thinking of ways to cope with these problems were:

Problem 1
_____________________________________________________________________
_____________________________________________________________________
Are there any other points that we would like to add to these?
_____________________________________________________________________

Problem 2
_____________________________________________________________________
_____________________________________________________________________
Are there any other points that we would like to add to these?
_____________________________________________________________________

Strategies for Coping with Worrying Thoughts
There are two strategies that help many people cope with worrying thoughts. The first is a variation of the Graded Practice with Response Prevention method. The second is called Thought Stopping and attempts to get rid of the thoughts as soon as the start.

**Thought Exhaustion**

Sometimes the harder we try to make a thought stop, the more it seems to keep coming back. This can be very frustrating. Fortunately the opposite is sometimes true: the more we try to keep a thought in our mind, without being distracted in any way the quicker it seems to disappear. It is as if our brain gets exhausted of keeping that thought going. So we can sometimes stop unpleasant thoughts by thinking about that thought really hard for 10 to 15 minutes. This may seem quite worrying because our natural inclination is to rid ourselves of frightening thoughts. Concentrating on a thought in this way can be very difficult, especially if our worrying thoughts are very distressing. We may want to start our Graded Practice with one of the thoughts that is not too upsetting before moving on to the more distressing ones.

**Practice in Session:**

Let's read through the instructions below before we start our practice so that they are clear to us all. Then we can practice Thought Exhaustion.

1. Try to think of one of our least worrying thoughts for 10 minutes.
2. Now try to keep thinking about this thought and NOTHING ELSE. It may be easiest to close our eyes and concentrate.
3. If the thought goes away raise our hand.
4. If we begin to get very anxious be sure to practice our controlled breathing and relaxation strategies.
5. DO NOT TRY TO MAKE THE THOUGHT GO AWAY
6. DO NOT THINK ANY THOUGHTS TO MAKE THE THOUGHT LESS DISTRESSING.

**WHAT DID WE NOTICE ABOUT OUR WORRYING THOUGHT WHEN WE TRIED TO THINK ONLY ABOUT THAT AND NOTHING ELSE?**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

**IF WE TRIED TO MAKE OUR WORRYING THOUGHT GO AWAY, WHAT HAPPENED?**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

**IF WE DID SOMETHING TO MAKE IT LESS DISTRESSING, WHAT HAPPENED?**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
The aim of this Thought Exhaustion strategy is for us to get used to the worrying thought without doing anything about it. In order to practice we must find a way of focussing on the worrying thought for at least 10-15 minutes at a time, often for up to an hour. Our worrying about the thought needs to build up to its peak and then begin to go down before we stop.

If we find it difficult to focus on that thought alone, it may help to write the thought on a sheet of paper, think about it and nothing else; then write it down again, think about it and nothing else; and to go on repeating the same exercise.

Another method is to make a tape recording on a special cassette that repeats itself every 30 seconds (these tapes are used for message machines and can be bought at specialised electronics shops). We record our worrying thought on the tape. We can then listen to the tape carefully. We must concentrate on the thought without doing anything else. We might find this easier to do if we close our eyes and listen through headphones.

**Real Life Practice**

We need to practice these exercises at least twice every day for as long as it takes for our distress to build up to a peak and then begin to go down. This may take an hour or more, so much patience and encouragement is needed. Once we can cope with one thought then we can repeat the process with another thought. Some of us will like to start with a less distressing thought and tackle more distressing thoughts later. Others will choose to try the most distressing thoughts first.

We can keep a record of our practice sessions as well as other times our thoughts begin to worry us on our OCD Record sheets. At the beginning of our next session we will review our progress and try to work out solutions to any problems that arise.

**Thought Stopping**

A strategy that some people find helpful to reduce their frightening thoughts is called thought stopping. This strategy is particularly useful if we are overwhelmed by frightening thoughts and just cannot begin to think clearly and realistically. We simply say “stop” very firmly to ourselves. If this is not helpful we may find that snapping an elastic band against our wrist to gives us a sharp momentary pain stops our frightening thoughts for a second. As soon as we managed to stop our frightening thoughts for a second, we try immediately to think about something completely different, such as a favourite meal or TV programme we enjoy, or a planned outing or event.

Unfortunately this strategy takes much practice before it is useful, and the benefits may not last. But it is good to use when we are first getting used to recognising frightening thoughts and want to try and stop them from making us feel too distressed.

**WE CAN MAKE A LIST OF THE THOUGHTS WE WOULD LIKE TO TACKLE FIRST**

_____________________________________________________________________

_____________________________________________________________________
NOW WE CAN MAKE A LIST OF PLEASANT THOUGHTS THAT WE CAN CONCENTRATE ON WHEN THE WORRYING THOUGHTS STOP

_____________________________________________________________________
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Practice in the Session (INSTRUCTOR)

Let’s read through the instructions below before we start our practice so that they are clear to us all. Then we can practice Thought Stopping.

1. Try to think of one of our least worrying thoughts.
2. Now try to keep thinking about this thought and NOTHING ELSE. It may be easiest to close our eyes and concentrate.
3. Once we are having the worrying thought and it is clear raise our hand.
4. Then shout “STOP” in a loud voice.
5. As soon as the thought stops switch our thoughts to one of the pleasant thoughts we have written on our list. Try to imagine this thought or scene in as much detail as possible for 1-2 minutes.
6. Then we will repeat the strategy several times with different worrying thoughts.
7. Then we will repeat the strategy, but this time we will say “STOP” to ourselves.

REMEMBER:
DO NOT THINK ANY THOUGHTS TO MAKE OUR WORRYING THOUGHTS LESS DISTRESSING.

DO WE HAVE ANY QUESTIONS ABOUT THOUGHT STOPPING?

Real Life Practice

Thought Stopping is only helpful if we learn to do it well. This means practising two or three times a day for 15-20 minutes. We can keep a record of our practice sessions, as well as other times when our worrying thoughts appear, using the OCD Record sheets. At the beginning of the next session we will review our progress and try to find solutions to any problems that arise.

Encouraging Thoughts

There are times we may feel rather frustrated that our progress is slow or we feel overwhelmed by a particular problem. It is helpful if we learn to talk positively and realistically to ourselves about our efforts and our achievements, no matter how much further we need to go to cope with all our OCD problems.
WHAT KIND OF THINGS CAN WE SAY OR DO THAT WILL ENCOURAGE US?

____________________________________________________________________________
____________________________________________________________________________

We can write down one or two statements that we like to use to praise ourselves for the efforts we have made so far in beginning to cope with OCD. Some people find it useful to write these statements on a card that they keep with them so that they can use it at anytime they feel they need encouragement. Whenever we find it difficult to go on we can read the card several times until we feel that we are able to carry on with our efforts.

**Developing a Plan for Coping with Worrying Thoughts**

Now that we have explored some of the strategies that people have found useful in coping with worrying thoughts. We can make a plan to apply one or more of these strategies in the next week. We can use the **Structured Problem Solving** method to help us work out the best plan at this point. We must not forget that as well as the strategies that we have discussed today, that we may already have been using other strategies that seem to work well for us. So we should look back over the **Problem Analysis** and **OCD Record** to see if there are any of our own ideas that we should try and develop first.
Plan For Coping with Worrying Thoughts

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COPING WITH OBSESSIVE-COMPULSIVE DISORDERS

V: MAINTAINING PROGRESS AND COPING WITH SETBACKS

Produced by Ballarat Health Services, Psychiatric Services

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Maintaining Progress

After we have learned some strategies that help us reduce our OCD problems it is important that we can maintain these benefits. The key to this is to keep practising the skills that help us. It is easy to slip back into old habits. One slip up does not mean we have to go back to square one, but it is something to be tackled straight away, before it leads to more OCD problems. We must also make sure we do not slip back into avoiding doing difficult things. We can make ourselves confront these fears, without rituals, and see how they diminish. A good rule to adopt is, "If it frightens me, just do it!"

Setting Realistic Personal Goals For Our Lives

Our obsessional problems are likely to trouble us for much of our lives. If we have a full and satisfying life, the obsessions are less likely to bother us. We may also find that when the obsessional problems have decreased we are left with a lot more spare time. Try to find out things that we enjoy to fill this time.

Setting realistic Personal Goals (see pages 10-11), such as increasing the quality of our relationships with our family or friends, getting back to work, developing rewarding hobbies, or continuing our studies may all help us to improve the quality of our lives, even if our OCD problems continue. Some of us may be perfectionists. As a result we may put ourselves under unnecessary stress by setting goals that are almost impossible for us to achieve. Accepting somewhat simpler goals may be difficult for us to do, but very important in managing the stress in our lives, and keeping our OCD problems under control.

If our strategies are successful in reducing our OCD problems we may need to work hard to find ways to use the time that we used to do our obsessional behaviours. If we become bored or depressed we may find our OCD problems become worse.

Encouragement from our Resource Group

Throughout this course we have emphasised the dangers of reassurance. However, it is important not to confuse reassurance with giving people encouragement and rewards for their efforts. The skill of giving encouragement to people fighting hard to cope with OCD is very important. There is a tendency for friends and family members to tell us that we will be alright, or the situation is not as bad as they think, that there is nothing really wrong with us, so we should not worry. This sort of reassurance seldom provides the support we seek, and we have seen that it always makes the OCD problems worse.

A more effective method is to take the time to discuss our progress realistically together. We can talk about our efforts, as well as our difficulties. Remember to praise people for all their efforts, not merely their achievements. (see Guidebook pages 47-49 Encouraging People To Do More Things That Please Us for guidelines on how to give encouragement in the most effective way).

Any major problems can be discussed using the Structured Problem Solving framework that deals fully with all the issues (see Guidebook pages 56-58). This provides the opportunity for clear action plans, that when they are put into practice, may lead to worthwhile benefits.
Friends and family can be an enormous assistance to the person who is learning to cope with OCD, particularly when they begin to understand more about the nature of this distressing disorder and its treatment. Then they can see more clearly the efforts that need to be made to live with this disorder. This makes it much easier to give genuine praise and encouragement, not merely warm, but rather empty reassuring comments.

**Rewarding Ourselves for our Efforts**

There are times we may feel rather frustrated that our progress is slow or we feel overwhelmed by a particular problem. It is helpful if we learn to talk positively and realistically to ourselves and our Resource Group members about our efforts and our achievements, no matter how much further we need to go to cope with all our problems.

**WHAT CAN WE DO TO ENCOURAGE OURSELVES?**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

We can note one or two statements that we like to use to praise ourselves for the efforts we have made so far in beginning to cope with OCD. Some people find it useful write these statements on a card that they keep with them so that they can use it at any time they feel they need encouragement. Whenever we find it difficult to go on, we can read it several times, until we feel that we are able to carry on with our efforts.

We may have some special treats that we like. They may be foods, small presents, or special activities we enjoy. We can use these as rewards for our efforts. Some people find it helpful to make a special plan to offer incentives to help them continue the very difficult work of learning to cope with their OCD problems. The incentives need to be things that are easy to get and can be given either while we are doing the things we find difficult or soon afterwards. They are most helpful when they are given for specific things that we do in the program. Of course it is important that they are not reassurance about our problems or things that help us avoid facing the worrying thoughts.

**WHAT THINGS COULD PEOPLE IN OUR RESOURCE GROUP DO THAT COULD HELP US KEEP WORKING HARD ON OUR PROGRAM?**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**AN EXAMPLE OF AN INCENTIVE PLAN**

An example of this was the way Angela and her Resource Group -- her partner John, her best friend Joan, and her neighbour Donna -- organised an incentive program to help her overcome her worrying thoughts about catching cancer. Here is the first plan they made. Let’s look at this plan and say what aspects we like and any major improvements we might suggest.
Angela’s Graded Practice Goal this Week:
To hold both John’s hands for one minute when he arrives home from work in the evening. Then not to wash them until bathing the next morning.

1. When Angela touches John’s hands he will tell her how pleased he feels that she is facing up to her fear of getting cancer.
2. When Angela holds John’s hands for 15 seconds, John will tell her how good he feels to be able to hold her hands again.
3. When she holds his hands for one minute, he will buy her a CD of her choice, or perfume, or gift of less than $20.
4. When she touches his hands and does not wash them until the next morning Donna will cook a special dinner for Angela on Sunday evening after their Resource Group meeting.

WHAT ARE THE SPECIFIC PARTS OF THIS PLAN TO ENCOURAGE ANGELA THAT WE LIKE?

_____________________________________________________________________
_____________________________________________________________________

ARE THERE ANY SUGGESTIONS ABOUT HOW THE RESOURCE GROUP MIGHT ENCOURAGE ANGELA EVEN MORE EFFECTIVELY?

_____________________________________________________________________
_____________________________________________________________________

Breaking The Program Down Into Smaller Steps
For those of us who have had OCD for a long time, it may be easier to tackle one OCD problem at a time, rather than try to overcome all our difficulties in one period of intensive work. Then we can plan with our Resource Group some periods of several weeks of intensive work when everyone is well prepared to make special efforts to help. Between these periods of intensive work we can plan to maintain our progress, but take a rest from our final goals of becoming free from all our OCD problems. If these breaks between our big efforts are 6 months or more, it may be helpful to arrange 1-2 booster sessions with our Instructors during this time to review our progress and prevent any major setbacks.

Stress and Recurrences
Stress in our lives makes OCD problems worse. Once we have developed strategies to cope with our specific OCD problems it is important that we develop a regular stress management program. The most effective is to have weekly meetings with our Resource Group where we can discuss our personal goals and solve any stressful problems as they arise. Help to establish this approach to managing life stress is found in the first part of this Guidebook (page 44 to 61). The combination of stress management and specific coping strategies will help us prevent most major setbacks.

HAVE WE EXPERIENCED OUR OCD BECOMING WORSE WHEN WE ARE STRESSED?
Early Warning Signs of a Major Recurrence

When we finally gain control over our worrying thoughts and are free from OCD problems we will want to make sure that we do not have a major recurrence. However, there may be times when this happens even if we are doing all the correct things and managing our life stresses as well as we can. We may be able to see the warning signals of our OCD recurring some time before we have all the symptoms. Sometimes people in our Resource Group may notice these changes before we do.

**WHAT ARE OUR EARLIEST WARNING SIGNS OF A RECURRENCE OF OCD?**

________________________________________________________

________________________________________________________

**WHAT CAN WE DO WHEN WE NOTICE THESE WARNING SIGNS?**

________________________________________________________

________________________________________________________

It may be helpful if we complete the *Early Warning Signs Chart* and put this in a place where everyone will be able to see it.

*What Can We Do When Warning Signs Occur?*

It is important to have a plan of action clearly worked out before warning signs appear. The exact details may depend on our life situation at that time. For example, if a very stressful event has just occurred, such as a death in our family, the treatment is likely to focus on helping us cope with that. Alternatively, if we have been taking medicine for our OCD problems and the warning signals appear shortly after our doctor has recommended a lower dose, our response may be to increase the dosage to the earlier level. High levels of everyday stress are often present when people are out of work, have little money, or where they have continued problems with their friends and relationships. In such cases a small increase in stress may overwhelm a person’s ability to cope and lead to a high risk of a recurrence.

Whatever we think might have caused the warning signs the first thing that we must do is to contact the mental health team without delay. It is important to consider any early warning sign as an emergency and to arrange a meeting with our Instructor without delay.

Now we can make an action plan on our *Early Warning Signs* sheet.
WHENEVER I NOTICE ONE OF 
MY EARLY WARNING SIGNS I WILL:

- contact my Instructor immediately
- make sure that I use my effective strategies for any OCD problems
- make sure I am taking any medicine as recommended
- avoid taking any street drugs or medicines from the pharmacy
- check on any stressful things that have happened recently
- check on any continuing big stresses in my life

Where do I put the Early Warning Signs Sheets?

We may be able to remember the early signs and plans that we have made today, and even tomorrow. But we may need to remember all these things many months from now. So it is important that we think about ways that we can be sure to remember our plans in the future.

WHO ARE ALL THE PEOPLE IN OUR RESOURCE GROUP WHO MIGHT NEED TO REMEMBER THIS PLAN?
HOW CAN WE BE SURE THAT THEY WILL REMEMBER THE PLAN?

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<th>Person involved in plan</th>
<th>Plan to help them remember</th>
<th>Check that they know what to do</th>
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Some people who might need to know about the Early Warning Signs plan are the people we live with, close friends and family, neighbours, workmates or fellow students, teachers, our family doctor, in addition to our mental health instructor and doctor, and most important of all, ourselves!

Plans to help them remember may include, making copies of the Early Warning Signs sheets and putting them in places where they cannot be missed. Maybe on a notice board at home, behind the toilet door or on the refrigerator. Doctors and the mental health team will put the sheet on the front of our medical file. We may want other people to put the sheet somewhere special as well. Write down what we will do to make sure each person will remember the plan next to their name on the list above.

Our instructor and our mental health doctor will check on our Early Warning Signs each time they meet with us.
When we are sure that the arrangements to help each person on our list to remember the plan have been put in place we can put a tick in the box. We will discuss this at the beginning of our next meeting.

MAKE SURE THAT EVERYBODY
WHO MIGHT NEED TO HELP RECOGNISE
OUR EARLY WARNING SIGNS
KNOWS ABOUT THE PLAN
AND WILL BE ABLE TO REMEMBER IT IN THE FUTURE

EARLY WARNING SIGNS PRACTICE: FIRE DRILL

Let’s now practice how we will put our plan into action. We will imagine that we have noticed one of our early warning signs. Let’s see how well the plan works. We may find some weak points or hitches that need clearer planning. Then we can change our plan to ensure that it will work without difficulty even when we are all under a lot of stress.

Developing a Plan to Prevent Major Recurrences

We can make a careful plan of strategies that may help us have fewer and less intense recurrences of OCD. We can write this down and keep it in a place where we can see it every day to remind us of the continuing work we need to do to stay free of distressing OCD problems.
MY PLAN TO REDUCE THE RISK OF HAVING MAJOR RECURRENCES OF OCD

PERSONAL LIFE GOALS:

________________________________________________________________________________________

SPECIFIC COPING STRATEGIES

________________________________________________________________________________________

SPECIFIC MEDICINES

________________________________________________________________________________________

STRATEGIES FOR MANAGING STRESSES

________________________________________________________________________________________

________________________________________________________________________________________

ENCOURAGEMENT FROM MY RESOURCE GROUP

________________________________________________________________________________________

________________________________________________________________________________________

EARLY WARNING SIGNS

________________________________________________________________________________________

________________________________________________________________________________________

WHEN EARLY WARNING SIGNS APPEAR I WILL……..
EARLY WARNING SIGNS

Name _________________________           Date _______________

My early warning signs are:
1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________

When I notice any of these signs I must:

a) ___________________________________________________________________
b) ___________________________________________________________________
c) ___________________________________________________________________
d) ___________________________________________________________________

My key worker/instructor is: ___________________________
Tel:__________________

My doctor is: ________________________________________
Tel:__________________

My home contact person is: ___________________________
Tel:__________________

If I have any concerns about my disorder or its treatment I will contact IMMEDIATELY: ____________________________________________
Tel:___________________
# DAILY RECORD OF OCD PROBLEMS

Name: _______________________________     Date: ___________________

Distress:
0 = none 1 = almost none 2 = v. mild 3 = mild 4 = mild-moderate 5 = moderate 6 = mod-severe 7 = severe 8 = v. severe 9 = v.v. severe 10 = extreme

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<tr>
<th>TIME</th>
<th>WHAT Triggered My Worrying Thought?</th>
<th>WHAT WAS My Exact Thought?</th>
<th>WHAT DID I Do To Cope? List ALL strategies, both good and bad.</th>
<th>HOW DID I Feel After I used My Coping Strategies? How much distress? (0-10)</th>
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PROBLEM ANALYSIS

PROBLEM: What is the problem? How often does it happen? How long does it last? How distressing? (Use chart)
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_______________________________________________________________________________________________

BRIEF BACKGROUND:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

ANTECEDENTS: What happens in the moments just before the problem occurs? Do you find yourself in certain places, situations, or with certain types of people? Do you have any special thoughts or feelings? What exactly are you doing at that moment?
_______________________________________________________________________________________________
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CONSEQUENCES: What happens immediately after the problem starts? What thoughts and feelings do you have? What things do you do? What do other people do? How do other people react?
_______________________________________________________________________________________________
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MODIFYING FACTORS:

a) What seems to make the problem better? What makes it less likely to occur? (List all without discussion)
1 ______________________ 2 ______________________ 3 ______________________
4 ______________________ 5 ______________________ 6 ______________________

b) What seems to make the problem worse? What makes it more likely to occur?
1 ______________________ 2 ______________________ 3 ______________________
4 ______________________ 5 ______________________ 6 ______________________

BENEFITS AND DIFFICULTIES WHEN THIS PROBLEM IS SOLVED:

a) What benefits will you get when this problem is solved?
_______________________________________________________________________________________________

b) What possible disadvantages might there be for you when the problem is solved? e.g. loss of attention, pressure to work or to become more active, and to be expected to immediately do all those things you used to do?
_______________________________________________________________________________________________

CURRENT PROBLEM SOLVING STRATEGIES:
List all efforts to solve the problem, both effective and ineffective, including self, friends, professional treatment etc
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SUPPORTIVE PEOPLE: Who could help you to work on this problem?
SOLVING PROBLEMS AND ACHIEVING GOALS

Step 1. What exactly is the problem or goal?
Talk about the problem or goal until we can write down exactly what it is. Ask questions to make the issue clearer.
Break a big problem or goal into smaller parts.

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____________________________________________________________________________________________

Step 2. List all possible solutions -- brain storming
Make a list of all ideas, even “bad” or “silly” suggestions. Get everyone to suggest something. Do NOT talk about
whether ideas are good or bad at this stage.

1. _______________________________________________________________________________________
2. _______________________________________________________________________________________
3. _______________________________________________________________________________________
4. _______________________________________________________________________________________
5. _______________________________________________________________________________________
6. _______________________________________________________________________________________

Step 3. Briefly highlight the main advantages & disadvantages
Get our group to say quickly what we think are the main advantages and disadvantages of each suggestion. Do NOT
write anything. Do NOT compare the possible solutions at this point.

Step 4. Choose the most practical suggestion
Choose the solution that can be carried out most easily with the resources (time, skills, materials, money) that we
have at present.

Step 5. Plan exactly how to carry out the solution
Organise the resources we need. Consider how to cope with likely hitches. Practise all difficult steps -- rehearse or
role play.

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Date and time to review progress with plan _______________________

Step 6. Review progress in carrying out plan
Praise all the efforts we have made. Review progress on each step. Change the plan. Try another solution. Continue
problem solving until our problem is resolved or our goal is achieved.

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