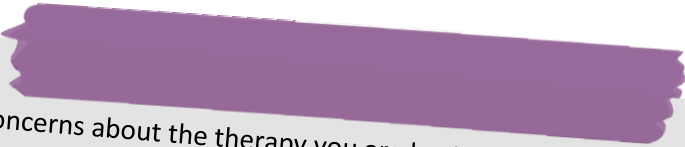


Good Quality CBT for OCD

Cognitive behavioural therapy can be used to help treat or manage a huge range of things, including depression, anxiety, trauma, and pain. By nature, CBT is adapted to work with the individual problem the person is facing. Sometimes people with OCD are offered general CBT for anxiety, because the professional doesn't have the relevant training and is unaware that CBT with ERP is the recommended best practice. It is very important to make sure that the therapy you are being offered is the right type and with someone who understands it, and OCD, well enough to help. This checklist was put together to help you know what to expect.



If you have any concerns about the therapy you are having and whether it is appropriate, you should be able to speak about this with your therapist. This can be scary, because they are the professional and the expert, but a good therapist won't take it personally or get upset. In fact, they should be encouraging you to ask questions and bring up any worries. CBT doesn't look the same for everyone, so something being done differently doesn't always mean the therapist is wrong, but they should always be able and willing to explain to you why something is or is not being done as you expected. They should also be listening to you about what works, what doesn't, and why.

Session length

Sessions can change in length, but should generally be at least 45 minutes long. A 'standard' amount of time is usually 50 minutes or an hour, but occasional sessions might be longer if exposures and other exercises are being carried out. You should have a clear idea of what the plan or agenda for the session is. This is usually set at the start of the session.

Who can attend?

If there are people in your life who care for you or will be supporting you with your recovery, they might be involved in parts of your sessions. This might be a parent, partner, or someone you live with. This is so that they can get a better understanding of your OCD and how to support you. For example, you, them, and the therapist might make a plan together around reducing reassurance.

Content of sessions

The sessions should, for the most part, stay focused on your OCD, how it works, and how you are challenging it. As your recovery moves forward, your world will get bigger and some other issues might come up that you might also choose to look at. For example, if you have been very isolated because of your OCD and are starting to go out socially again, your therapist could support you with the impact of this.

You should not be spending most of the session talking about your childhood or trying to get to the 'root' of the issue. Even if there is a root, resolving it won't unstick you from the OCD cycle once you're in it. Instead, the focus should be on changing your current reactions. You might do some work around finding what deep-rooted beliefs might be making the cycle stronger, but

only in order to keep those in mind when making a plan on how to challenge the OCD.

The session should also not be mostly taken up by you talking. The therapist is there to teach, guide, and encourage you to make positive changes. Having a safe space to talk about how you're feeling or things that have happened is great and important, but that is not the main goal of CBT for OCD. Your therapist should also not be offering reassurance, arguing against your worries, or encouraging you to do so. These will only reinforce what the OCD is telling you, which is that you need to 'figure it out' in order to be free of it.

Psychoeducation

Your therapist should explain to you how your OCD works, what keeps it going, and what things can help to overcome it. The first few sessions especially will be focused on this. There are lots of ways to break this down, and usually the therapist will show you a formulation or diagram as a part of it. You should feel at all points like the therapist is able to explain what is happening or why you are doing a particular thing. Part of this might involve recommended reading, listening back to recordings of sessions, or the therapist asking you to summarise what you've learned.

Therapist-aided exposure

Your exposures should not only be done as homework. Instead, the therapist should do at least some behavioural exercises in the session with you. This allows them to teach you how to 'stick with' the anxiety, see your reactions, and encourage you. Ideally, some of these should be done in the place where your OCD most affects you, like at home. Your therapist might also perform the exposure task with you or before you to help you feel more comfortable. You should feel involved in this process, not just told to do it.

Negotiated homework

You should also have exposures to go through at home, as well as some cognitive homework.

These can include practicing observing certain things to reframe your thinking or filling out forms to help you understand your own OCD. The therapist should be able to explain what the homework is and why it will help, then the two of you should discuss it and come to an agreement about what you will do. You should record your outcomes and how you felt so that you can discuss it with the therapist in your next session. Homework should not include repeating mantras, rationalising to argue back against the thoughts, or keeping a constant record of your thoughts that you can later analyse. These are most likely to give more importance to the thoughts or become compulsions in and of themselves.

Stepping back from rituals

As you become stronger against the OCD loop and get better at your exposures, your therapist should also be encouraging you to resist compulsions as part of your day to day life. While exposures are an active challenge that pushes back against the OCD, it's also important to use your increased resilience to reduce the rituals that make up your day. An early part of this might be the therapist teaching you how to recognise that you are doing them. Later in the therapy, they might encourage you to perform an exposure whenever you've performed a ritual, to cancel out the relief it brought.

This is not the same as trying to control or stop the intrusive thoughts from coming in to your mind. Your therapist should be teaching you that intrusive thoughts are completely normal and it is your fear of them, not the thoughts themselves, that are causing compulsions and anxiety.

Relationship with your therapist

Even though the therapy is quite a practical one, it does require trust and respect between you and your therapist. You should be able to trust your therapist enough to be honest with them about your symptoms and any difficulties you're having with the treatment. You should feel that your therapist cares about what you think and involves you in the process. You should also feel trusting of your therapist's ability to help, which often comes down to how well they understand

OCD and how positive they are about your ability to get better.

The relationship can be a difficult one, but because part of their job is to push you to do things that make you anxious, not because you don't feel comfortable or cared about.

Setting of goals

Your therapy should revolve around your own personal goals. The therapist should help you work out what those goals are and keep focused on them as you move forward. These should be specific and achievable, and described in terms of what you will do. They might be split into short-, medium-, and long-term goals to reflect what is most impacting you right now, what you will work on throughout therapy, and what you can keep working on in the long run after you finish with your therapist.

Tracking progress

Another part of the therapist's role is to keep track of how you're doing with the treatment. It can be hard to have an objective point of view on your own mental health and whether it's improving, especially because OCD twists things so much. The therapist should be able to remind you of how far you've come and can keep track of your progress using an OCD-specific recording method. For example, they might go through a questionnaire with you regularly in order to track how you are feeling.

Setting the pace of exposure

You should be exposing yourself throughout the therapy, and part of the therapist's job is to make sure you are doing so at the right pace. The treatment should be intense enough that you are challenging yourself and the OCD, but not so much that you get overwhelmed and can't stick with it. If you are finding it too difficult, they should reduce the intensity or work with you on the obstacles so that you are able to do it, rather than just tell you to try harder.