

## OCD Analysis Worksheet

<b>Obsession (from page 19)</b>	<b>Triggers</b>	<b>Obsessional intrusions</b>	<b>Feared consequences</b>	<b>Avoidance</b>	<b>Rituals and other anxiety-reduction strategies</b>
1.					
2.					
3.					

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## **Identifying Obsessional Triggers**

What kinds of situations and objects provoke obsessional fear?

What kinds of situations and objects do you try to avoid?

What kinds of situations and items make you want to perform compulsive rituals?

What situations come up in which you feel the need to seek reassurance?

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## **Identifying Obsessional Intrusions**

What persistent unpleasant or senseless thoughts and doubts do you have that provoke anxiety or distress?

What unwanted thoughts or images do you have that you feel you should try to control or resist?

What kinds of unwanted thoughts about taboo (immoral, deviant, or aggressive) topics do you have that make you feel unsure of who you really are?

What unwanted thoughts do you have that make you feel afraid of acting in ways you don't really want to act?

What upsetting thoughts, images, or ideas do you have that you would prefer not to tell other people about?

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## **Identifying Feared Consequences**

What is the worst thing that might happen if you faced your triggers and didn't/couldn't do any rituals?

Why are your triggers so dangerous?

Why is it a problem if you confront a trigger without doing rituals?

Why do you feel like you have to avoid your obsessional triggers?

What is bad or dangerous for you about thinking your intrusive obsessional thoughts?

What might happen if you think certain thoughts and don't do anything about them?

## **Analyzing Avoidance Strategies**

Name the things you avoid because of your obsessional fears:

Situations (for example, being alone with a child, watching certain movies or shows):

Places (for example, hospitals, funeral homes, public bathrooms):

People (for example, with disabilities, with certain illnesses):

Objects (for example, pornographic magazines, knives, floors):

Activities (for example, driving past schools, touching parts of your body):

Thoughts (for example, about violence, sex, the devil):

Other:

## Analyzing Compulsive Rituals

What situations, objects, actions, places, people, or obsessional thoughts (or other cues) *trigger* the urge to perform compulsive rituals?

How much do you try to *resist* your urges to perform compulsive rituals?

When you try to resist performing compulsive rituals, how *successful* are you? In what situations can you resist?

In what situations can you *not* resist?

How much do compulsive rituals reduce anxiety, relieve discomfort, or make you feel safe?

## Analyzing Mini-Rituals

What brief actions or strategies do you use to reduce anxiety or to make you feel safer?

What situations, objects, actions, places, people, or obsessional thoughts (or other cues) *trigger* the urge to perform mini-rituals?

How much do you try to *resist* your urges to perform mini-rituals?

When you try to resist performing mini-rituals, how *successful* are you? In what situations can you resist? In what situations can you *not* resist?

How much do your mini-rituals reduce anxiety, relieve discomfort, or make you feel safe?

## Analyzing Mental Rituals

What mental strategies (special words, phrases, prayers, and so on) do you use to try to control obsessional thoughts or to reduce anxiety and make you feel safer?

Do you try to push certain thoughts away or analyze (figure out) what they mean?

What situations, objects, actions, places, people, or obsessional thoughts (or other cues) *trigger* the urge to perform mental rituals?

How much do you try to *resist* your urges to perform mental rituals?

When you try to resist performing mental rituals, how *successful* are you? In what situations can you resist? In what situations can you *not* resist?

How much do your mental rituals help you control your unwanted thoughts, reduce anxiety, or make you feel safer?

## Analyzing Reassurance-Seeking Rituals

What do you seek reassurance about?

From where (or *whom*) do you try to get this reassurance?

*People* (for example, list specific relatives, clergy):

- What do you ask these people when you're trying to get reassurance?
- How do other people respond to you when you ask for reassurance?

*The media* (for example, web pages, television):

- What, specifically, are you looking to find out?

*Other sources* (for example, books, labels on cans):

- What, specifically, are you looking to find out?

How much does getting the reassurance reduce anxiety or make you feel more comfortable?

# **Target Symptom Rating Form (Baseline Version)**

## **Part I. Obsessional Fears**

Rate how much you are afraid of each target trigger/intrusion using the scale from 0 (no fear) to 8 (extreme fear).

0	1	2	3	4	5	6	7	8
None		Mild		Moderate		Strong		Extreme

Feared trigger or intrusive thought

Fear rating

a.		
b.		
c.		

## **Part 2. Avoidance**

Rate how much you avoid each item.

0	1	2	3	4	5	6	7	8
Never		Rarely		Sometimes		Often		Always
0%				50%				100%

Feared item, situation, or intrusive thought

Rating

a.		
b.		
c.		

## **Part 3. Time Spent Ritualizing**

Rate how much time per day you spend doing each ritual.

0	1	2	3	4	5	6	7	8
Never		Rarely		Sometimes		Often		Always

Ritual

Rating

a.		
b.		
c.		

## **Situational Exposure Menu**

<b>Item</b>	<b>Description</b> (type of obsession)	<b>SUDs rating</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

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<b>Imaginal Exposure Menu</b>		
<b>Item</b>	<b>Description</b> (intrusive thought or feared consequences)	<b>SUDs rating</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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## **Response Prevention Targets**

<b>Item</b>	<b>Description of Ritual</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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## **My Feelings about Working on OCD**

<b>Reasons to work on OCD</b>	<b>Reasons not to work on OCD</b>

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## The Negative Consequences of Having OCD

What bothers you most about your problems with OCD?

To begin with, write down the five things that bother you most about your problems with OCD. These might be items from the checklist you just reviewed, or they might be new things you think of.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

How have these most bothersome problems interfered in various areas of your life?

*First, how have they disrupted your social life?*

- How do they get in the way of friendships and intimate relationships?
- How do they restrict activities with other people?

Describe in your own words how OCD impacts this part of your life:

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*Next, how have they impacted your family life?*

- How does OCD cause tension, bad feelings, or arguments with relatives?
- How does it keep you from reaching your full potential as a spouse or partner, parent, grandparent, son, daughter, sibling?
- How does it interfere with family activities such as celebrating holidays?
- How do your family members feel about it?

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*(cont.)*

## The Negative Consequences of Having OCD (cont.)

*Third, what about your performance at work or school?*

- Are you able to work?
  - If not, how does OCD keep you from working?
  - If you can work, how does having OCD hold you back from achieving at your peak level on the job?
  - If you are a student, how has your academic work been stifled by OCD?

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*Last but not least, how does OCD affect you financially?*

- Have obsessional fears and rituals led to unemployment or being passed over for promotions?
  - Do you use extra gas because you turn the car around to check or drive out of your way?
  - Do you frequently have to buy soap, detergent, toilet paper, or other cleaning products?
  - How has OCD been a financial burden?

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## **Personal Goals for Working on OCD**

My personal goals for this program are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Next, think about what made you choose these goals. Why are they important to you? Fill in the blanks to complete the sentences below:

It's important for me to work on OCD because:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If I work hard on getting over OCD, my life is likely to change in the following ways:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If I do *not* work on my OCD problem, the following negative things will happen:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

When I accomplish each goal, I will reward myself with:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Examining the Evidence Worksheet

1. Identify the mistaken beliefs and misinterpretations that underlie obsessional fear (cognitive error):

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2. Ask yourself the key questions and generate alternative beliefs:

Key questions: \_\_\_\_\_

Alternative beliefs: \_\_\_\_\_

3. Weigh the evidence supporting and contradicting these cognitions:

- a. Evidence supporting the mistaken belief/interpretation:

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- b. Evidence supporting the new, alternative belief:

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4. Come up with a more realistic cognition that is based on the evidence and that will encourage you to confront your triggers and intrusive thoughts:

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## Pie-Chart Technique Worksheet

Describe the situation or feared consequences about which you feel responsible:

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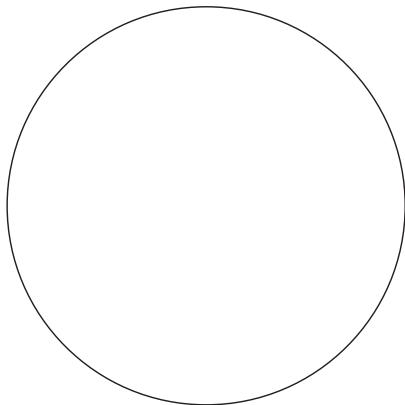
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List factors (*other than yourself*) that could contribute to the negative event or feared consequences:

Contributing factors	Responsibility rating
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____

Rate how much (what percent) of the overall responsibility can be attributed to each contributing factor (the percentages should add up to 100%).

Make a pie chart to depict the degree of responsibility for each contributing factor.



Think about your own estimated degree of responsibility relative to the other factors:

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## **Double-Standard Technique Worksheet**

Describe your obsessional fear: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you tell a friend (family member, etc.) who asked for your help in dealing with this obsession?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how you could use the advice you would give someone else to help with your own obsessional fear:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Cost-Benefit Analysis Worksheet

Describe the belief, assumption, or prediction: \_\_\_\_\_

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Benefits of holding the belief

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Costs of holding the belief

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## **Power of Thoughts Experiment Worksheet**

1. The purpose of this experiment is to test the belief that thinking:

will cause the following to happen:

2. On \_\_\_\_\_ (date) at \_\_\_\_\_ (time) I (explain what you did to test your belief): \_\_\_\_\_

3. The results of the experiment were that (explain what happened): \_\_\_\_\_

4. How did the results compare to your predictions in #1? What did you learn by conducting the experiment?

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## **Premonitions Experiment Worksheet**

Premonition

Valid?  
Yes   No

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

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## **Thought Suppression Experiment Worksheet**

For the next 30 seconds, close your eyes and try *not* to think of a pink elephant. You can think about anything else in the world *except* for a pink elephant. Put a check mark in the space below for any pink elephant thoughts that *do* come to mind during the next 30 seconds.

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## Cognitive Therapy and Exposure Worksheet

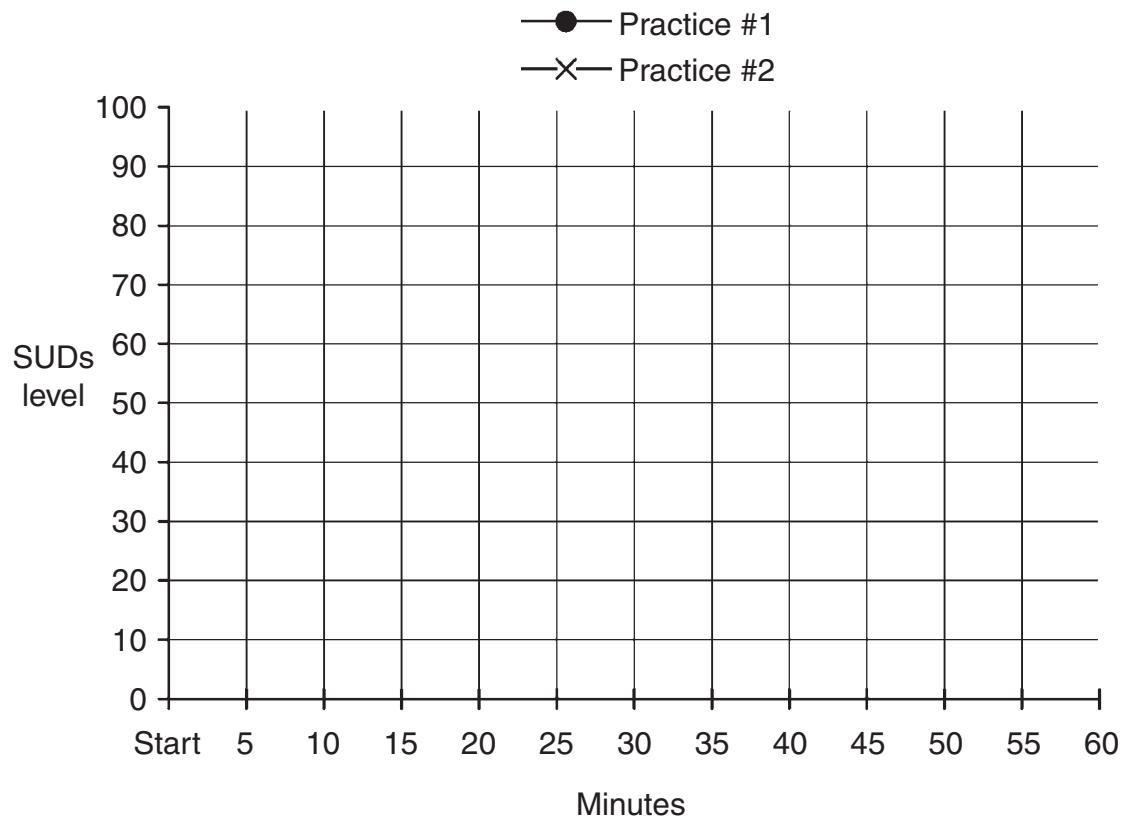
Cognitive technique	Exposure menu item(s)
Examining the evidence	
Continuum technique	
Pie-chart technique	
Life-savings wager technique	
Double-standard technique	
Cost–benefit analysis	
Power of thoughts experiment	
Premonitions experiment	
Thought suppression experiment	

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## Exposure Graph

Date: \_\_\_\_\_

Description of the exposure practice: \_\_\_\_\_



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## Imaginal Exposure Planning Worksheet

1. Briefly describe the obsessional thought (image, feared consequence) to be confronted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe the main thoughts, ideas, doubts, or images that would go through your mind if you were really in this situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Picture yourself in the feared situation and describe the following:
  - What terrible consequences are happening (or *might* happen)? (Someone or something is harmed, you're responsible, you are embarrassed, and so on) \_\_\_\_\_  
\_\_\_\_\_
  - Why are they happening, and what could you have done to prevent them? \_\_\_\_\_  
\_\_\_\_\_
  - What are you feeling unsure about? \_\_\_\_\_
  - What are you doing? \_\_\_\_\_
  - What are other people doing? \_\_\_\_\_
  - What's going through your mind? \_\_\_\_\_
  - What's happening inside your body (for example, racing heart, feelings in the genitals, confusion)? \_\_\_\_\_
  - What are you feeling? \_\_\_\_\_

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## **Are You Inadvertently Interfering with Your Exposure?**

1. What menu item are you practicing with? \_\_\_\_\_  
\_\_\_\_\_
2. What are your fears about facing this situation or obsessional thought? What do you find threatening about this situation or thought? \_\_\_\_\_  
\_\_\_\_\_
3. What precautions are you taking *before you start* the exposure to make sure that your fears don't come true or to make you feel safer? \_\_\_\_\_  
\_\_\_\_\_
4. What precautions are you taking *during* the exposure to prevent something awful from happening (consider that these might be *active* or *mental* strategies)? \_\_\_\_\_  
\_\_\_\_\_
5. What are you doing to try to control your anxiety during the exposure? \_\_\_\_\_  
\_\_\_\_\_
6. What could you do (or stop doing) to make the exposure seem more *realistic* or more *distressing*? \_\_\_\_\_  
\_\_\_\_\_

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## When Exposure Seems Too Overwhelming

1. Describe the exposure practice that's provoking extremely high anxiety:
2. *Finding an intermediate exposure.* What different situation(s) or obsessional thoughts could you practice confronting that might be *more manageable* for you than #1, yet still *challenging*? This intermediate exposure(s) should provide a stepping-stone to help you work your way back to #1.
3. *Modifying the exposure.* How might you modify or adjust the exposure *temporarily* to make it less anxiety-provoking so you can resume your practice?
4. *Embracing the high anxiety.* What techniques that you've learned in this workbook could you use to help you work through the high anxiety and remain in the exposure situation until you've learned that it's safe?
5. Now review your answers to questions 2, 3, and 4. Below, write down which strategy you will try first, second, and third.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

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## Using ACT Metaphors to Help Stop Your Rituals

Metaphor and suggestions	Application to stopping my own rituals
<b>OCD ditch metaphor</b> (page 80)  Think of rituals as forms of digging. Trying to dig your way out of the OCD ditch can't work. The harder you dig, the more elaborate the ditch becomes. In response prevention, your job is to put down the shovel and learn to accept that you're in the ditch.	
<b>Two scales</b> (page 69)  Doing rituals to try to control anxiety and obsessional thoughts only ratchets them up. Response prevention will help you set your Openness Scale higher so that anxiety and obsessions have some room to move around. It's the best shot you have at making them decrease.	
<b>Tug of war</b> (page 64)  Response prevention is like putting down the rope. Don't get tricked into playing this tug of war game that's impossible to win.	
<b>Trudging through a swamp</b> (page 123)  You're doing exposure and response prevention for a reason: on the other side of this "swamp" is a better life—one that's not restricted by OCD.	
<b>OCD quicksand metaphor</b> (page 167)  Doing rituals is like frantically trying to run out of a pool of quicksand—it only makes you sink deeper. Resisting rituals and allowing yourself to feel the discomfort is like making more contact with the quicksand—the smart way to get yourself out of trouble.	
<b>Jerk at the door</b> (page 172)  Anxiety and obsessions are like jerks at the door. Doing rituals is like missing out on your own party because you're stuck trying to keep the jerks out. By resisting rituals you prove that you can welcome them in and still move on with what's important to you. Remember, treatment is about learning how to be better at <i>having</i> intrusive thoughts and anxiety; it is not about being better at keeping them away.	

(cont.)

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## **Using ACT Metaphors to Help Stop Your Rituals (cont.)**

<b>The chess board metaphor</b> (pages 178–179)	
Be the board! When you resist rituals, you give yourself the opportunity to be in <i>contact</i> with your obsessions, anxiety, and uncertainty, but without trying to <i>manipulate</i> these “pieces on the board.”	
<b>Passengers on the bus</b> (pages 206–207)	
Who’s driving the bus—you or the passengers? They’re yelling at you and trying to make you perform rituals or seek reassurance. Let them yell! You don’t have to do what they say. Response prevention is you driving the bus (your life) where you want to go even if the passengers are yelling.	
<b>Leaves on a stream</b> (page 216)	
Just let the leaves pass by at their own pace. You’re just watching—observing without judging. Doing rituals is like trying to manipulate the leaves or the stream. Response prevention is like truly being an observer.	

## Ritual Monitoring Form

Date	Time	Situation or thought that provoked the ritual	SUDs	Ritual	Min:sec

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## **Response Prevention Plan Worksheet**

Target ritual (describe response prevention plan)	SUDs	Corresponding exposure practice

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## Ritual Modification Worksheet

Analyzing the ritual ( <i>what you do now</i> )	Modifying the ritual ( <i>what you'll do differently</i> )
Describe the actual behavior:	
Order of individual behaviors:	
Number of times you repeat the behaviors:	
Time limits ( <i>for example, at least 3 minutes</i> ):	
Specific items you use ( <i>for example, special soap</i> ):	
Location(s) where the ritual happens:	
Describe the role that other people play in the ritual ( <i>for example, giving assurance, watching the ritual</i> ):	
Other special rules ( <i>for example, avoiding certain numbers of repetitions, must use right hand, someone must watch me do it</i> ):	

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## **Ending Others' Involvement in Your Rituals Worksheet**

<b>Significant other(s)</b>	<b>Role in avoidance and rituals</b>	<b>How they can help you with response prevention</b>

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## **Planned Exposure Practice Schedule**

When you've completed each week's practices, cross them off the list.

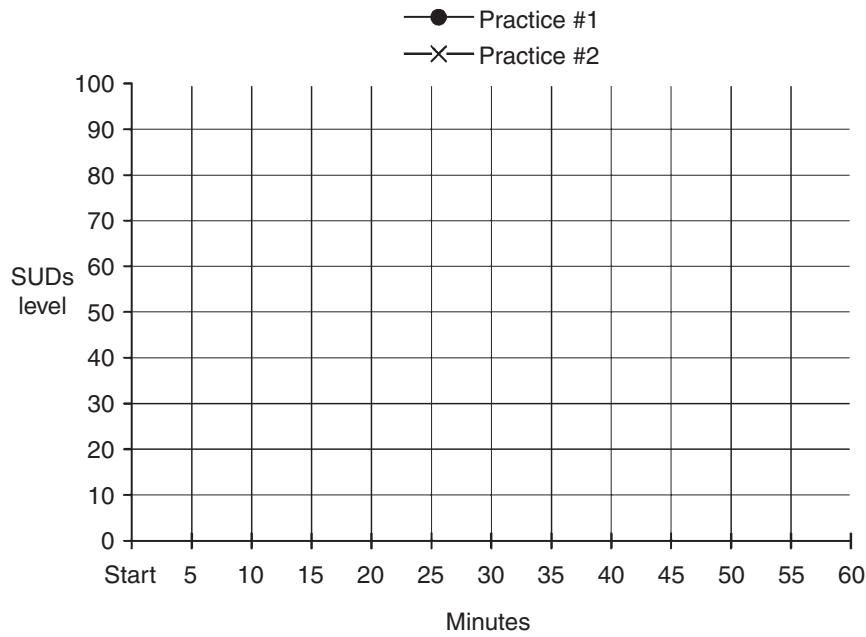
<b>Week #</b>	<b>Exposure practice: Which exposure menu items will you practice with?</b>	<b>Response prevention: Which rituals will you stop?</b>
	Situational:	
	Imaginal:	
	Situational:	
	Imaginal:	
	Situational:	
	Imaginal:	
	Situational:	
	Imaginal:	
	Situational:	
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	Imaginal:	
	Situational:	
	Imaginal:	

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## Planned Exposure Practice Worksheet

Date: \_\_\_\_\_

1. Describe the exposure practice (what situations and/or thoughts will you confront?):
  
  
  
  
  
2. What ritual(s) are you resisting?
  
  
  
  
  
3. What is your feared outcome of doing this exposure without ritualizing? What do you most fear will happen (be specific)?
  
  
  
  
  
4. Which cognitive therapy strategies and ACT metaphors are you going to use?
  
  
  
  
  
5. How long do you think you can stick with this exposure task?
  
  
  
  
  
6. Keep track of your SUDs using the graph below:



(cont.)

## **Planned Exposure Practice Worksheet (cont.)**

7. Describe your feelings during the exposure (use phrases such as “I’m feeling very scared about . . .”).
  
  
  
  
  
  
8. Examine your exposure graphs from day to day. What changes did you see?
  
  
  
  
  
  
9. Describe the outcome of the exposure practice. Did your feared outcome(s) come true? Was the anxiety or uncertainty as awful as you thought it would be?
  
  
  
  
  
  
10. What did you learn from the exposure? In what ways were you surprised by what happened?
  
  
  
  
  
  
11. What could you do to vary this exposure?

## **What I Stand to Gain from Using CBT Strategies as Part of My Lifestyle**

How will my performance improve in the areas of life I value (work, home, school, social life, volunteer work, recreation, and so on)?

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How will my self-image improve?

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## **Short-Term Goals and Rewards**

Goal:

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To be achieved by: / / [insert date]

Reward for reaching the goal by the deadline:

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## **My Exposure and Response Prevention Contract**

For 1 week, starting on / / [insert date], I will:

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\_\_\_\_\_ [insert a specific exposure to practice every day of the week or a particular ritual to avoid doing for the week].

Unless I meet my week's goal, I will not:

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\_\_\_\_\_ [insert a desirable activity, purchase, or other event that you will deny yourself at the end of the week unless you meet your week's goal].

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# **Target Symptom Rating Form (Posttreatment Version)**

## **Part I. Obsessional Fears**

Rate how much you are afraid of each target trigger/intrusion using the scale from 0 (no fear) to 8 (extreme fear).

0 None	1	2 Mild	3	4	5 Moderate	6	7	8 Strong
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Feared trigger or intrusive thought

Fear rating

a.		
b.		
c.		

## **Part 2. Avoidance**

Rate how much you avoid each item.

0 Never 0%	1	2 Rarely	3	4	5 Sometimes 50%	6	7	8 Often Always 100%
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Feared item, situation, or intrusive thought

Rating

a.		
b.		
c.		

## **Part 3. Time Spent Ritualizing**

Rate how much time per day you spend doing each ritual.

0 Never	1	2 Rarely	3	4	5 Sometimes	6	7	8 Often Always
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Ritual

Rating

a.		
b.		
c.		

## Achieving Personal Goals

Rate how much progress you made toward achieving the personal goals you set for your program using the scale below.

0	1	2	3	4	5	6	7	8
No progress		A little progress		Moderate progress		A great deal of progress		Goal achieved!

Goal

Rating

1.		
2.		
3.		
4.		
5.		

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## **Relapse Prevention Plan: My High-Risk Situations**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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