

Client Worksheet 12

Knowing and Doing: Moving On and Preventing Relapse

If you have followed the modules carefully, then you have likely made significant progress with your OCD and have noted changes. Now it is important for you to maintain them. Maintaining your progress is about continuing to put what you have learned into practice. Effectively, you will become your own therapist. If you have experienced a significant decrease in obsessions and compulsions, then there is a much lesser chance that you will fall back to where you were at the beginning of therapy. But, depending on where you are in your progress, you could be vulnerable to slips.

The main causes of slips are the following:

1. *Lack of focus or attention:* You are not adequately focused on applying the inference-based strategies you have learned. For example, you find yourself giving in to doubt and giving it credibility. Or, you place your focus on the back burner for later.

2. *States such as fatigue or excitement:* With fatigue, you simply become too tired or believe you are too tired to deal with the OCD at that moment. If this is the case, think back to when OCD had you working overtime to sabotage yourself. Of course, at that point, it all seemed natural and you expended the effort without thinking. Now you know that you do not need to do that anymore. It's best to prepare yourself now for fatigue by prompting yourself to deal quickly with any obsession by dismissing it immediately. As you now know, it will then just disappear quickly.

A comment about exciting states. You may be caught up in a period of excitement and not pay enough attention to dealing with your obsessional thoughts. The holidays are a good example. You are enjoying yourself and really don't want to be bothered by dealing with obsessional thoughts.

A more common reason for slippage are stress. In the OCD context, the most common stress may be any event which triggers your insecure OCD self-theme. For example, if your theme is "I could be a person who makes small errors," the pressure to perform an important job well could trigger insecurity which could trigger OCD. A number of stressors could fit the bill of eliciting insecurity. While you may have dealt with some of these trigger situations in the therapy, some situations are not foreseeable. In other words, they may jump out at you unexpectedly. Hence, the importance of reframing your self-theme. The more you are convinced that you are not the self that OCD says you are, the more you will identify with your real self. Keep in mind that OCD is always vigilant by looking out for situations where you are most vulnerable.

Inadvertent Slippage

Another word of caution concerns inadvertently slipping into OCD by default. It may be a memory of OCD which gets you thinking about it.

It is also very important to eliminate all the safety behaviors you may have had. These can be very subtle and include:

1. Keeping a look out for OCD.
2. Checking to see if OCD is there.
3. Keeping OCD on the back burner.
4. Avoiding certain information, thoughts, or topics.
5. Subtle cognitive avoidance such as deliberately not thinking of a certain subject.
6. Seeking reassurance or guidance “just to be sure.”
7. Repeating rituals very quickly.
8. Condensing the ritual into a word. For example, a client who repeats a religious phrase several times when he sees an ambulance driving by or to a phrase such as “mmm.” The same may apply to certain body movements.
9. Subtle testing behaviors.

Client Exercise 12

Knowing and Doing: Moving On and Preventing Relapse

- o The best way to maintain the gains you have made in your therapy is to continue to put into practice the coping strategies you have learned.
 - o It is important that you recognize the progress you have made.
 - o How much improvement have you shown?
 - o If you have reached this stage, you will have gained a lot of insight and will have changed quite a bit of your way of thinking and behaving.
 - o What points specifically have you learned and which have particularly helped you?
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Preventing Relapse

1. Identify future possible high-risk situations, events, or activities in your life.
2. Run through the sequence of how these could occur: trigger - doubt – emotion - ritual.
3. Rehearse stopping before you cross the bridge into your imagination.
4. Be sure to label the doubt as obsessional doubt and hence invalid.
5. In general, it is helpful to label characteristics of the situations likely to trigger the doubt as ones that touch the insecurity related to your theme. If your vulnerable self-theme says “I could be a bad, worthless person,” then you may be more susceptible to events which seem to elicit this theme.
6. Three questions to ask to help identify OCD doubt: (a) Does it reflect my theme? (b) Is it a doubt? (c) Do I experience that old OCD feeling? If the answer to all three is yes, then it’s OCD doubt that should be dismissed.

If You Do Slip Up

1. If you find you have slipped into an OCD doubt, do not panic. This slip does not mean you have relapsed. On the contrary, you cannot unlearn your gains so easily. The slip may simply be part of the ups and downs of the learning curve and it will be helpful in the long run if we turn it into a learning experience.
 2. Retrace your steps. See where you went into OCD and that is where you crossed over into OCD land.
 3. What was particular about your state of mind or activity at that point? Were you stressed, preoccupied, insecure, tired, etc.?
 4. Identify precisely the reasons you think OCD was able to grab you at this point. Please record the reasons for future reference:
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5. How you can prevent OCD from grabbing you again: (a) Be aware of the trigger; (b) Rehearse resisting OCD at this point; (c) Imagine moving on past the trigger in non-OCD fashion; (d) Rehearse the solution until you feel you have mastered this OCD slip up.

Ask yourself:

- Are there any other similar situations you need to consider?
- How confident do you feel now in dealing with this slip on a scale of 0-100%?
- If the confidence is less than 80%, please repeat the above steps (a through d).

Dealing with Remaining OCD Elements

- You may still be experiencing past emotional reactions. You anticipate becoming anxious or worry that the thought will hang around because it used to do so.
- The quicker you catch OCD, the faster it disappears.
- We noted the importance of filling up the void left by OCD with your goals and activities at the forefront.
- Think of activities which will give you more emotional strength as a person.
- You may decide to begin new activities or make changes to your lifestyle which will allow you to explore more of your potential.

Complete Resolution of OCD

- You give zero credibility to the doubt.
- You have no reactions, emotional or behavioral, to the doubt.
- None of your behavior, thinking or anticipating, is driven by the doubt.
- You now react and use your senses in old OCD situations as you do in any other situation.
- You plan ahead on the basis of the person you know you are which is your authentic self.

Client Practice Card 12

Knowing and Doing: Moving On and Preventing Relapse

Learning Points

- Becoming non-OCD is a question of continuing to put IBT principles into practice.
- Usually if you succeed in overcoming OCD for 6 months, you will not relapse.
- If you slip up, identify where you slipped up and retrace your steps to the appropriate module of exercises.
- If you have managed to deal with OCD after this 12-week therapy program, you are capable of dealing with it for good.
- The insights stemming from the program should bring you to eventual complete remission.

Practical Card

- Foresee stressors which might affect your emotional state of mind.
- Plan ahead for life events or other stressful situations likely to make you vulnerable to one of your OCD themes.
- Continue applying what you have learned in the therapy exercises.
- Engage in (non-OCD) activities which give you feedback on your real self.
- Think of yourself as in OCD remission and build your life and activities around your real self.

How much of you is non-OCD? _____%

If it is less than 80%, you will benefit from repeating the module exercises to see where in the process you are still caught up in OCD.

Client Quiz 12

Knowing and Doing: Moving On and Preventing Relapse

1. Knowing and doing...
 - o are two completely different operations.
 - o can never easily go together.
 - o are related since doing is a natural consequence of knowing in the right way.
 - o take a lot of courage.

2. Keeping what I have learned is...
 - o very fragile and could disappear tomorrow.
 - o is learned and will never completely go away.
 - o depends on how I feel.
 - o depends on how stressed I am.

3. The way to keep progressing is to...
 - o keep practicing and rehearsing what I have learned.
 - o read as many books on OCD as I can.
 - o try to repeat in my head the key points of the worksheets and exercise sheets.
 - o stay calm.

4. Integrating IBT implies...
 - o I automatically apply what I have learned without effort.
 - o I need to constantly repeat what I should know.
 - o I carry prompt cards around with me.
 - o I tell other people about IBT.

5. If I continue to rehearse IBT...
 - o OCD will get worse.
 - o OCD will be resolved/in remission.
 - o I'll still have bad emotions.
 - o I'll still believe a little in obsessions.

6. Relapse prevention involves...
 - o identifying future high-risk situations that result in self-doubt.
 - o learning from slips to better cope the next time.
 - o keeping confident about my progress.
 - o all the above.