



Understanding OCD

& learning to live/support

someone with it

An introduction to obsessive compulsive disorder (OCD)



Obsessive compulsive disorder (OCD) is a common anxiety disorder and in the UK up to 750 000 people (12 out of every 1000) are impacted, regardless of age, gender, or cultural background. It is believed that up to 25% of cases remain undiagnosed by age 30.

The symptoms and severity of OCD usually appear gradually over time, with increasing symptoms frequently associated with significant life events or other life stresses. OCD is a self-maintaining disorder and people become trapped in a cycle of unwanted thoughts and compulsive behaviours.

This booklet is split into two parts: “Understanding OCD” and “Supporting someone living with OCD”. For more about breaking the OCD cycle, see our second booklet “*Breaking the OCD cycle using exposure and response prevention*”.

Part 1: Understanding OCD

What is OCD?

Obsessive compulsive disorder (OCD) is an anxiety disorder characterised by repeated unwanted thoughts (obsessions) and repetitive behaviours (compulsions) that are difficult to control.

Repetitive behaviours (e.g. hand washing, checking, counting) are performed to reduce anxiety and stop having unwanted thoughts. However, performing repetitive behaviours only provides short-term relief, while not performing repetitive behaviours increases anxiety.

OCD is not a personality quirk or character trait: stigma is one of the most significant issues that people with OCD experience.

You may have overheard people casually say: “I’m a bit OCD” or “I’m a little OCD at times”. Often, people are unaware that their words or actions are stigmatising and can trivialise the challenges someone suffering from OCD faces. Comments like those above fail to acknowledge the distress caused by intrusive thoughts and the devastation that compulsions can cause.

Many people can relate to having unwelcome thoughts, images, unpleasant ideas, or repetitive behaviours that are upsetting. However, those thoughts and behaviours often don’t significantly influence their everyday life or physical and mental wellbeing.

For those with OCD, the thoughts are persistent, and behaviours feel necessary. The sensations and urges that accompany the thoughts and behaviours can be distressing and confusing.

The perceived consequences of not carrying out the behaviours are one of the causes of people becoming trapped in a cycle of unwanted thoughts and compulsive behaviours.

Many persons with OCD feel responsible for stopping a disaster from occurring (e.g. “I must keep bacteria away from my family - they might become ill or die, and it will be my fault”).

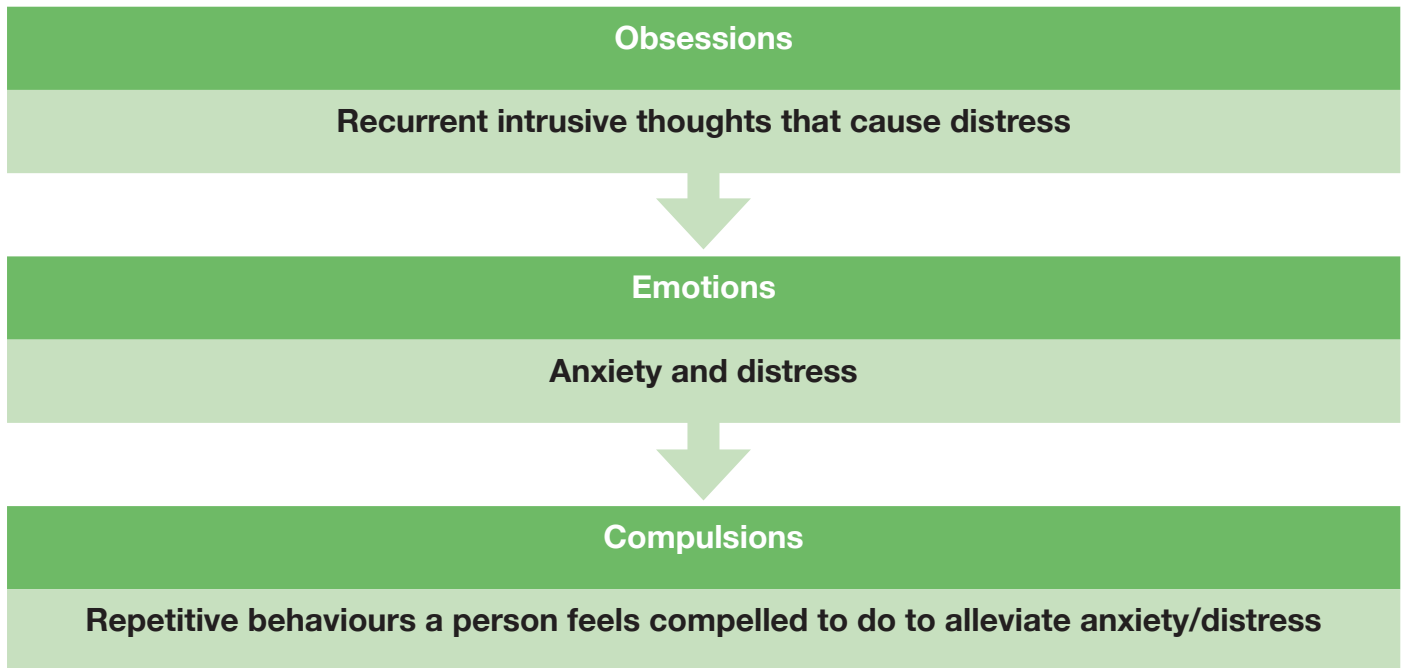
Those who struggle with OCD may feel alone, misunderstood, and like they’re in quicksand.



“Their foot is on the brake telling them to stop, but the brake isn’t attached to the part of the wheel that can actually stop them”

Kate Fitzgerald

Breaking down OCD



'Obsessions' often take the form of repetitive, persistent ideas, thoughts, images, or impulses that are experienced as distressing. Generally, people attempt to resist thinking of the obsession and get rid of the thoughts. But as people resist, the intrusion persists.

Examples of obsessions include:

- Recurrent thoughts related to contamination by dirt, germs, or HIV/AIDS.
- Recurrent thoughts and/or images of loved ones becoming ill, injured, or dying.
- Recurrent doubts that have caused an accident or committed an act of violence, abuse, or causing harm.
- Recurrent intrusive thoughts linked to commands, images, accusations, desires, taboo.
- Recurrent concerns of thoughts influencing self/others.

'Compulsions' are repeated patterns of behaviours/action used to reduce anxiety and prevent an outcome, following a strong urge or pressure to do so (sometimes known as 'neutralising').

People with OCD often feel deceived into believing that compulsive behaviours can affect or 'fix' issues. But compulsions are rarely related to outcomes and have no impact. However the risk of simply not performing a compulsion is too great. OCD may say, "It could happen. You're thinking it for a reason, so let's perform a compulsion just in case something terrible happens." The possibility of disaster is why asking someone with OCD to 'just stop' performing compulsions is not helpful and often only increases their distress.

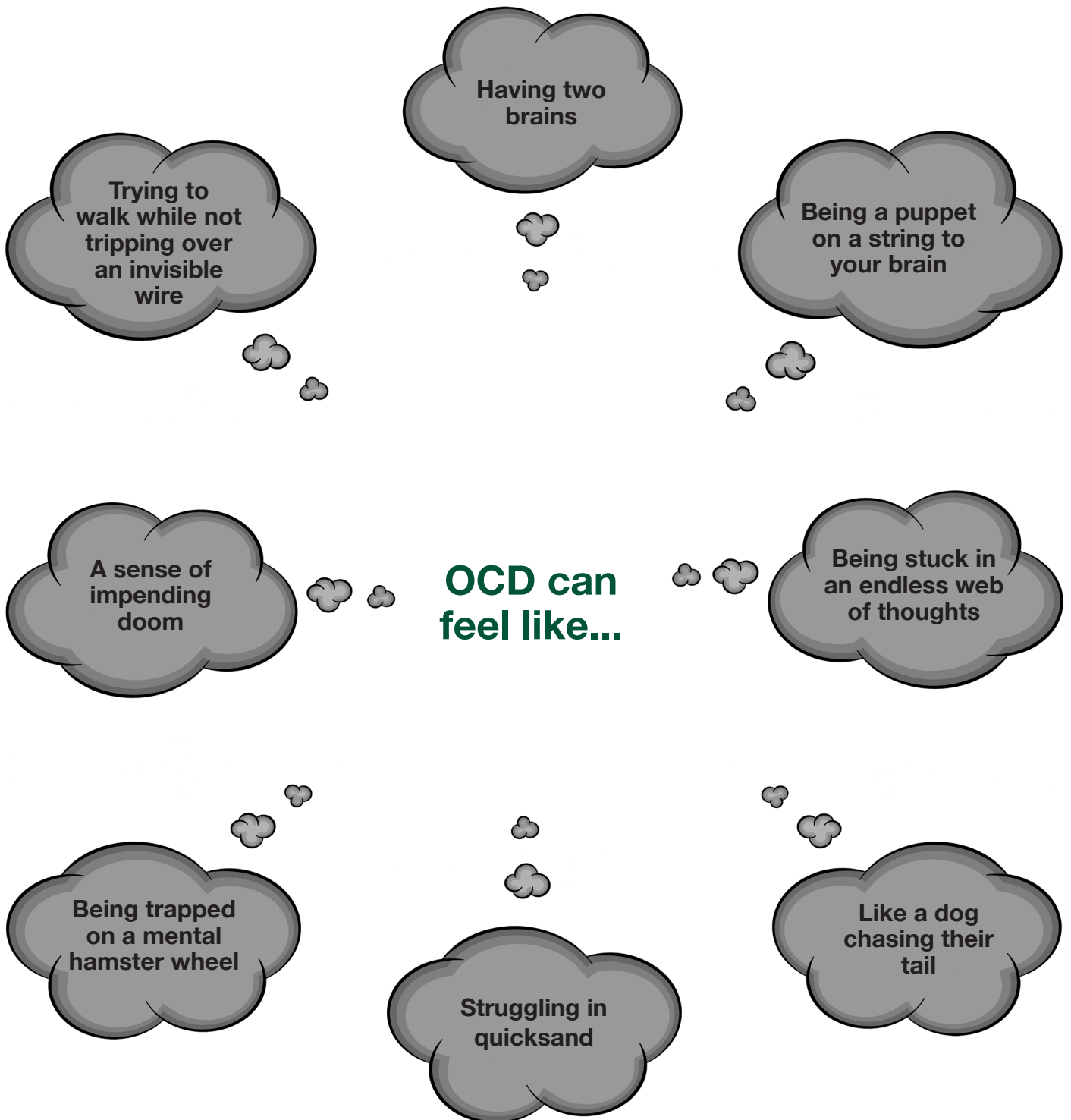
People rarely experience pleasure from carrying out a compulsion, but they can bring short-term relief from feelings of anxiety, fear, or frustration. This short-term relief can cause the compulsive behaviour to repeat endlessly.

Examples of compulsions include:

- Rumination: going over unwanted thoughts in a repetitive cycle, trying to work out why you experienced a particular thought, image or emotion or if an event has occurred. Examples include thoughts about cleanliness, taboo sexual thoughts, fear of harming someone, perfectionism, philosophical or existential obsessions.
- Consistently checking doors, gas appliances, taps, electrical goods, and plugs in a sequence, which if interrupted, must start again from the beginning.
- Repeated hand washing, often in a particular way, can continue until pain/bleeding.
- Counting numbers in a sequence (e.g. in twos or fours).
- Mentally or physically going back over route travelled to ensure no accidents were caused.
- Seeking reassurance from loved ones that you haven't committed a crime.
- Rechecking sent messages over and over.
- Touching light switches, walking around corners, or specific objects in a set manner.
- Repeated washing of clothes despite being clean.
- Constantly seeking reassurance to ensure your actions are okay/safe.

OCD is a self-maintaining disorder: When someone repeatedly uses compulsions to reduce anxiety/distress, this causes them to get stuck in a loop where the 'solution' maintains the problem.

“People with OCD often feel deceived into believing that compulsive behaviours can affect or ‘fix’ issues”



Types of OCD

While there are many different types of OCD, the five primary groups with overlapping themes are:

- Checking
- Contamination / mental contamination
- Symmetry and ordering
- Ruminations / intrusive thoughts
- Hoarding

Subsets (types) of OCD can impact any thought, subject, or area of a person's life.

OCD themes generally attach to what someone values or are vulnerable to, then use that vulnerability against them.

Examples include:

Contamination OCD	Magical thinking OCD	Scrupulosity (religious) OCD
Counting OCD	Paedophilia OCD	Sexual orientation OCD
False memory OCD	*Purely obsessional OCD	
Harm OCD	Real event OCD	
Just right OCD	Relationship OCD	

*'Purely obsessional OCD,' also known as 'Pure O,' is a term used to describe a type of OCD whereby sufferers mistakenly believe there are no behavioural compulsions with only distressing thoughts. While mental rituals are a form of compulsion, physical compulsions are almost always present. The presence of physical compulsions renders the phrase 'Pure O' somewhat misleading. And can lead to a person not recognising their symptoms (compulsions) or not accessing appropriate support. Respectfully, 'Pure O,' like other OCD themes, involves obsessions and compulsions and may be treated similarly.

Thoughts about thinking

OCD is frequently associated with the belief that we can and must control and suppress our thoughts. Attempting not to think of an intrusive thought or suppress it seems like an understandable strategy to cope. But this can make the thought more persistent (Dostoevsky's 'Ironic process theory').

Let's try an experiment!



White bear problem

(D. Wegner/ Dostoevsky)

Set a timer for five minutes and begin talking about anything and everything that comes to mind.

BUT

You're not allowed to think of a white polar bear. Think about anything you like but not a white polar bear. If you do think of a white polar bear, say 'white polar bear' out loud...every time you've thought about a white polar bear.

Go!

-Five minutes later-

Set another timer for five minutes, but this time try your hardest to think of a white polar bear without allowing any other thoughts/ ideas to enter your mind. Only think of a white polar bear, nothing else. If your mind wanders to anything else, say 'lost the bear' aloud, before returning your attention to the white polar bear. Go!

-Five minutes later-

Did you think about a white polar bear less or more often when you tried to suppress the thought or hold the image in your mind? Often, results show that when trying to think of the white polar bear, it's very tough to hold the image without the mind drifting to other thoughts. But when attempting to not think of the white polar bear, it becomes difficult for the mind to wander onto anything but the white polar bear.

The white polar bear is a metaphor for obsessional thoughts. With intrusive thoughts: if you resist, they persist! When you try pushing intrusive thoughts from your mind, they often become more intense. But when you notice the thoughts and focus on them without action (like when focussing your mind on only the white polar bear), your brain gets the chance to learn and accurately assess if you're in danger or not. 'Allowing' your mind to wander without getting stuck.

Intrusive thoughts and images can affect everyone. One of the reasons people get 'stuck' is how they react to them. If the focus is 'not thinking,' we are prompted to think of the thing we're not meant to think about (ironic monitoring process).



“You don't have to control your thoughts. You just have to stop letting them control you.”

Dan Millman

To build emotional intelligence, we learn the ability to understand and manage emotions by understanding how to respond (not react) to our intrusive thoughts. By changing the way you respond to thoughts, you can learn how to think of something rather than trying to think of nothing.

When you react, OCD is in control

When you respond, you are in control

While images of white polar bears are 'safe,' this is harder to do with thoughts troubling us, but the principle remains the same.

“Have the courage to act instead of react”

Oliver Wendell Holmes

- Find an automatic 'go-to' response that allows you to redirect your attention as a replacement thought, e.g. every time I think of [*insert thought*] I'll think of [*insert thought*] instead
- Assign a time limit when thinking about troubling thoughts to reduce rumination
- Reduce multi-tasking
- Write down reasons your fear will not happen
- Write down how you could be okay if the worst-case scenario happened
- NOW acronym to practice mindfulness:
 - NOTICE:** where is your attention: outside world or in your head?
 - OBSERVE:** what you are doing, e.g. sitting and looking outside.
 - WISE:** what will I choose to do next?

Responding to OCD

Thoughts are an electrical signal, spreading in a wave of a thousand neurons. However, a 'signal' differs from 'noise' in that all anxieties enter our minds as signals, and because they are distressing, they are likely to be seen as something you **MUST** pay attention to. OCD manipulates 'noise' ('meaningless' thoughts) to become signals.

People cannot control what thoughts appear inside their heads but generally can control how they respond. How someone with OCD has learned to respond to intrusive thoughts, and images often causes intense distress and prevents the thoughts from going away. Part of what keeps people trapped by OCD is paying attention and trying to work out all the content.

This point is very, very, VERY important! 

The content is noise and not something to pay attention to. If the content of all of our thoughts were valid, we could not tolerate the outcome, e.g. if I go on the train, I'll have a heart attack, I'll never go on a train again! But the disorder has taken over the content of the thoughts. People often attempt to support someone with OCD through reassurance or rationally challenging thoughts. While this seems reasonable: trying to 'understand' and deconstruct the content of the thoughts or offer reassurance is seeking certainty: fuelling OCD and rumination (a form of compulsion). Instead of asking someone to 'just stop thinking about it' to support someone with OCD, we're attempting to teach the brain to respond differently to uncertainty.

“The content of the thoughts is irrelevant”

Dr Reid Wilson

Helpful responses are ambiguous

Instead of using compulsions to cope, when experiencing an intrusive thought, we respond using an ambiguous response. Not positive or negative (as this is 'giving value' to the thought), but ambiguous to help a person learn the ability to cope with a generic sense of doubt and distress.

- “Sure possibly”
- “Amazing, can't wait for that to happen”
- “Maybe, maybe not”
- “Oh, OCD is giving me another obsession”
- “Totally”
- “That might happen, can't wait, I'll be in prison!”

Agreeing with the thought:

- “I'm going to get so sick, can't wait”
- “Singing the intrusive thoughts/words”

This does sound rather strange! But the point is that you're choosing to remain uncertain.

Uncertainty is OCD's kryptonite

It can be helpful to think of people having a 'relationship' with OCD and doing things because OCD tells them to. So to support someone, we try to change their relationship with OCD.

OCD wants to give you a sensation that you resist.

Responding ambiguously aims to take power and value away from OCD by challenging the belief that compulsions are necessary to reduce anxiety. Our brains use memory to make sense of the present experience (predictive brain). The brain is attempting to balance the past and the present by considering memory and incoming sensory input. Changing how you respond in the present means your current experience will eventually become a memory. Through practice, this becomes knowledge for your brain, helping rewire the brain so that in the future, you'll automatically have the response you're practising now.

When faced with a similar uncertainty in the future, your long-term memory will automatically 'grab' this information when encountering this theme. We want to, instead of resisting, welcome it, have the experience whatever it may be, sit with it and give our anxiety a chance to come down naturally without using compulsions.

Give the brain the same answer repeatedly: every question, every thought, and every what if.

Compulsions and OCD promise safety, but only lead to a life of captivity. Not working out the thoughts and using ambiguous statements isn't 'doing nothing' – it's practising building a relationship with uncertainty. Instead of 'DOING SOMETHING' as a reaction (compulsion) that makes the thought go away, you're responding ambiguously as a response. We train the brain to say, 'OCD can keep trying, but I don't care'

“Compulsions and OCD promise safety, but only lead to a life of captivity.”

OCD makes the rules in an argument; it's the judge, jury, and executioner. You'll never win. The moment you engage OCD using rational thoughts or logical arguments, you're entering an endless game of tug of war. Try letting go of the rope - build a relationship with uncertainty through not working it all out.

Attempting what's written here may spark anxious thoughts like:

“But what if this time is different and something terrible happens?”

It may be different; it may not. Something terrible may or may not happen! We don't know if the fears will come true; that's the idea. We're learning that thoughts are thoughts; they can't hurt us despite what OCD says...and we're looking to test that out. You are learning how to step back to gain perspective as you cannot solve the problems while you're in the problems. You gain the perspective of 'oh, it's happening' and knowing that this is OCD trying to manipulate you and find a weakness or opportunity.

Summary

OCD is a mental health difficulty in which intrusive thoughts are misrepresented as warning signals. Such misrepresentation causes anxiety, which a person may try to avoid or neutralise by engaging in obsessive behaviours.

Trying not to have specific thoughts is unrealistic as we cannot control what thoughts come into our minds (white polar bear). When attempting to neutralise thoughts, a pattern is created where intrusive thoughts reinforce compulsive behaviours. The result is a cycle where short-term relief is felt following performing a compulsion. Meanwhile, the compulsion becomes reinforced as the way of coping with anxiety.

Obsessions	Compulsions
<p>Give intrusive thoughts (obsessions) the same response repeatedly to retrain the brain to understand the threat is perceived, and you're not actually in danger.</p> <p>Not questioning, rationalising or analysing thoughts, but instead giving ambiguous responses.</p>	<p>To stop compulsions, exposure and response prevention give anxiety opportunities to resolve itself naturally.</p>

OCD takes many forms, but regardless of the form, intervention is focused on the anxiety/distress and compulsion by changing the response.

Uncertainty is OCD's kryptonite

- If you try to make OCD make sense you are playing OCD's game.
- You win this 'game' moment by moment: not focussing on the long term or the future, but the present moment.
- The goal is to focus on stopping the compulsions, not reducing anxiety.
- Stopping compulsions helps the brain learn to cope with anxiety and uncertainty without using compulsions.
- To overcome OCD, practise and build a relationship with uncertainty.

Exaggerated views about personal responsibility are common in those with OCD. Thoughts are interpreted in ways in which a person feels personally responsible for preventing or causing harm.

'Magical beliefs' form a superstitious view that 'thinking is as bad as doing'. Or that the thought is communicating an unconscious urge to carry out the task. This type of belief often forces someone to engage in patterns of thinking or behaving to 'undo the magic' and minimise risk.

The mistaken belief that having the thought may make it more likely that the idea will come true is known as 'Thought Action Fusion'

A kind way of gently challenging this is to ask if you can make things happen just by thinking about them?

Then experiment with lottery numbers!

DON'T	DO
Don't try to eliminate anxiety	Do eliminate compulsions
Don't judge, invalidate or make assumptions about someone's identity based on their OCD theme	Do show acceptance, compassion, empathy, and kindness. Themes often attach to what someone values the most
Don't automatically react to anxiety	Do voluntarily face fear: be willing to risk that our brain is throwing out false signals. We need to teach the brain that it's wrong over and over again
Don't rationalise OCD thoughts	Do respond differently to thoughts.
Don't compare one person's OCD journey to that of another	Do understand that each OCD journey is as unique as a fingerprint. Different factors, e.g. resources, income, support system, influence recovery
Don't problem solve. This fuels rumination	Do practise uncertainty and model this with as many things as reasonably possible
Don't reassure using phrases like: "It's fine" "Calm down" "That's not going to happen" "You'd never do that"	Do support using phrases like: "I hear you...but trying to find the answer isn't going to help" "That could happen, but let's be uncertain" "Are you seeking reassurance? I'm unsure, but we'll face it together".



No matter how much theory or tools are discussed, navigating through OCD can be frightening, exhausting, overwhelming and at times it may feel hopeless. Compassion is the basis for courage and wisdom and is more powerful than OCD. Those struggling deserve our full respect and empathy. We're stronger together and know that recovery is positive.

Part 2: Supporting someone living with OCD

OCD is NOT a 'rational or logical problem'. Trying to reduce symptoms using rational/logical arguments will only encourage rumination (a form of compulsion) and further anxiety.

Supporting someone with OCD means helping them take responsibility to own their problems. While this may sound counterproductive, it is helpful for a person to take full responsibility for their OCD. We cannot overcome a problem where someone else has responsibility. Accepting responsibility does not mean that everything is the person's fault and they deserve to feel this way. That's blaming and shaming.

Responsibility is a RESPONSE - ABILITY.

To support OCD – a person develops the ability to respond to OCD

The story of 'The Great Watermelon Slayer' offers a useful way to support someone with OCD:

The great watermelon slayer

"Once, a long time ago, a man stumbled into a land of fools. The people lived in terror because they were afraid of a monster that lay outside their village. The stranger listened to their stories of fear, and despite his trepidation, he asked to see the monster. The people took him to the edge of the village where they looked out over a field and began to tremble with horror. "There it is! There it is!" they screamed. The stranger looked but saw nothing except a watermelon. He said, "Where is it? Is it behind that watermelon?" To which the people replied that the object he noticed was the monster. "That's not a monster!" he exclaimed, and he proceeded to go out to the watermelon, kneel beside it, smash it in half, and eat it. When he turned around he saw the people had turned white with even greater fear. "Look!" they shouted, "he killed the monster and is even eating it! He is a worse monster than the first one! Let's get him!" and they chased him away with pitchforks.

A year passed, and a seed of the first watermelon grew into another, even larger watermelon. At that time, another man walked into the same land of fools. Again the people were living in fear of another great monster that had sprouted in the field outside their village. This stranger was more clever than the first, for upon seeing the 'monster', he realised the irrationality of their



Image: edited from www.freepik.com

fear. So, almost immediately upon his seeing the watermelon, he jumped back in fear, despite knowing what it was. Then he, along with the villagers, made his way slowly toward the 'monster'. As he approached the melon, he showed increasing trepidation, taking a step backward for each two steps forward. Eventually, he pretended to find the courage to touch the beast. Looking astounded that the beast had not devoured him, he encouraged others from the village to come and touch the watermelon as well. Over time, he was able to help the people approach it, eventually eat it, and save the seeds for the following summer when they could cultivate them. This man became known as the Great Watermelon Slayer.”

“Instead of debating the issue, we begin by seeing the problem through the eyes of the person...”

To start supporting someone with OCD, we meet them where they are, not where we are or where we would like them to be.

Instead of logically debating the issue, we begin by seeing the problem through the eyes of the person, then support them to manage in more helpful ways (using how we see and understand the problem).

Using logical or rational statements (like the first traveller who thought 'it's just a watermelon...') can lead to hurt, judgement, and a person experiencing guilt and humiliation about their symptoms.

Accepting that the person perceives something different from us helps alleviate one of the most significant challenges people suffering from OCD face: shame.

Better sane than safe

Tolerating uncertainty is one of the most significant obstacles that those with OCD face. Uncertainty, like allergies, can cause a powerful reaction.

Uncertainty is OCD's kryptonite

Help isn't rationally debating the thoughts, suppression, or distraction, but is instead learning to live with and tolerate uncertainty. **How much can we truly be certain about in life?**

Unexpected events in life can either wound us or provide opportunities to make us wiser. Thoughts (obsessions) look for certainty while behaviours (compulsions) attempt to provide certainty.

“OCD is trying to solve a problem that isn’t a problem.”

OCD makes the rules in an argument; it’s the judge, jury, and executioner. You’ll never win. The moment you engage OCD using rational thoughts or logical arguments, you’re entering an endless game of tug of war. Try letting go of the rope - build a relationship with uncertainty through not working it all out.

OCD is a worry-making machine! Certainly, some of our worries are valid. However, OCD takes advantage of the fact that humans are logic-making machines, believing that “if I experience a sensation, my mind will create an explanation for why this is occurring.” OCD is often trying to solve a problem that isn’t a problem. Therefore, it doesn’t have a solution. However, the more you look for an answer, the more questions you will have.

Write a statement about why it’s worth recovering

Help a person explore and write out the advantages/disadvantages to stopping compulsions to find out what it’s worth to them: this helps maintain motivation

The presence (or absence) of intrusive thoughts isn’t a good marker of wellbeing. It’s about our attitude towards them and how we respond. Thoughts aren’t facts and don’t always require a response. We have limited control over what thoughts enter our heads. But we do have a choice about whether to act on them.

How you respond to OCD is the key

Responses help retrain the brain to stop sending false signals by changing how we relate to symptoms - the brain doesn’t know any different and believes it’s helping you (false alarm system).

When we experience intrusive thoughts or an urge to perform a compulsion, we aim to learn how to respond differently to the perceived threat to teach our brain that we aren’t in danger.

The aim is to notice the thoughts but feel safe knowing they can’t hurt you. In the same way, we notice scenery when on a train as it passes or a movie on a screen.

Only by teaching our brain to respond differently will it be able to find new answers.

You are not OCD!

It can be helpful to separate OCD from a person's identity. OCD is manipulative, but people can separate their identity from OCD by catching the OCD thoughts when they present as obsessions. Obsessions often end with a question mark:

- Did I do the right thing?
- Maybe I didn't lock it?
- Does my partner care about me?
- Did I count in the correct sequence?

Catch OCD thoughts by using this question:

'What is the motivation behind the thought?'

You can catch OCD trying to manipulate you by recognising your intention. Are you genuinely curious about a topic? Or is your interest motivated by something else?

OCD thoughts are often motivated by and followed by an urge/physical sensation to act upon the thought, or something bad will happen.

“To be uncertain is to be uncomfortable, but to be certain is to be ridiculous”

Chinese proverb

Practising uncertainty

Practising uncertainty helps us prepare for life. When you're anxious but can't see the immediate threat, it's difficult to come up with a rational solution. Learning to live with uncertainty and modeling it daily is one approach for those with OCD (and those seeking to help them) to manage their symptoms in general. Consider this a mental game that you can win, but OCD is a challenger. Uncertainty is the antidote to not get tricked into playing OCD's game.

Practise not knowing and being uncertain on purpose and with as many things as possible:

“What time's dinner? Not sure! maybe we'll eat at 4, 5, 6”

“When will I get to work? It could be 10 minutes...could be 15”

“I wonder if they like me or not? They might; they might not”

“What am I going to have for lunch...who knows, will see what's on the menu”

“I'll send that email, but I won't double-check it after I've sent it”

When challenging yourself to be uncertain, it can be helpful noting:

- What did you do?
- How did you feel?
- How difficult was the task?
- What actually happened?
- If things went wrong, how did you respond?

“Even if bad things happen, people learn they can cope.”

When open to the possibility of uncertainty, sometimes things can go wrong. This is natural! And not a sign of failure. Even if bad things happen, people learn they can cope. Make no mistake: this is a difficult task that requires more than just a shift in mindset. Anxiety will build, but this is aiming to take power back from OCD by choosing not to react. Feel the worry and accept it as it is.

Rules and guidelines

Building a relationship with uncertainty might be a double-edged sword if it means, for example, leaving your front door open! Having ‘rules & guidelines’ is a good way to balance uncertainty and OCD.

‘Rules’: Things **I HAVE** to do (OCD demanding)

&

‘Guidelines’: Things **I CHOOSE** to do (yourself choosing).

This is certainly a balancing act, but with an important difference. The difference between a compulsion and a guideline is that with guidelines, you are in control, but with OCD, you are not. Following a guideline, a person with OCD’s urges and anxieties will likely increase, as it does when pressuring them to perform a compulsion. But this time, we know this is OCD being OCD, and we can choose to respond differently by choosing to remain uncertain.

Rules	Guidelines
e.g. I must check the door five times because if I don't someone will break in and harm my family.	e.g. I'll check the door once after I've locked it...then choose to stay uncertain. Something may or may not happen.

Using a daily mantra

Get into the mindset to face OCD using a daily mantra:

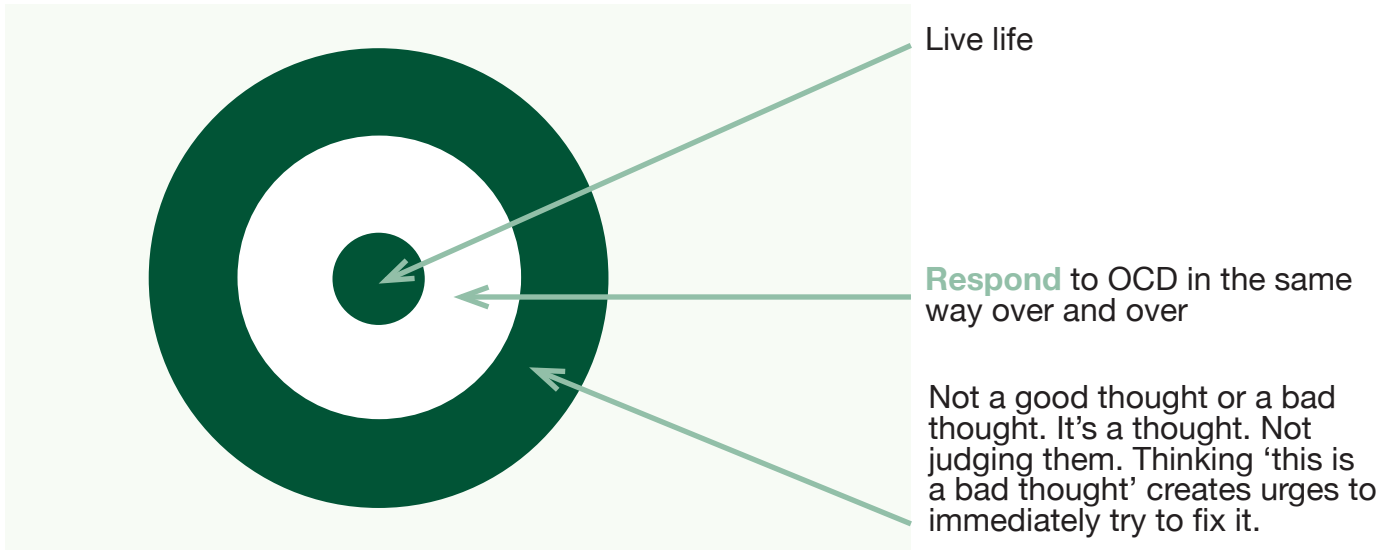
'Today I'm going to...'

'Today I'm going to...focus on not checking that message!'

'Today I'm going to...be okay no matter what OCD tells me may happen'

'Today I'm going to...live life'

Aim at recovery



One of the first stages in OCD recovery is believing you can recover. But recovery is in no way linear and is very individual. Recovery is a lifestyle. For some, recovery is an ongoing journey; for others, recovery is a specific destination. Whatever your definition of recovery is, what is clear is that with the proper support, recovery is possible. OCD recovery doesn't just 'come to you'; you need an attacking offence. You make it happen. And support of close friends and family help make it happen. Recovery requires patience, commitment, courage, resilience, and, most importantly, self-compassion, for people struggling with OCD and those supporting them.

THINK recovery looks like	REALLY recovery looks like
Never having or being bothered by intrusive thoughts	Having intrusive thoughts but being able to respond
Linear recovery	Occasional lapses/relapse
Never having obsessions	Living a fulfilling life despite what OCD says
Finding the miracle answer	Comfortable never gaining certainty
	OCD trying to latch onto different things but responding passively
	Understanding 'rules and guidelines'

Further information

This is the first of two booklets aimed at helping those living with OCD. See also '*Breaking the OCD cycle using exposure and response prevention*'.

Useful websites

- <https://www.ocduk.org>
- <https://www.ocdaction.org.uk>
- <http://www.ocdsymptoms.co.uk>
- <https://www.ocdforums.org>

Further information about psychological therapy can be found at:

<https://www.firstpsychology.co.uk/obsessive-compulsive-disorder-ocd>

Useful phone numbers

OCD Action	0300 6365478 (Mon-Fri 9.30am-8pm)
Breathing Space	0800 838587 (Mon-Thur 6pm-2am, Fri-Mon 6pm-6am)
Samaritans	116 123 (available 24 hours a day)
NHS 24	111 (available 24 hours a day)
Young Minds	For children and young people, text 'YM' to 85258 (available 24 hours a day)

For parents seeking advice and guidance about their child's mental health call 0808 802 5544 (Mon-Fri 9.30am-4pm)

OCD podcasts

<https://www.choosingtherapy.com/ocd-podcasts>

Books

- *Break free from OCD* by Dr Victoria Bream Oldfield, Dr Challacombe, and Paul M. Salkovskis
- *Stopping the noise in your head: the new way to overcome anxiety and worry* by Reid Wilson
- *Pulling the trigger - OCD, anxiety, panic attacks, and related depression* by Adam Shaw and Lauren Callaghan
- *Brain lock* by Jeffrey M. Schwartz



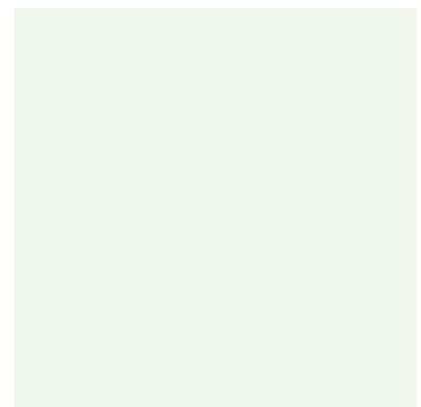
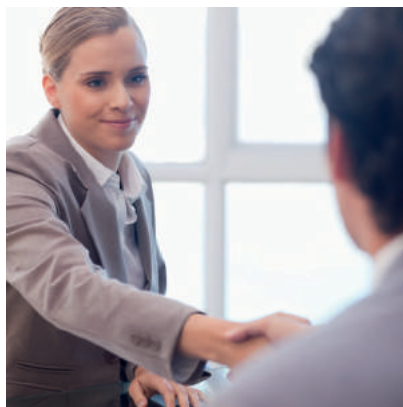
Our highly qualified and experienced team at First Psychology offers a variety of therapy services and works with people with a wide range of issues and problems including obsessive compulsive disorder (OCD).

We provide:

- Therapy and coaching services for individuals, couples, children, young people and families.
- Employee counselling, CBT & psychological therapies; promotion of wellbeing in the workplace; and rehabilitation and personal injury support.

All First Psychology practitioners have excellent qualifications and experience, so you can come to us knowing that you will see an experienced professional.

With special thanks to Andrew Kidd for his work creating the content of this booklet for First Psychology



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Therapy & coaching services for individuals, couples, children, young people & families.

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