

What to Look for in a Therapist

Whether you are going to be working with a private therapist or through the NHS, it is important that you are confident in your therapist's understanding of OCD and how to provide treatment for it. Trusting that they are guiding you in the right direction can help you take part in more challenging tasks, knowing that they will be worth it in the long term.

The two elements to look for in a therapist are knowledge about are OCD itself *and* training in how to treat it. One or the other on their own are not enough.

Unfortunately, misconceptions about OCD cause some mental health professionals to believe they do understand these when they don't. Because they haven't been trained on OCD they aren't aware that the therapy they can offer is likely to be unhelpful or even harmful.

Qualifications

If you are seeing a therapist through the NHS, then they will have the appropriate qualification for the level of treatment you are receiving. You can read about different levels of treatment in our pack about [Accessing treatment through the NHS](#).

If you are looking for a private therapist, the search can get very confusing. Many therapists list themselves as being able to work with anyone, so searching the 'OCD' section of a directory will bring up a lot of people who don't actually have the right training. The recommended therapy for OCD is Cognitive Behavioural Therapy (CBT), but trainings in this can range from a weekend workshop to a PhD, so knowing what qualifications to look out for can be confusing.

The simplest indicator to use is registration with a regulating body – these are organisations that set out a minimum amount of approved training for counsellors and therapists. The regulating body for CBT is the British Association for Behavioural and Cognitive Psychotherapies (BABCP). Therapists registered with the BABCP have a high level of CBT-specific qualification, supervision, and ongoing training.

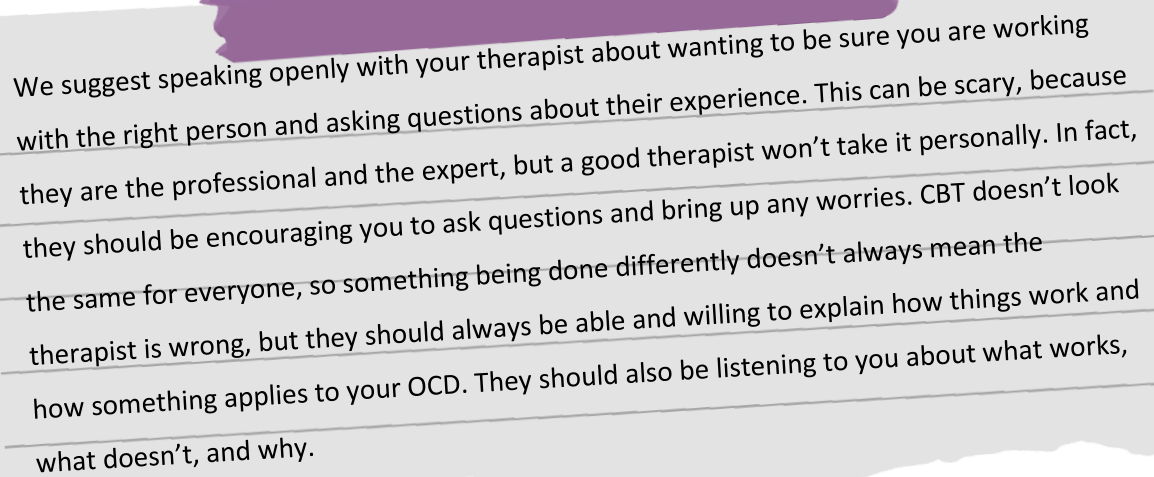


To find a BABCP therapist, one option is to [search their directory](#).

Unfortunately, not all of the therapists choose to be added to the directory, so the results might be limited. You might have better luck by using a search engine with keywords like 'OCD', 'BABCP', and, if you are looking for in-person work, the area you live in. Therapists will list which regulating bodies they are signed up with on their website, and might have the BABCP logo on there as well.



In your search for a therapist, you might come across other regulating bodies in which people list themselves as offering CBT or working with OCD. Unlike the BABCP, though, these are more general and include therapists who offer varied forms of therapy. A therapist with a mixed (or 'integrative') qualification might only have spent a short amount of time on CBT, and none at all on OCD. If a therapist is not registered with the BABCP, you might need to ask about their qualifications and training.



We suggest speaking openly with your therapist about wanting to be sure you are working with the right person and asking questions about their experience. This can be scary, because they are the professional and the expert, but a good therapist won't take it personally. 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 how things work and how something applies to your OCD. They should also be listening to you about what works, what doesn't, and why.

Experts by Experience

Over the past few years, we have been contacted by more and more people with concerns or questions about unqualified therapists or 'experts by experience'. These tend to be individuals who have their own personal experience of OCD and recovery, and who use this as the basis for the support they offer.

Even though the therapy will be the same type for each individual – CBT with ERP – this still includes a huge variety of different thought exercises, diagrams, styles of exposure, and management strategies that someone can work with. The right combination of techniques for an individual is found through working with the therapist and exploring options. If someone doesn't have training in CBT, they can only show you what worked for them or go through self-help resources with you.

This does not mean that this is the case for any therapist who has personal experience of OCD, and in fact many people go on to train in psychotherapy after recovery. It is just important to remember that the personal experience cannot replace years of training and supervision.

OCD-specific knowledge

Knowledge and training around mental health have been improving for a long time, and continue to do so. This is true for obsessive-compulsive conditions and the recommended treatments for them, as well, but misinformation can still be an issue. The problem with misinformation isn't only that a professional won't have the appropriate understanding of OCD, but also that they won't know that they are missing it. This can result in misinformation being given to patients and carers and, most often, in people being offered the wrong treatment.

Your condition

Before even looking at the treatment, it's important that a therapist understands what you are struggling with. The cycles that define OCD related conditions are irrational and driven by anxiety, so an uninformed professional trying to use general strategies in what they feel is a 'common sense' way might unintentionally reinforce them.

There are also common myths and misunderstandings about different 'types' of OCD and how treatment should be adapted for these. Even a therapist who does treat OCD might feel at a loss as to how to treat a manifestation they haven't encountered before. The good news is that the treatment will remain the same no matter the themes, and CBT with ERP is always adapted to the individual, so the therapist simply needs to gain a more in-depth understanding of what your OCD looks like. This should be through speaking to you about your experience as well as doing their own research.

When you first contact a private therapist, or in your first session with an NHS one, you can ask the therapist to tell you about their experience and understanding of your condition. You might ask them to explain how it works. You can also ask them to give examples of more complex or unique cases they have heard about or worked with – this can give you a clearer picture of how in-depth their understanding might be. For example, if they mention sexually intrusive thoughts and show that they understand these are unwanted, you might feel more comfortable speaking about your own worrying thoughts.

An uninformed therapist might-

Try to rationalise with someone who has OCD, feeding into rumination and reassurance seeking

Focus on a perceived cause like social media instead of working directly against the cycle of BDD

Get frustrated at someone with a BFRB about them 'not trying hard enough' when actually the techniques they are using are inappropriate

To learn more about these conditions you can read our pack on [OCD and Related Conditions](#)

Exposure and Response Prevention (ERP)

The biggest barrier to recovery that people with OCD experience when accessing therapy is lack of training, experience, and understanding of how to use ERP.

If a therapist doesn't know about ERP they won't offer it or mention it. Not only does this mean that you are less likely to recover, you might also assume that it's because therapy doesn't work or, even worse, won't work for you. This can bring feelings of hopelessness and keep someone from seeking better-quality treatment.

On the other hand, a therapist might have adequate training in ERP but not be the right person to offer it to you. The therapist's role in CBT with ERP is not just to tell you what to do, but also to teach you how to do it, set the pace, monitor your progress, and adapt the plan so that you can best engage in it.

There is no way of knowing exactly what your therapy will, or should, look like. This is something that should be worked on throughout the therapy by you and your therapist together, in response to what works and doesn't work for you. Instead, what you can check from the beginning is your therapist's 'style' of working and whether they intend to co-create and regularly review your recovery plan. You can try versions of these questions or ask the therapist to describe how they work with OCD and look out for indicators of these in what they say.

- **Will you set out an individual and graded treatment plan for me, based on getting to know my specific experience and symptoms? Will you be adapting this as we go along?**

They should not be assigning tasks only based on what 'type' of OCD you have. Two people who share the same obsessions and compulsions might still do completely different ERP or cognitive exercises

- **Will you set both cognitive and exposure exercises for me, to do during therapy as well as for 'homework'?**

Therapy that is purely cognitive or purely behavioural does exist and can be beneficial for OCD but is only recommended for people who don't feel they can take part in both. The combination of the two is known to be the most successful option.

- **If I am having trouble doing the homework tasks, will you explore with me how to make them more accessible or, if needed, what different task I can try?**

You should feel able to tell your therapist if you haven't been able to do something, and they should never simply tell you to try harder or keep trying. The same goes for if you are finding tasks too simple and don't feel they will make a difference.

- **Will you teach me how to do the exposure and cognitive exercises you set for me?**

The point of ERP is to become anxious and choose to stay with the anxiety instead of doing a compulsion. This is a very big ask and can be tough to even get right at first. The idea of 'sitting with the anxiety' can be confused with overthinking, which is a compulsion and would become an actively harmful exercise. Also, the anxiety that is brought up by the ERP can cause confusion as to what you are supposed to be doing and why, even though it made sense when the therapist first explained it. Your therapist should help you throughout the therapy to make sure you understand how and why to take part in the different tasks you are set.

- **Would you be able to have some sessions with me in the place where my OCD most affects me? (for example - at home, at school, in a particular place...)**

One facet of OCD is that it can be very directly impacted by surroundings. Many people find that their symptoms are worse in a certain place in their life. This can be because that space holds a meaning for the person's intrusive thoughts – for example the area around a secondary school can be scary for someone with BDD who fears being seen or mocked by teenagers. It can also be because the person feels less able to 'hold back' – for example, many people with OCD are more motivated to hold back their compulsions in public because of embarrassment, and then get flooded by them when they get home and don't feel the need to hide them.