



**Let's Talk OCD:  
A Self Help Guide**

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## Let's Talk OCD – A Self Help Guide

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Let's Talk is Gloucestershire's Improving Access to Psychological Therapy (IAPT) Service.

Let's Talk is a free service from the NHS.

We offer short-term talking therapies to people with mild to moderate depression and anxiety.

Our Self Help guides provide an introduction to Cognitive Behavioural Therapy at Step 1 of our programme of support.

The authors have made every effort to ensure the accuracy and reliability of the information in this workbook. However, it is not intended to be a substitute for medical advice or treatment. Any person with a condition requiring medical attention should consult a qualified medical practitioner or suitable therapist. Evidence suggests that a self-help material is most effective when you are supported by an appropriately qualified clinician. We strongly advise that when using this workbook you stay in touch with your named clinician. If for any reason you are unable to reach them and you are feeling concerned about your mental health we recommend you go to see your doctor. Other agencies that can help you are listed in the back of this workbook.

For further information please contact:

Let's Talk  
2gether NHS Foundation Trust  
Rikenel, Montpellier, Gloucester, GL1 1LY  
Website: [www.talk2gether.nhs.uk](http://www.talk2gether.nhs.uk)

# **Let's Talk OCD**

## **Managing Obsessive Compulsive Disorder (OCD) using Cognitive Behaviour Therapy**

## **Introduction**

The aim of this self-help guide is to tell you a little bit about obsessive-compulsive disorder or OCD and to help you identify whether you may be experiencing symptoms of OCD. It also includes a number of helpful steps you may wish to take to manage your symptoms and improve your wellbeing using cognitive behaviour therapy (CBT).

Anybody can experience OCD and levels of severity can vary considerably. You may find that after completing this self-help guide, you wish to develop further strategies for improvement and increase your understanding of OCD. To do this you can contact Let's Talk, Gloucestershire's Free, NHS IAPT Service. We tell you more about this at the end of the leaflet.

If you feel in need of immediate support please contact your GP.

## **What is OCD?**

Many people have habits or rituals they 'must' do, to stop bad things from happening. These rituals can involve compulsions or obsessions, are so time consuming they can be very upsetting and get in the way of daily life. The obsessions can be recurring thoughts, impulses, or images, which feel intrusive and wrong and are linked to real-life concerns. These thoughts may include fears of being contaminated by germs, harming someone, forgetting to do something, a need for order or doing something inappropriate in public. Sometimes people suffering from OCD try to cope with the obsessions by carrying out certain rituals to stop or 'neutralise' the obsessive thoughts.

You may carry out repetitive behaviours (compulsions) such as checking, putting things 'in order', repetitive washing, cleaning or counting. These compulsions are done to reduce anxiety,

distress or to prevent a terrible thing from happening. These behaviours or mental acts, are not realistically linked to the feared situation, they are meant to stop or neutralise, e.g. if I count in five to five hundred my loved ones will be safe.

### **Do I have OCD?**

Many peoples' experiences of obsessions and compulsions are unique to them; however most will experience the following symptoms, which are commonly associated with OCD (tick the ones that may apply to you):

#### **Thoughts**

I won't be able to cope unless I clean  
I am dirty / contaminated  
I have left the cooker / radio / Iron on  
I think I hit someone with my car  
I want to shout out in the street / church / shop  
I will make people or myself ill  
If I think like this I am evil / an awful person

#### **Behaviours**

Block unpleasant thoughts / images with positive / pleasant ones  
Don't touch door handles, phones, kettle's with your bare hand  
Wash your hands, body, many times  
Order things in the correct way on shelves, etc  
Count certain objects or numbers in certain ways  
Check (many times) you have done a task e.g. locked the door  
Ask other people to check things for you  
Say certain words or phrases out loud or over and over in your head

## Feelings

Anxious / panicky

Contaminated / unclean / dirty

Under pressure / responsible

Frustrated / uneasy

Guilty / ashamed / disgusted

## Physical sensations

Feeling sick / butterflies in your stomach

Hear races or pounds

Your hands feel very sweaty

You feel very hot all over

Dizzy, light-headed or your mind races

## **What causes OCD to develop?**

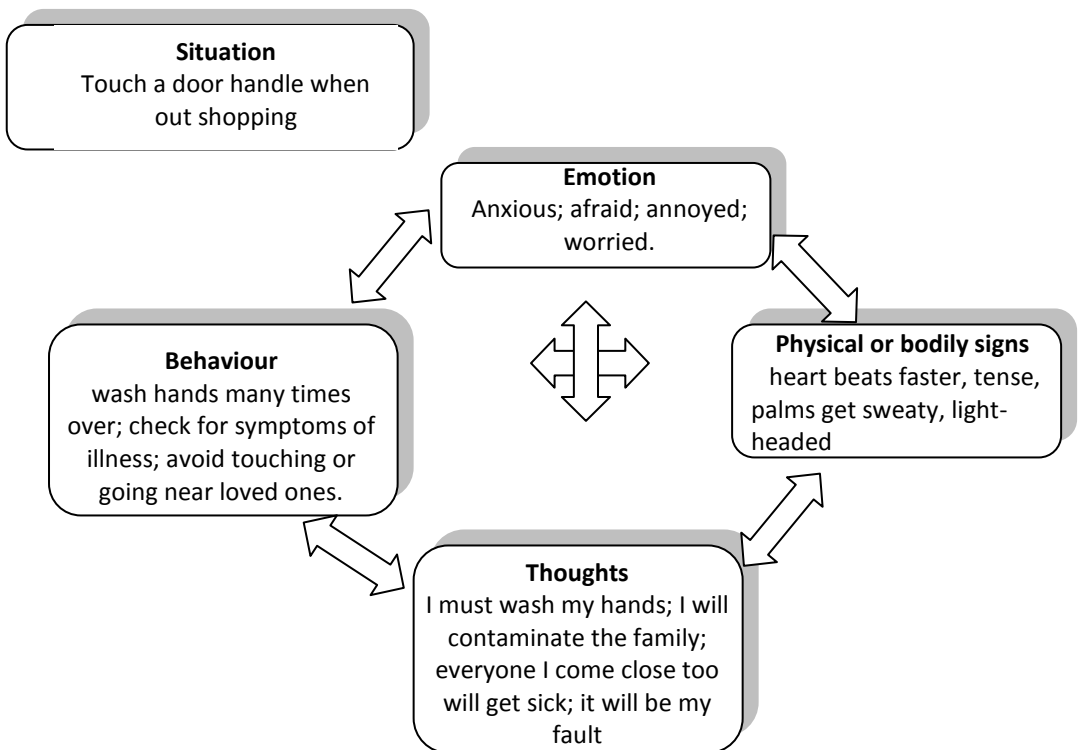
OCD may begin after a stressful life event, often in childhood or teenage years and sometimes in adulthood, e.g. losing someone, problems at home or work, after financial worries. OCD might have started because the sufferer lived in a house with lots of rules, where cleanliness and 'order' were important.

Some people suffering from OCD may have developed particular ways of thinking, e.g. over-thinking about the importance of their thoughts, over-estimating danger and risk. This causes people to 'go to extremes' to stop bad things from happening, e.g. repeatedly checking locks and windows many times to stop a burglary. People with OCD are extremely worried they will be blamed if something goes wrong. This causes an increase in compulsions to bring relief from their fear of such things happening. Everyone has unusual or 'odd' thoughts; however, people suffering from OCD believe that if they have an unusual thought, e.g. wanting to hit or slap a stranger, is as bad as

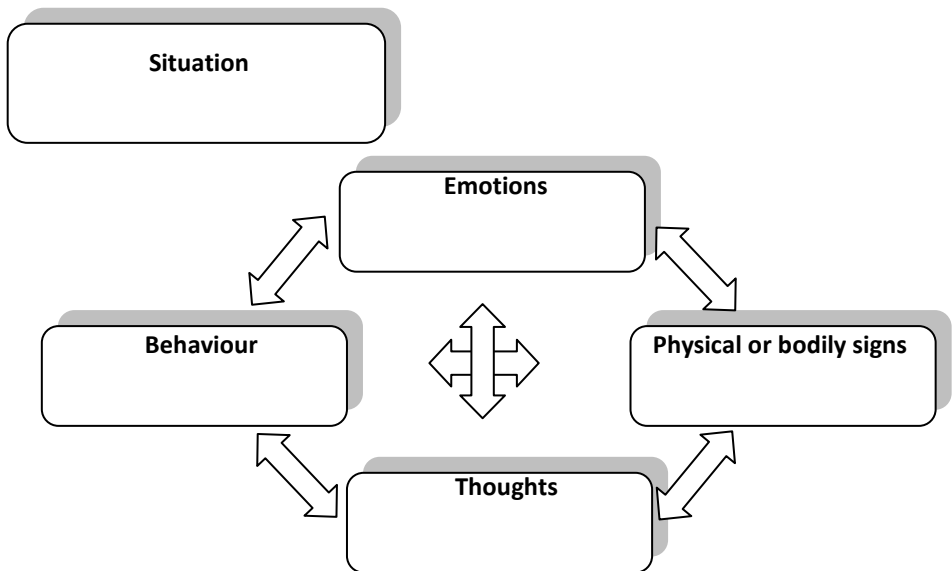
actually doing it. On the other hand, they fear that having such thoughts means there is something seriously wrong with them.

### What maintains my OCD?

Firstly, avoiding certain thoughts keeps the cycle of OCD going, as people suffering from OCD will try not to do things that will trigger unwanted thoughts, images, or beliefs about themselves, the world and other people. An example would be avoiding large groups of people for fear of doing something inappropriate or becoming contaminated in some way. Avoidance stops the OCD sufferer from learning that they could cope with difficult situations; instead, their anxiety stays the same. Furthermore, avoidance can lead to inactivity, a sense of loss and isolation, which can then lead to low mood.



Has a similar cycle happened to you? Try and fill out yours below.



Secondly, you may try very hard to distract or stop unwanted thoughts. This means you try to neutralise unwelcome thoughts by carrying out certain behaviours or rituals, which will stop these thoughts. Unfortunately, the rituals only provide temporary relief as unwanted thoughts will return. This means you are likely to repeat the ritual, as this is how you have learned to cope with distress.

However, you are caught in a vicious cycle where you feel briefly better when you complete a ritual, which becomes more and more time-consuming. If the ritual itself is not completed properly, this will cause you distress. You become stuck in a cycle of



thinking that the feared event or thought has been stopped because you carried out the ritual correctly. Unfortunately, the need for you to carry out the ritual will stop you from learning that the thing you fear is unlikely to happen in the first place.

**What steps can I take to begin to overcome my OCD?**

You could begin by learning to work with and challenge unwanted, obsessive, and negative thoughts by using the thought record below. Then learn to reduce your rituals.

| Situation  | Feelings   | Unhelpful thoughts  | Challenge unhelpful thoughts   | Balanced thoughts  |
|--|--|---|--|--|
| I must check the cooker                              | Anxiety  | If I do not check, the house will burn down and we will all die.  | The cooker is safe, we have never had any problems with it.  | The cooker will be fine, anxiety is making me worry.   |
| What happened?<br><br>Where?<br>When? Who with? How? | What emotion did I feel at that time?<br>What else?<br>How intense was it? | What went through my mind?<br>What did those thoughts, images, memories mean to me, or say about me or the situation? | What facts do I have that the unhelpful thought/s are NOT totally true?<br>What have others said about this? | <i>What would someone else say about this situation?<br/>What's the bigger picture?<br/>What advice would I give someone else?<br/>Is my reaction in proportion to the actual event?</i> |

Your example:

| Situation | Feelings | Unhelpful thoughts | Challenge unhelpful thoughts | Balanced thoughts |
|-----------|----------|--------------------|------------------------------|-------------------|
|           |          |                    |                              |                   |

Long term your rituals add to your anxiety as they ‘have’ to be performed and this is how you have learned to cope with your anxiety, leading to compulsive, repetitive behaviours. Once you have begun to notice your unhelpful thoughts you can then work on reducing your rituals, in a gradual way. The more you can reduce the number of times you check and instead ‘stay’ with your anxiety, the more your anxiety will reduce. The more you

then repeat 'staying' with your anxiety and reduce the number of times a ritual is carried out, your anxiety will keep coming down. This is an exposure exercise.

You can begin the exposure exercise by making a list called an exposure hierarchy, which is a list of items or rituals that cause you varying amounts of anxiety. You can then give each item on the hierarchy, an anxiety number out of one hundred, one hundred being the most anxious, zero no anxiety. Then order the hierarchy, either highest number first or lowest number first, which ever you prefer.

| Hierarchy of items               | Anxiety rating (0 – 100) |
|----------------------------------|--------------------------|
| Check the cooker is off          | 60                       |
| Turn the toaster off at the wall | 40                       |
| unplug the kettle                | 30                       |
| check the back door is locked    | 75                       |
| (5 times)                        | 45                       |
| Check the switches are all off   | 75                       |
| Check the front door is locked   | 20                       |
| (5 times)                        | 10                       |
| Check the TV is turned off       |                          |
| Check the lamp is turned off     |                          |

Have a go at completing your own hierarchy:

| Hierarchy of items | Anxiety rating (0 – 100) |
|--------------------|--------------------------|
|                    |                          |

Next, start with the item with the least anxiety first, e.g. checking the lamp is turned off and drop it from your routine. Your anxiety will rise a little at first, but it will reduce in time if you stay in the situation and do not check the lamp. It is important to repeat the exposure task. Each time you stop checking the lamp, your anxiety will reduce. Keep on stopping checking the lamp until you have overcome your fear of it. Move on to the next item on the hierarchy.

The above exercise is helpful for breaking the cycle of rituals. Sometimes people's compulsions are certain repetitive thoughts or images, which they try to block. If you manage to stop or distract yourself from these thoughts, they will come back quite quickly or you will think about them more. It is important to

challenging these unhelpful thoughts, reminding yourself they are automatic unhelpful thoughts and not facts.

There are certain thinking styles found in OCD, e.g. exaggerated feelings of responsibility, overestimating the importance of thoughts, overestimating possible dangers, underestimating your ability to cope with anxiety, finding it hard to tolerate uncertainty.

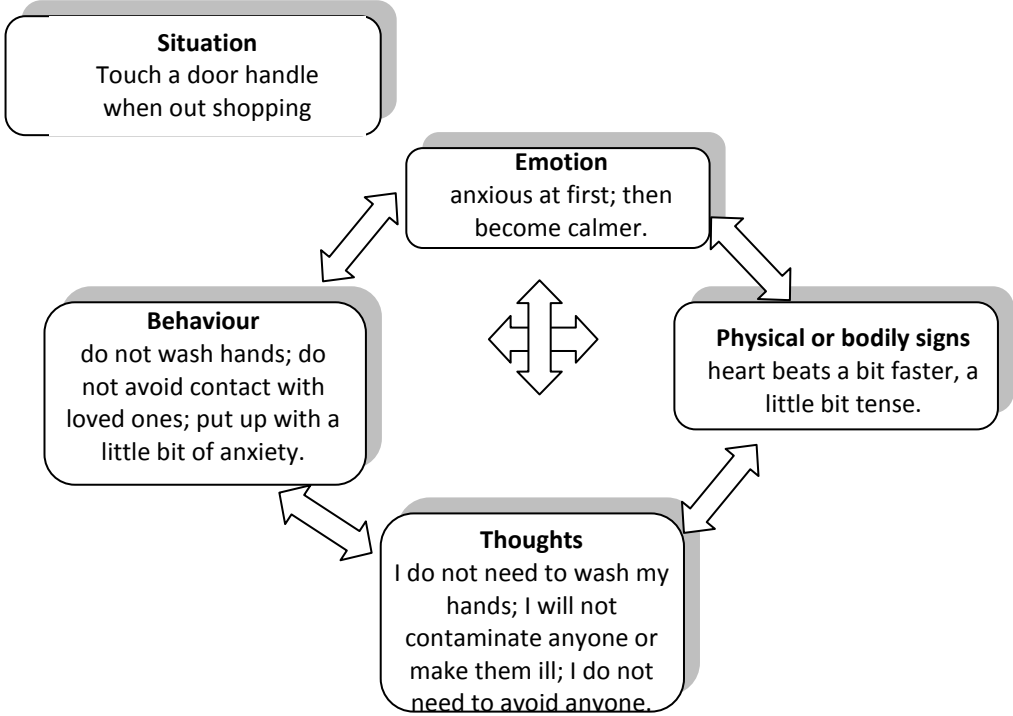
### **How might OCD affect my life?**

Suffering from OCD can be incredibly time consuming, checking before leaving the house can make people late for work, taking the children to school or for appointments. Furthermore, if things are not checked in the correct way, this can cause severe distress, as well as making you worry that you may be responsible for something bad happening. In addition, OCD can put a lot of pressure on relationships with family and friends, get in the way of having a social life and cause severe problems with finding or keeping a job. Finally, the stress from these styles of thinking and need to carry out certain behaviours, can lead to feelings of guilt, worry, shame, and more anxiety.

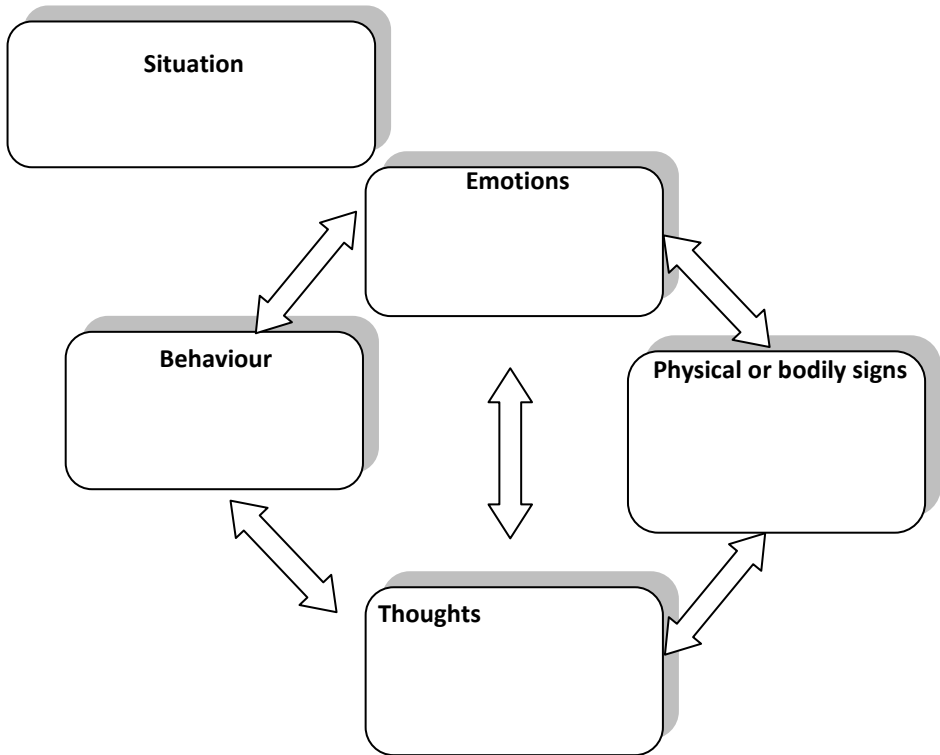
### **Can OCD be treated?**

Yes. The national Institute for clinical excellence (NICE) who publish guidelines for treatments in the NHS recommend CBT for the treatment of OCD. CBT can help you understand and manage the relationship between repetitive behaviours (rituals and compulsions), thoughts (about danger and responsibility) and feelings (anxiety and worry) and physical sensations.

At Let's Talk we aim to help you develop more positive ways of behaving, thinking, feeling etc.



Complete your own cycle after trying the exercises above.



## **What further help is available?**

You can contact Let's Talk on 0800 073 2200.

Let's Talk is Gloucestershire's Improving Access to Psychological Therapies (IAPT) service. We offer courses and one to one work where we can guide you in developing strategies like the ones discussed here, and we also offer CBT with a qualified therapist. CBT focuses on the 'here and now' and uses specific techniques to help you manage your symptoms. CBT encourages you to work on tasks between sessions to help you achieve your goals.

You can access our website on [www.talk2gether.nhs.uk](http://www.talk2gether.nhs.uk) where you will find more information about your difficulties, and also our leaflets and questionnaires that we would like you to complete before you phone us.

Alternatively you can speak to your GP, who can refer you and also give you a copy of the 'Introducing the Let's Talk Service' leaflet, which has our questionnaires on it.

## **Useful Books on Prescription**

Let's Talk can provide you with a book prescription to take to your local library. You can then choose from a range of self-help books to borrow, which provide helpful information and step by step self-help techniques for managing common conditions, including depression and anxiety. These include:

*Overcoming Obsessive Compulsive Disorder. Veale, D and Wilson, R. (2009)*



## **Useful websites**

Let's Talk website: [www.talk2gether.nhs.uk](http://www.talk2gether.nhs.uk)

Living Life to the Full website: [www.lltff.com](http://www.lltff.com)

MoodGym: <https://moodgym.anu.edu.au/welcome>

Moodometer:

[http://www.2getherinclusion.nhs.uk/the\\_moodometer.php](http://www.2getherinclusion.nhs.uk/the_moodometer.php)

OCD-UK: Support for children and adults affected by obsessive-compulsive disorder <http://www.ocduk.org/>

## **Other Self-help Guides in the Let's Talk Service**

Let's Talk Panic

Let's Talk Low Self Esteem

Let's Talk Health Anxiety

Let's Talk Social Anxiety

Let's Talk OCD

Let's Talk PTSD

Let's Talk Bereavement and Loss

Let's Talk Managing Negative Thinking

Let's Talk Managing Negative Behaviours

## **Other helpful contacts:**

**The Samaritans:** [www.samaritans.org](http://www.samaritans.org)

Call on 116 123; 24 hours a day, 7 days a week

**Mind:** [www.mind.org.uk](http://www.mind.org.uk)

Info line: 0300 123 3393

**Mental Health Helplines Partnership:** [www.mhhp.org.uk](http://www.mhhp.org.uk)

**The Royal College of Psychiatrists:** [www.rcpsych.ac.uk/info](http://www.rcpsych.ac.uk/info)

***Community Health Trainers, Gloucestershire***

*(Community Health Trainers offer support, information and*

*guidance to people who want to make changes to their lifestyle  
whatever their faith or culture)*

**Email:** [gloshealth.trainers@independencetrust.co.uk](mailto:gloshealth.trainers@independencetrust.co.uk)

**Website:** [www.gloshealthtrainers.nhs.uk](http://www.gloshealthtrainers.nhs.uk)

**Telephone:** 0845 863 83 23