

Inference-based CBT for Adults

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

Brought to you by
OCD Lived Experience Collective

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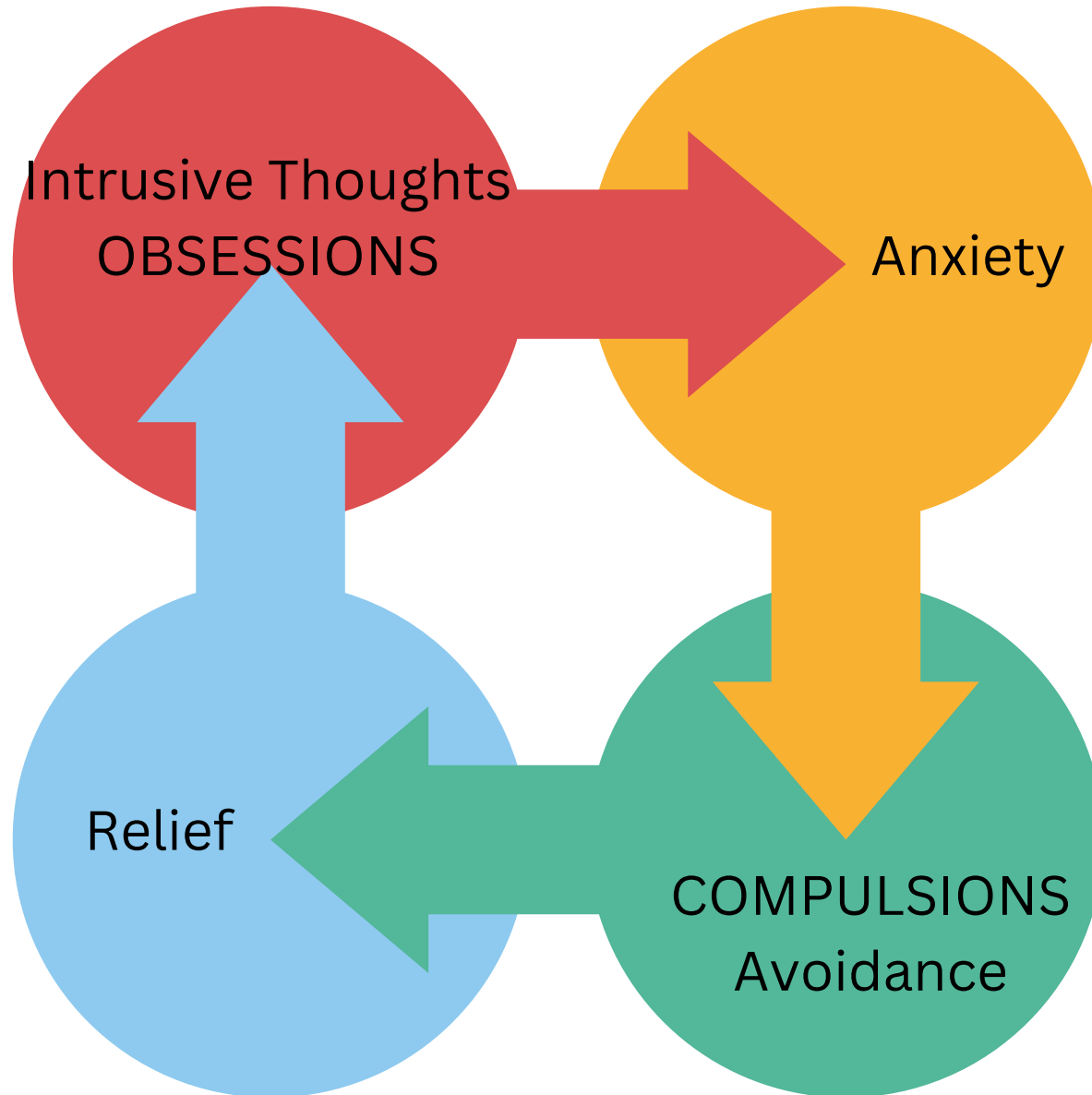
Click on links to learn about consultation and training options.



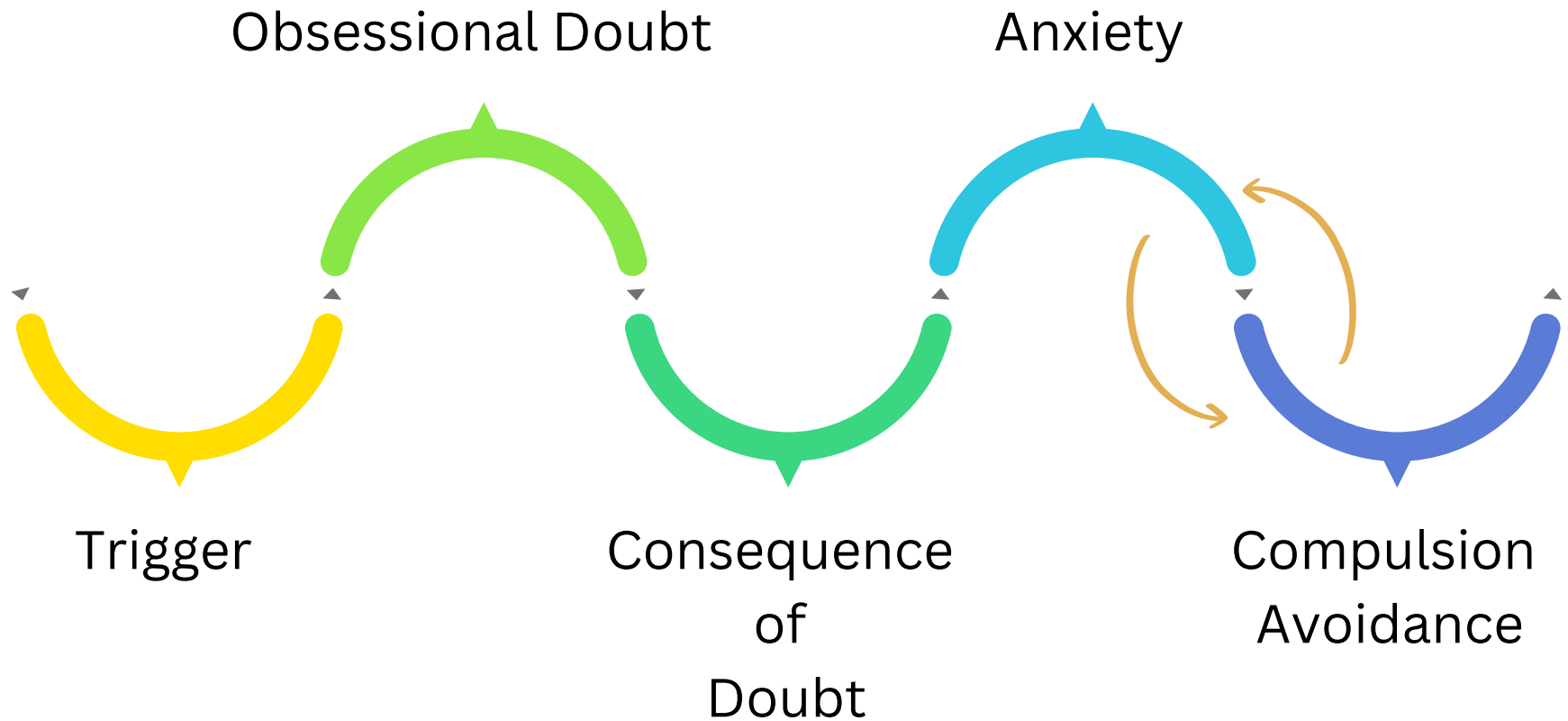
What is OCD?

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

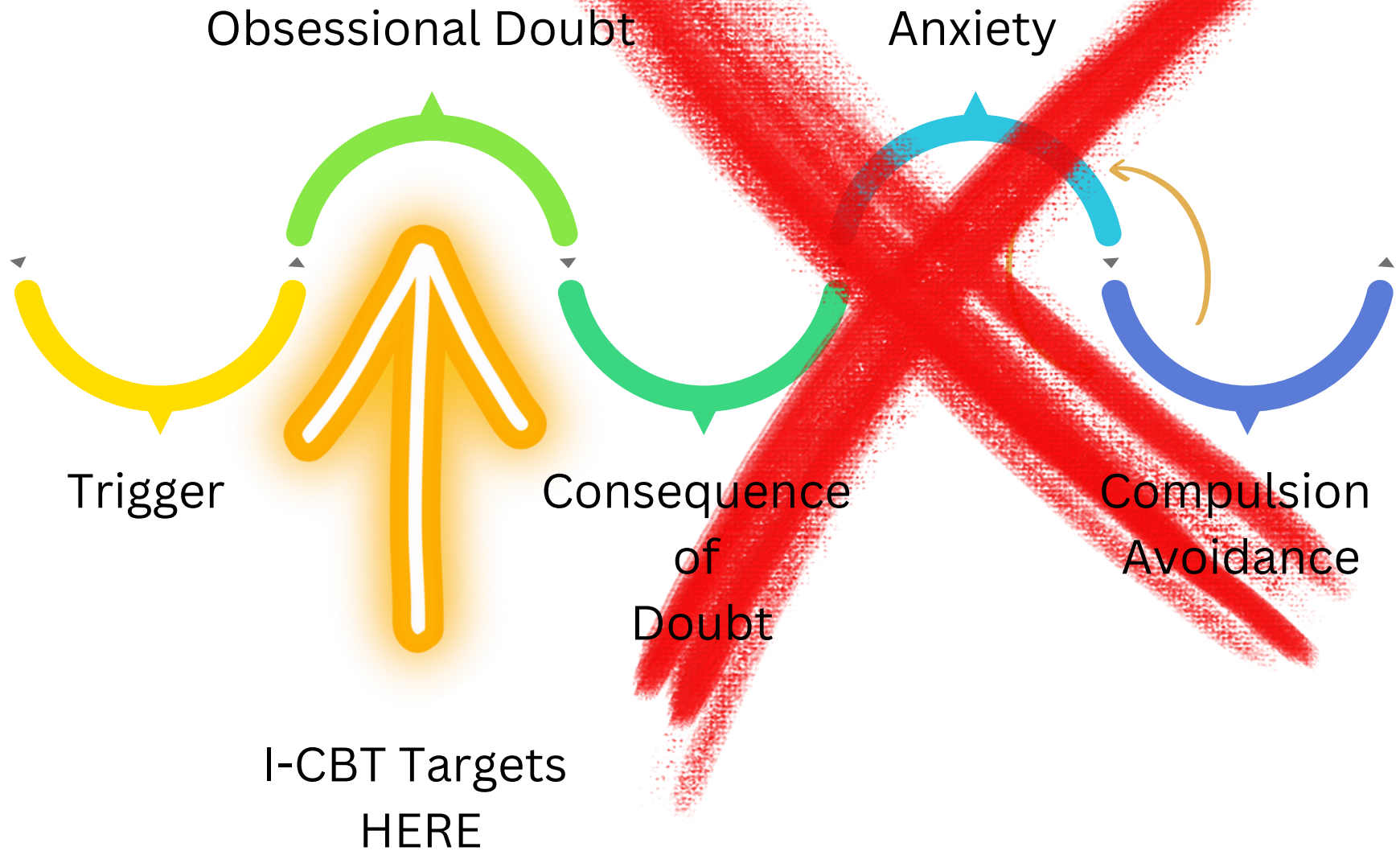
What Has Been Taught

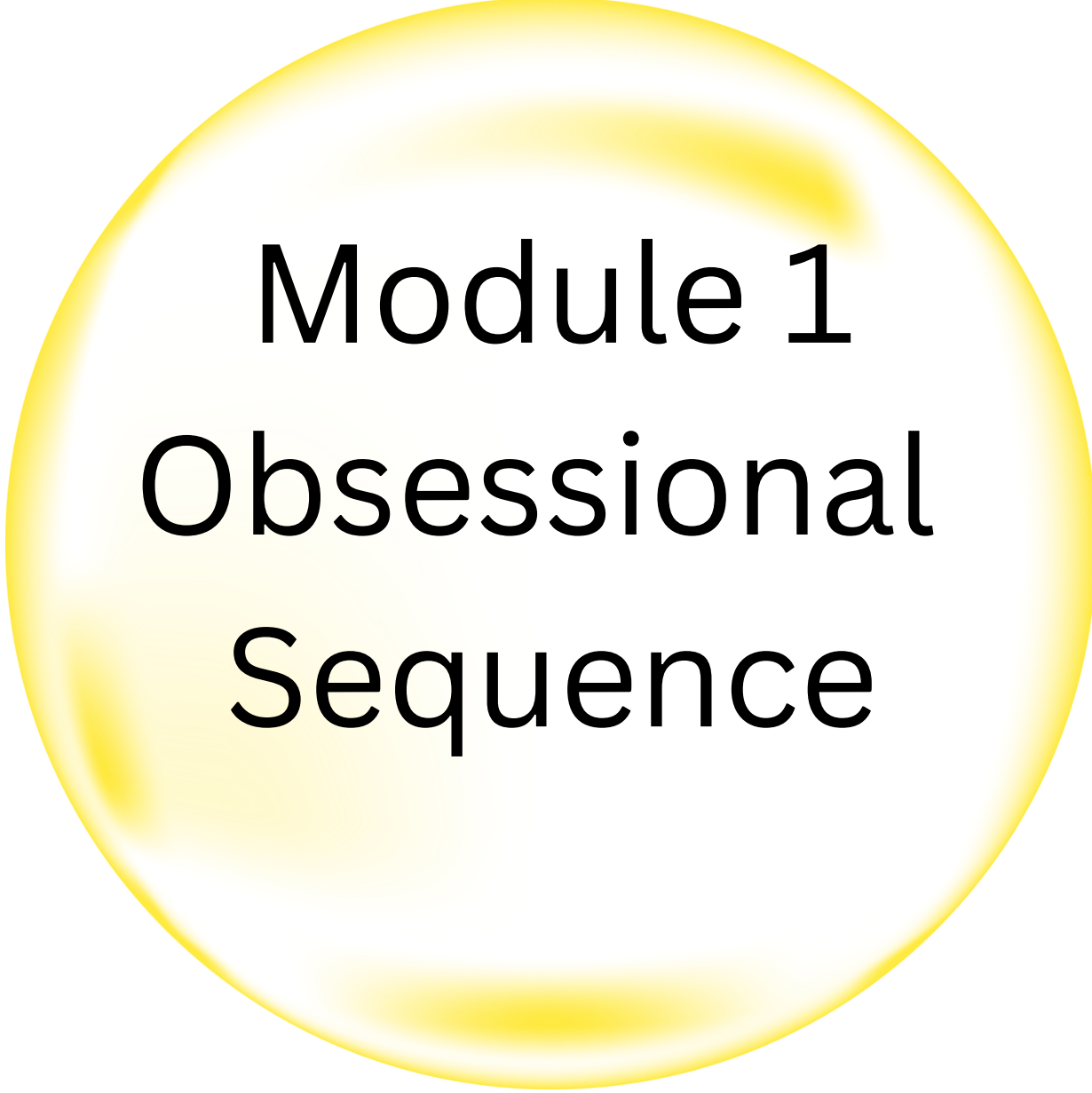


OCD in I-CBT



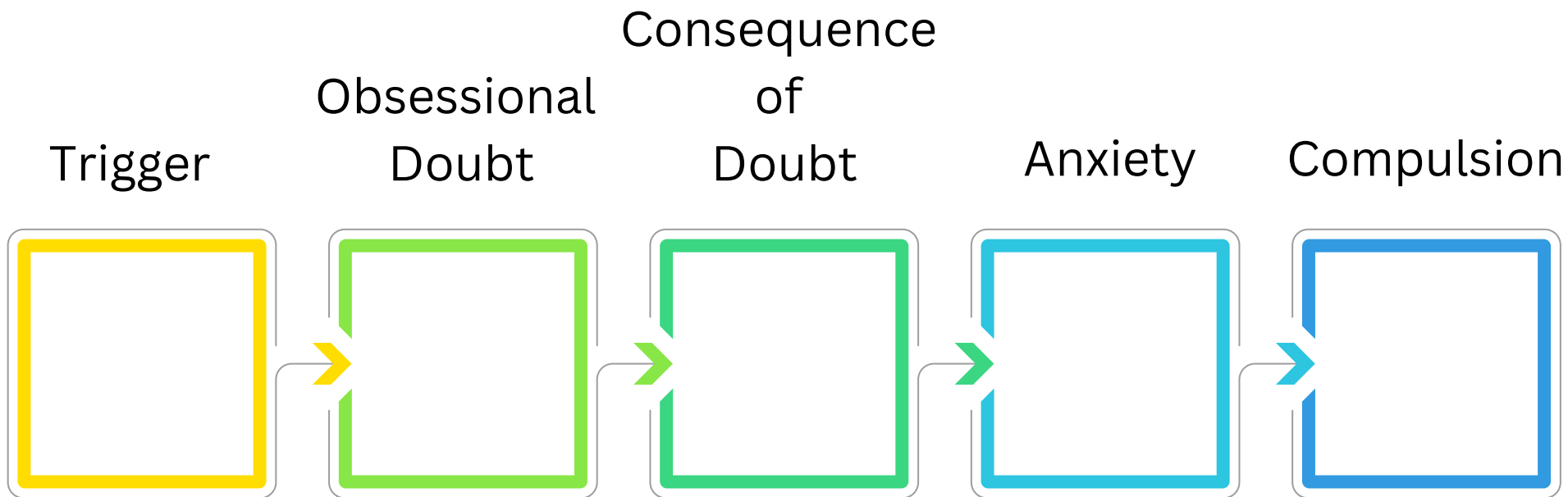
OCD in I-CBT

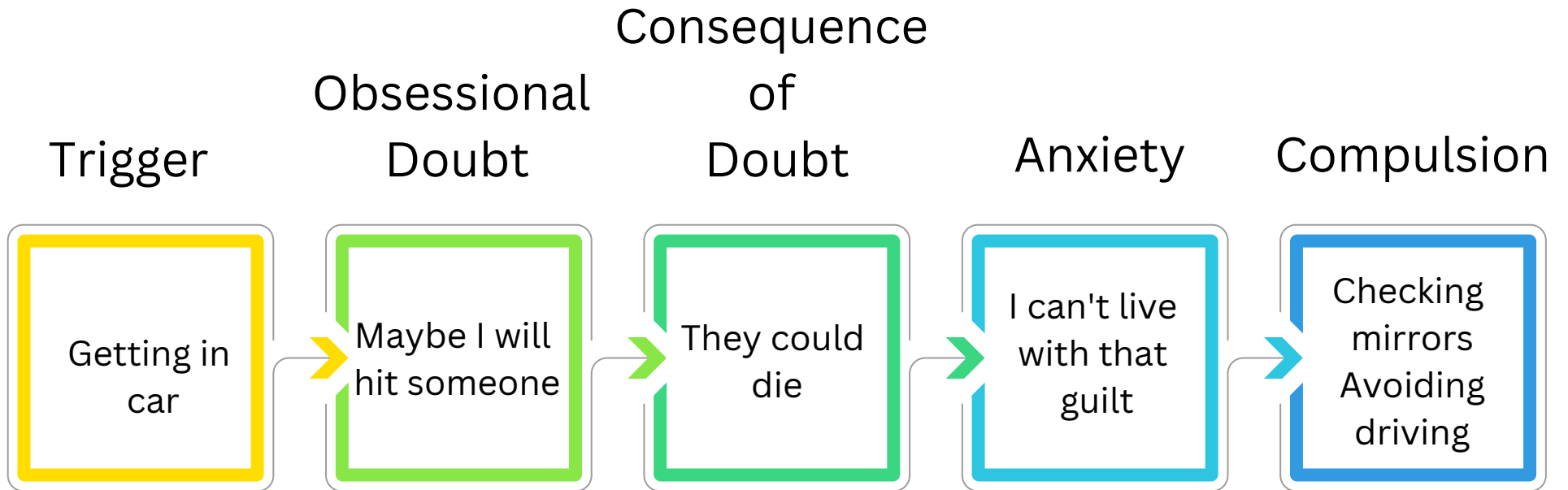


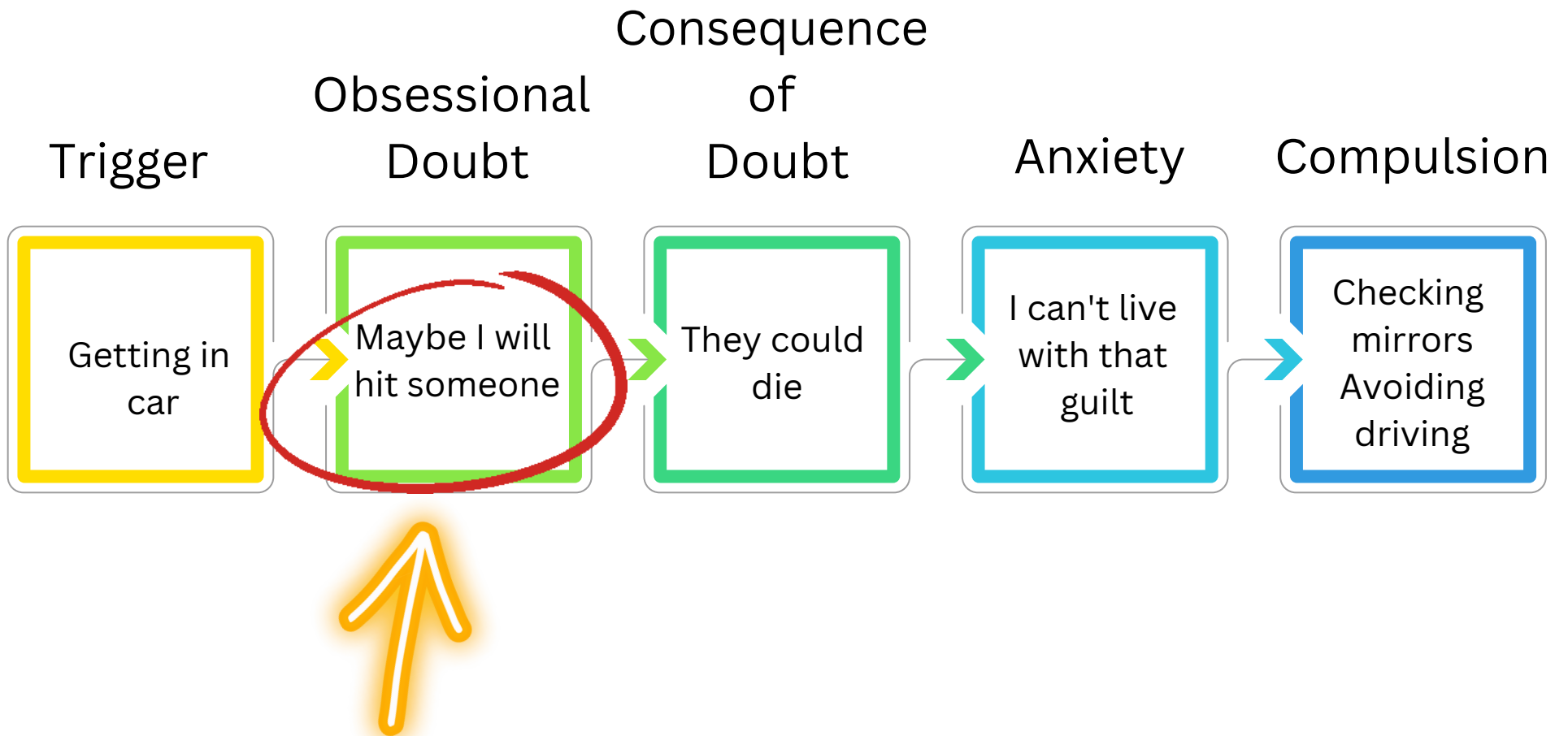


Module 1 Obsessional Sequence

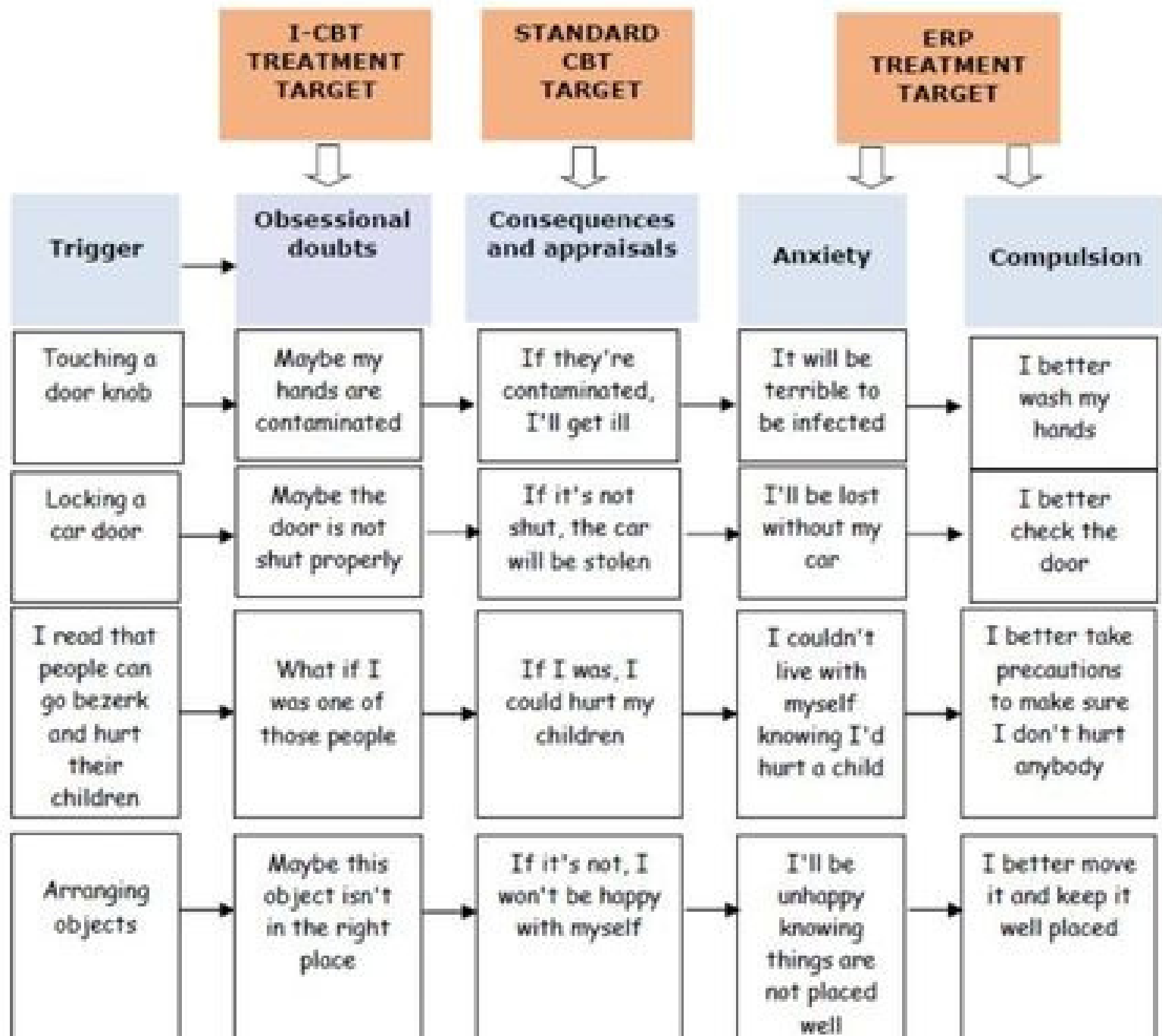
Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

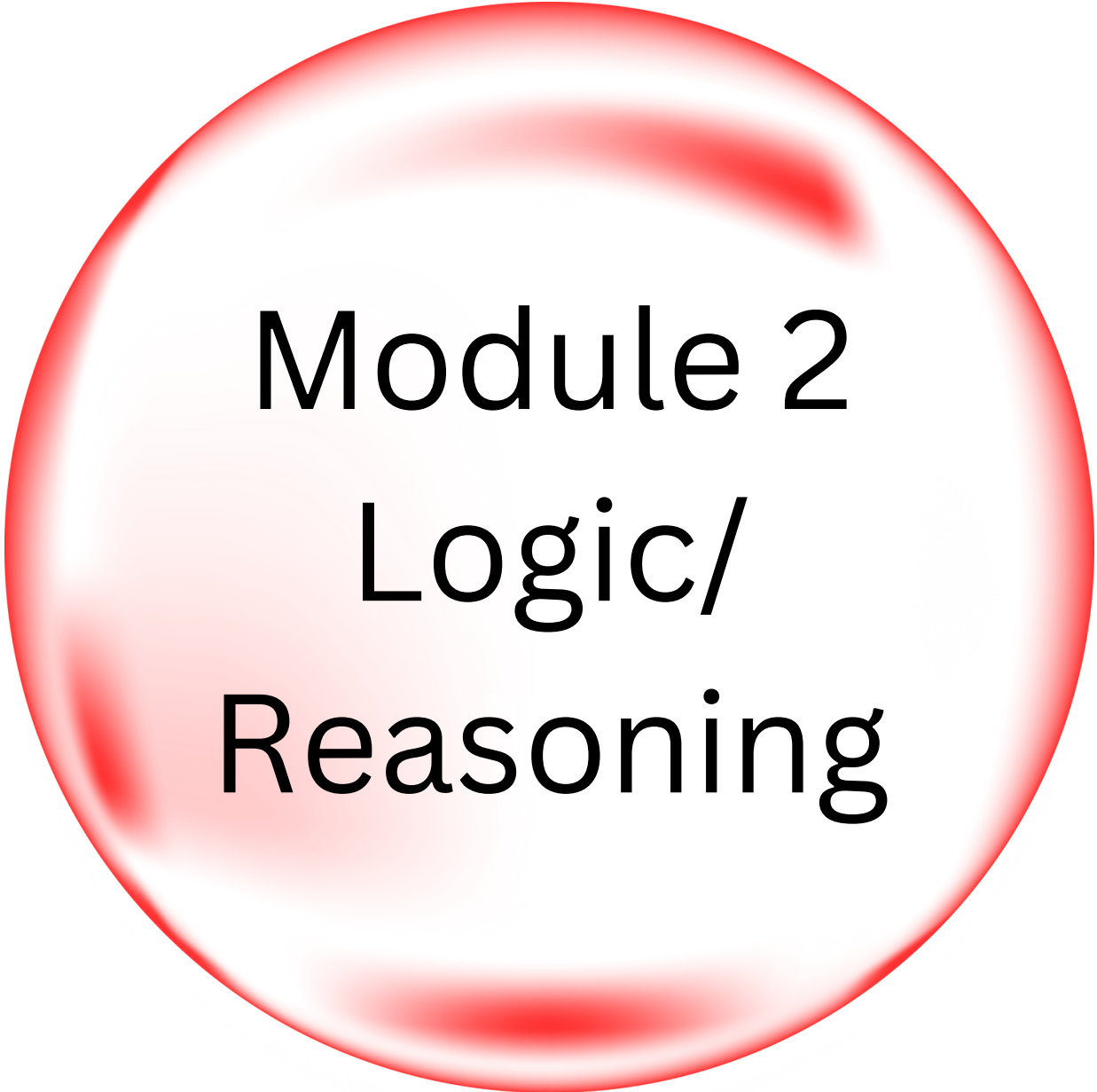






This is what we are going to work on in I-CBT





Module 2
Logic/
Reasoning

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

Reasoning Categories



FACTS



RULES



HEARSAY



PERSONAL
EXPERIENCE



POSSIBILITY

FACTS

Germs Exist
Robberies
Happen
Pedophiles
Exist

RULES

Police say to
lock doors
CDC says to
wash hands

HEARSAY

I read this
story...
My friend told
me...

PERSONAL EXPERIENCE

One time I...
I saw someone...

POSSIBILITY

Anything is
possible

Maybe I got glass
in my children's
food.

FACTS

RULES

HEARSAY

PERSONAL
EXPERIENCE

POSSIBILITY

Maybe I will go
crazy and
hit someone.



FACTS



RULES




HEARSAY



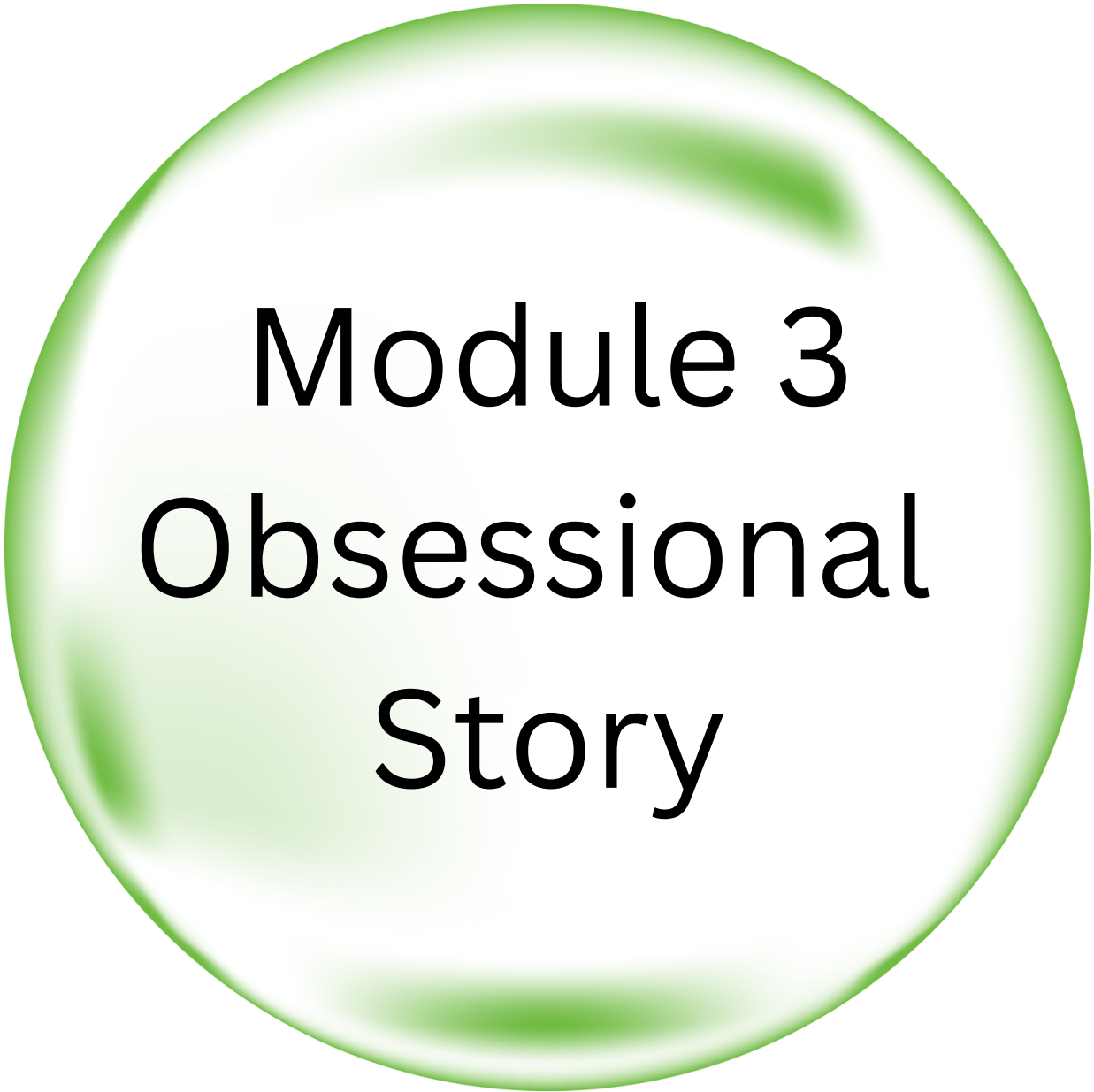
PERSONAL
EXPERIENCE



POSSIBILITY



How does
your logic
compare to
these stories?



Module 3

Obsessional

Story

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

Example of OCD Story

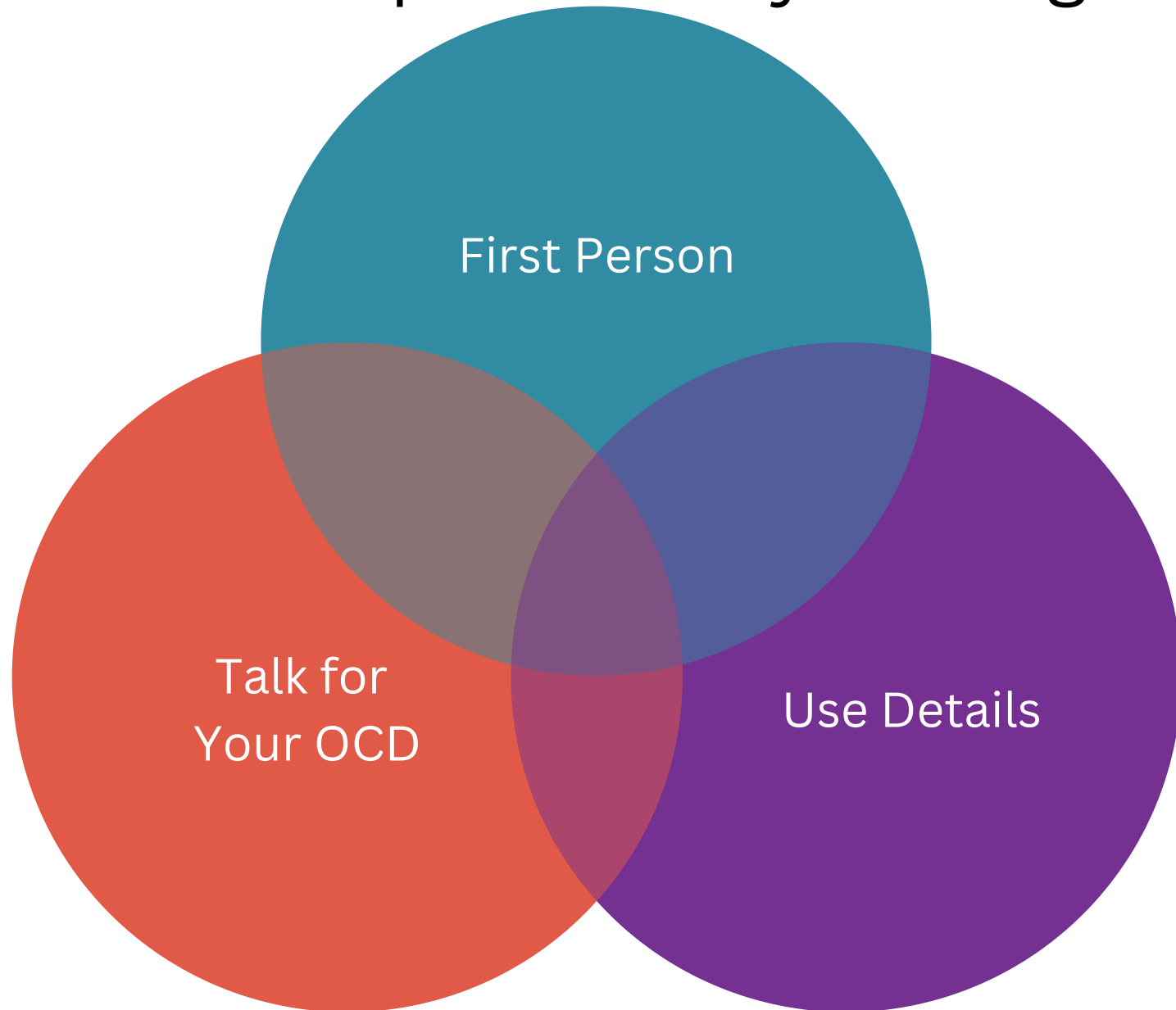
I can't go too far from home, or the city that I live in, because I don't know how panicky I might get. I might go really crazy and do something to myself. Who knows what is really wrong with me? One of my family members has schizophrenia, and I might have some serious disturbance also. I could be crazy enough to cut out my tongue. When I'm anxious, I can 'see' myself doing it, using a knife to cut it off. It feels I could actually do it. Then I'll be in the middle of nowhere without help. Then when I'm found I'll be sent off to a psychiatric hospital somewhere that I don't know, and they'll lock me up.

Example of OCD Story

I have to check my stove each time I leave my apartment because I know I am an absent-minded person and that I can forget things. It even happened once that I forgot a pot on my stove; it could have set fire to my apartment. Also, I heard that a fireman forgot a pot on a stove right at the fire station and it set fire to the station. It is reasonable to think that if a fireman forgets pots on stoves, it could happen to anybody and especially to those like me who tend to be absent-minded.

Let's Write YOUR Story

Some Tips for Story Writing



List the Trigger



List Your Logic

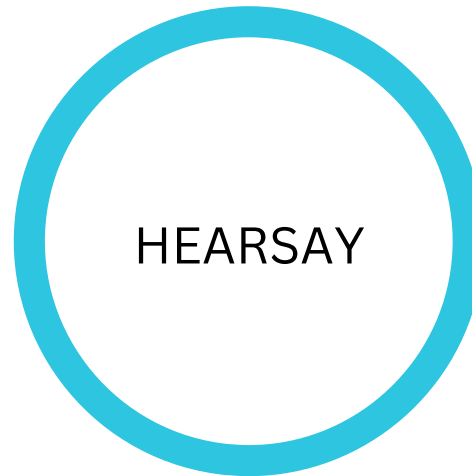
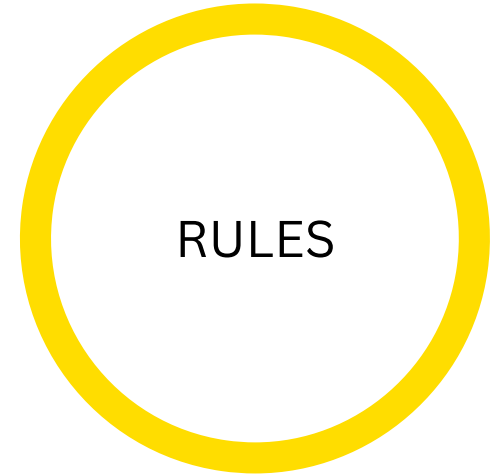
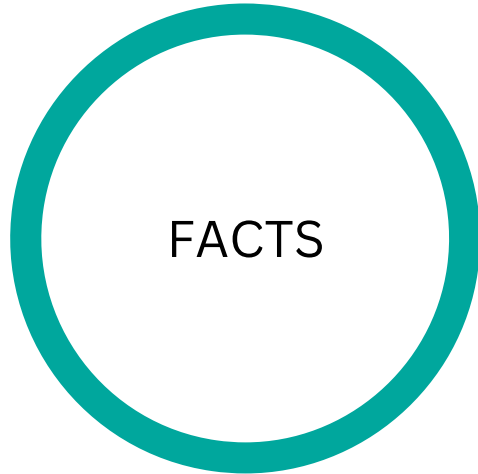


List Your Compulsion



You've Got Your Story!

Let's Write YOUR Story



BUT

It Isn't the
ONLY
Possible
Story!!!!

Let's Play a Game - click the picture




What Other Story COULD You Tell About That Trigger?



This is Your Counter Story




Something besides OCD's Story IS Possible
and I-CBT will continue to show you HOW!




Module 4
Vulnerable
Self
Theme

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

A black silhouette of a human head in profile, facing left. Inside the head, there is a white thought bubble shape. The text "You have the doubts you have for a reason!" is written inside the bubble in a black, sans-serif font.

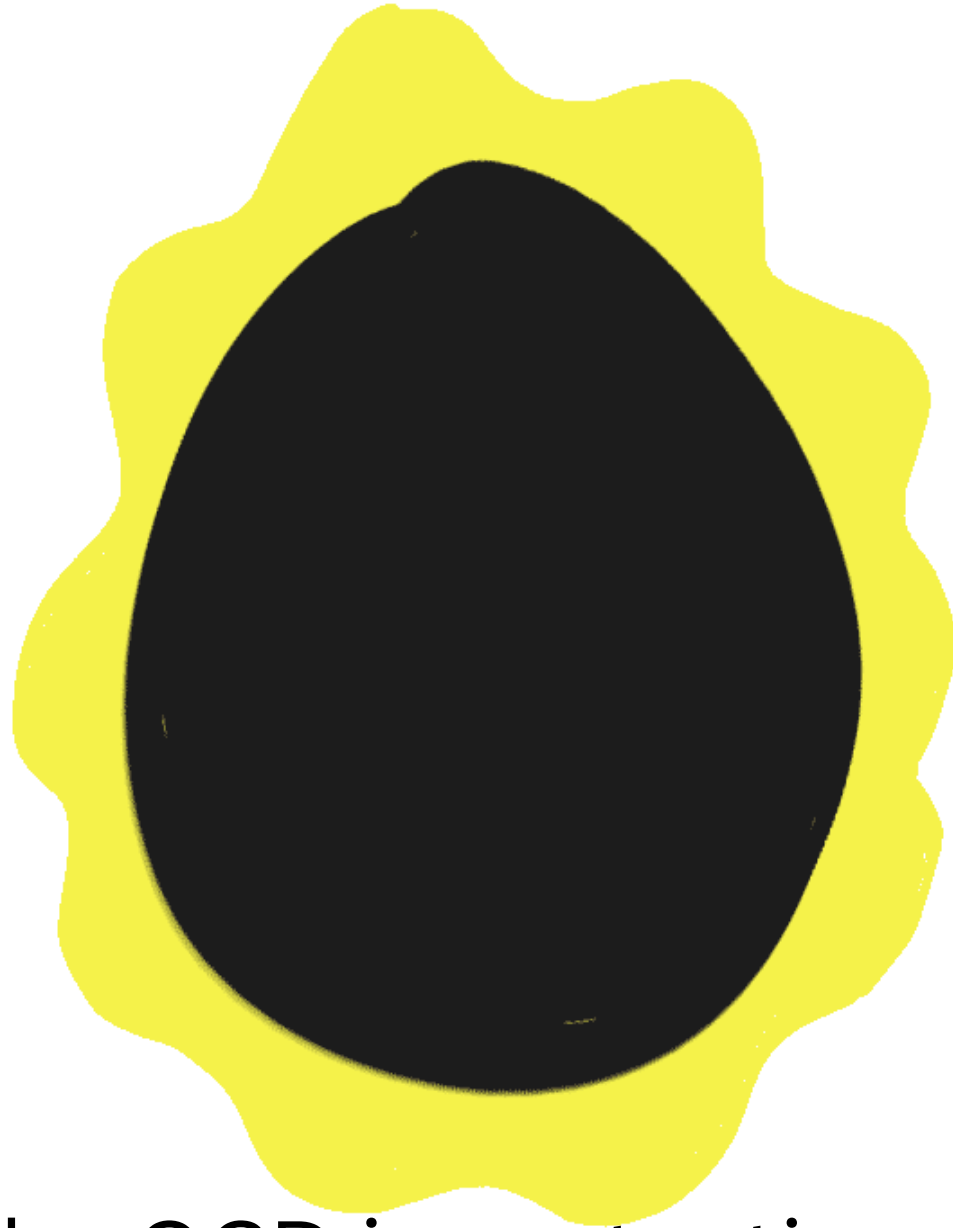
You have the
doubts you have
for a reason!

A black silhouette of a human head in profile, facing left. Inside the head, there is a white thought bubble shape. The text "You have the doubts you have for a reason!" is written inside this bubble.

You have the
doubts you have
for a reason!

and that reason is...

You have a Feared Self



This is who OCD is protecting you from
becoming

OCD links to certain obsessional doubts to get you to not become your Vulnerable Self

Theme (Feared Self)

Maybe I could get someone sick

Maybe I'm a pedophile

Maybe I'm racist

Maybe I could say something that would hurt someone's feeling

Maybe I could stab someone

What do these have in common?


Maybe I'm homophobic

Maybe I'm a pedophile

Maybe I'm racist

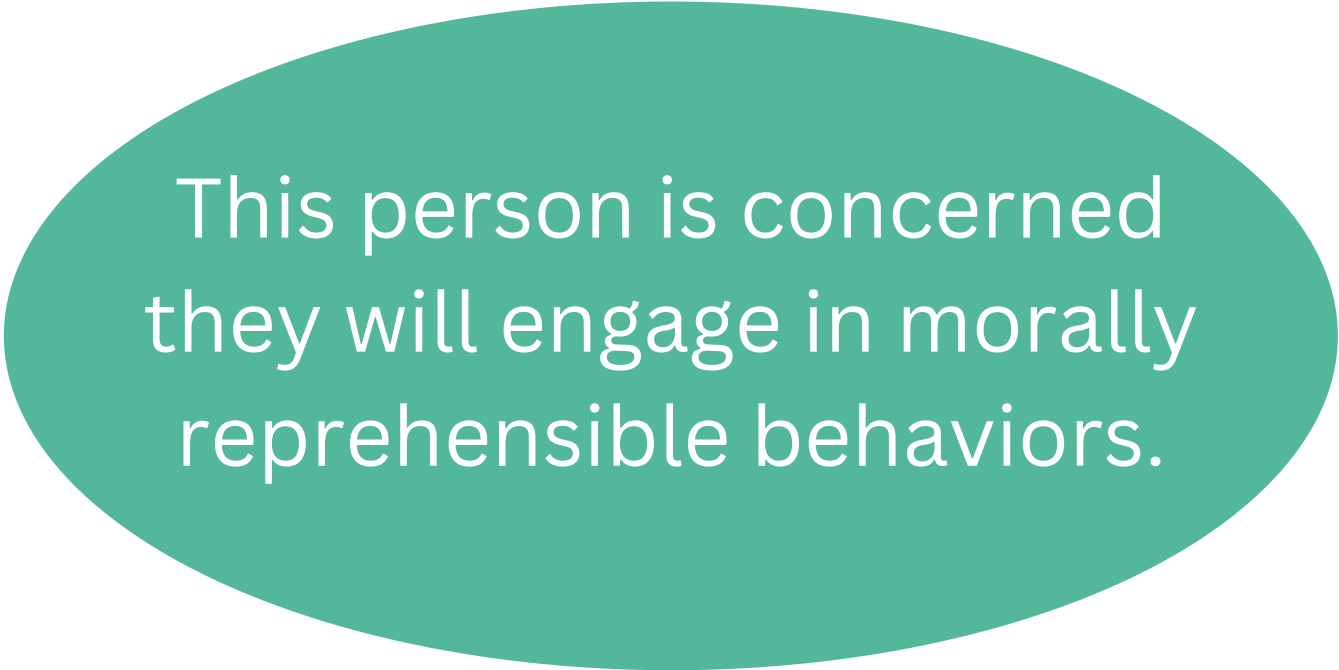
Maybe I will say something cruel to someone

Maybe I will stab someone



They are about
harming/judging
someone

And...what does that say
about their self-construct?




This person is concerned
they will engage in morally
reprehensible behaviors.

And...what kind of person
does this?



"I might be someone
who is immoral."

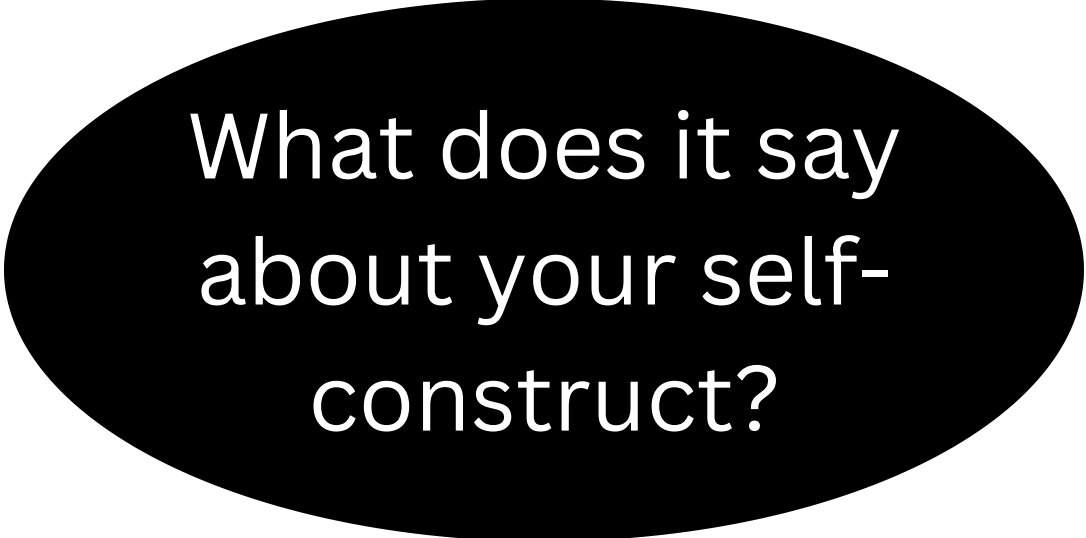
Vulnerable Self Theme



List out your
doubts



What do they have
in common?




What does it say
about your self-
construct?

I am scared I will....(do what)?

What kind of
person does that?

Someone who is....(adjective)

This is your VST!



Module 5
OCD's Power
Lies in the
Imagination

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

So far you've learned....

OCD has a sequence



You have logic



OCD has a story



You have a VST



Trigger

Obsessional Doubt

Consequence of Doubt

Anxiety

Compulsion/Avoidance

Fact

Rules

Hearsay


Personal Experience

Possibility


OCD tells a compelling story based on your logic, but it isn't the only story.

The doubts you have are there because of your Feared Self - The VST

Let's Talk About Doubt




Reasonable
Doubt




Obsessional
Doubt

Let's Talk About Doubt



Reasonable
Doubt

Direct Evidence
in
Here & Now

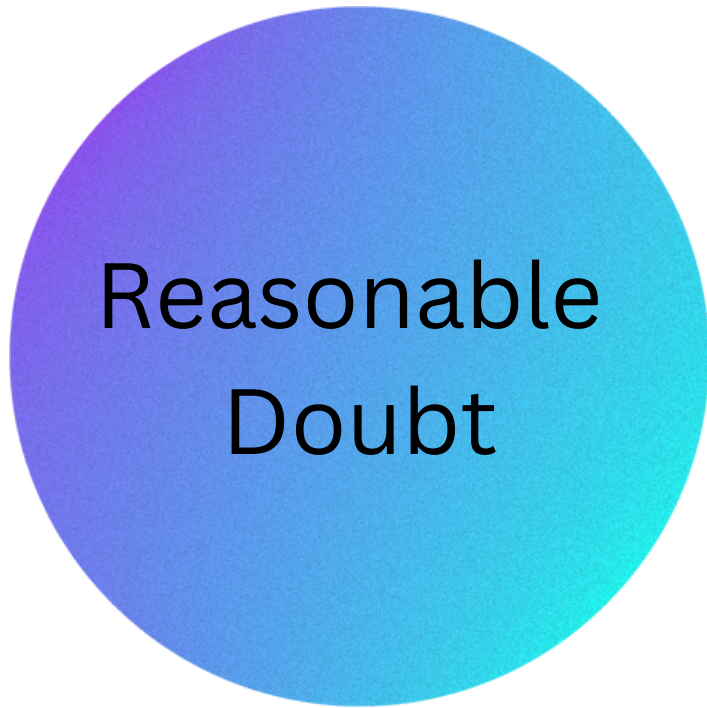


Obsessional
Doubt

No Direct Evidence
in
Here & Now

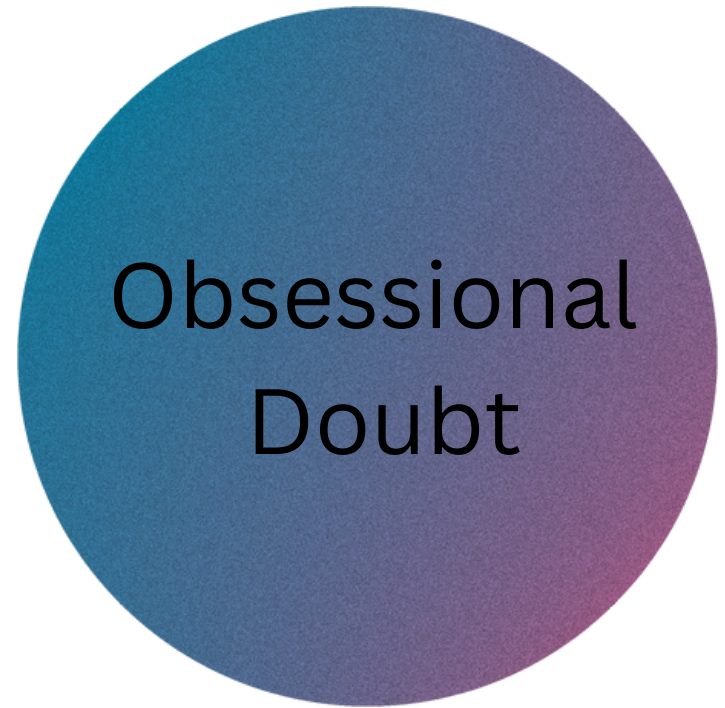
Let's Talk About Doubt

Perception



Direct Evidence
in
Here & Now

Imagination



No Direct Evidence
in
Here & Now

Examples of Reasonable/Normal Doubt

1. Will it rain tomorrow?

(Can use perception to resolve this doubt -
check a weather app)

2. How long will the journey take?

(Can use perception to resolve this doubt -
check a travel app or a map)

Examples of Obsessional Doubt

1. Did I turn off the stove?

(If being asked after the stove wasn't on or there is no indication that it is on.)

2. Did I read that word correctly?

(If it is a word the reader knows and there is no direct evidence to doubt they have misread)

Let's practice identifying if a
doubt is obsessional

(Click link)



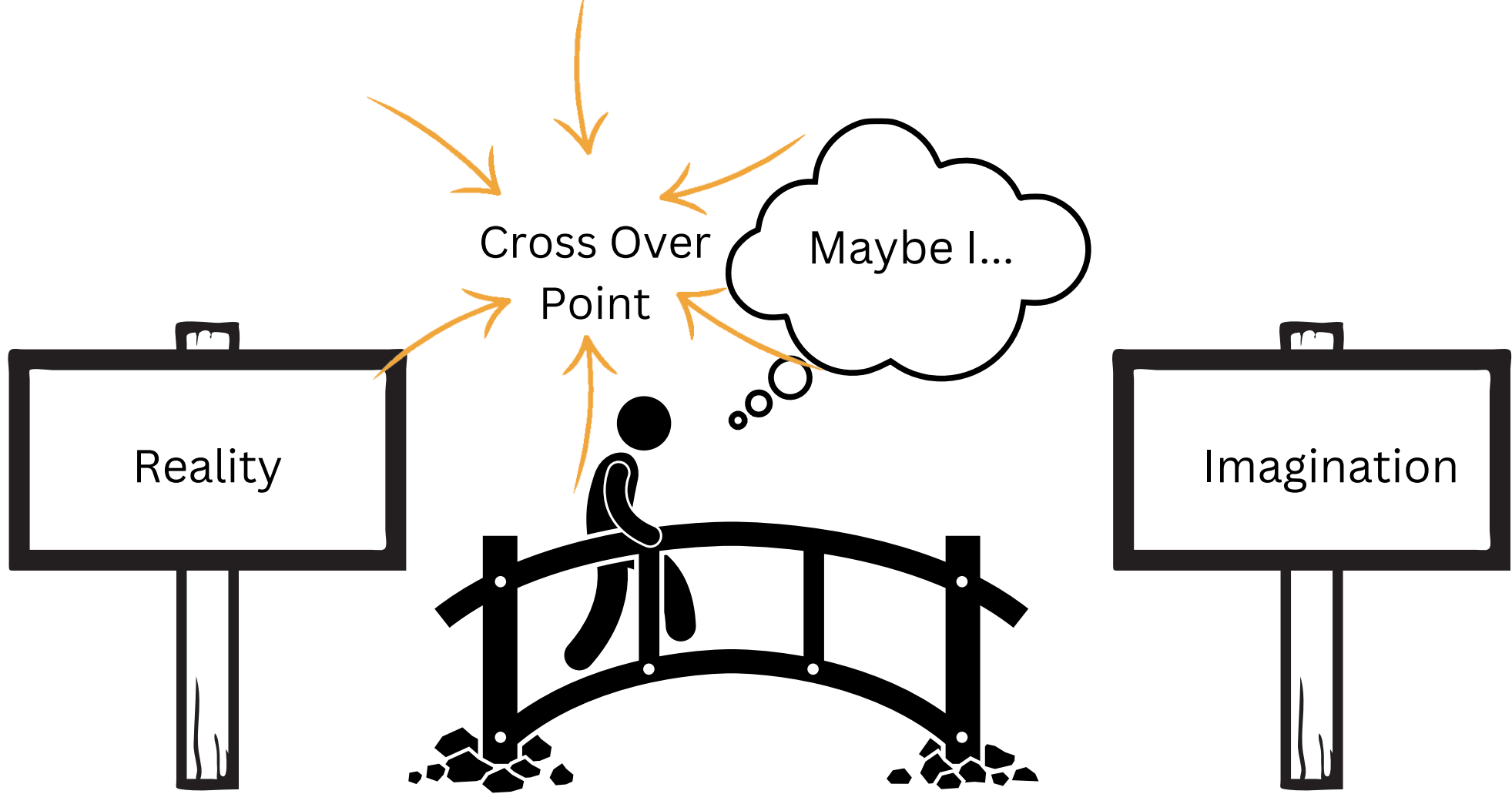
Obsessional Doubts do
NOT have direct evidence
in the Here & Now.

Therefore, their power is
coming from elsewhere...

The evidence OCD uses come from within us.

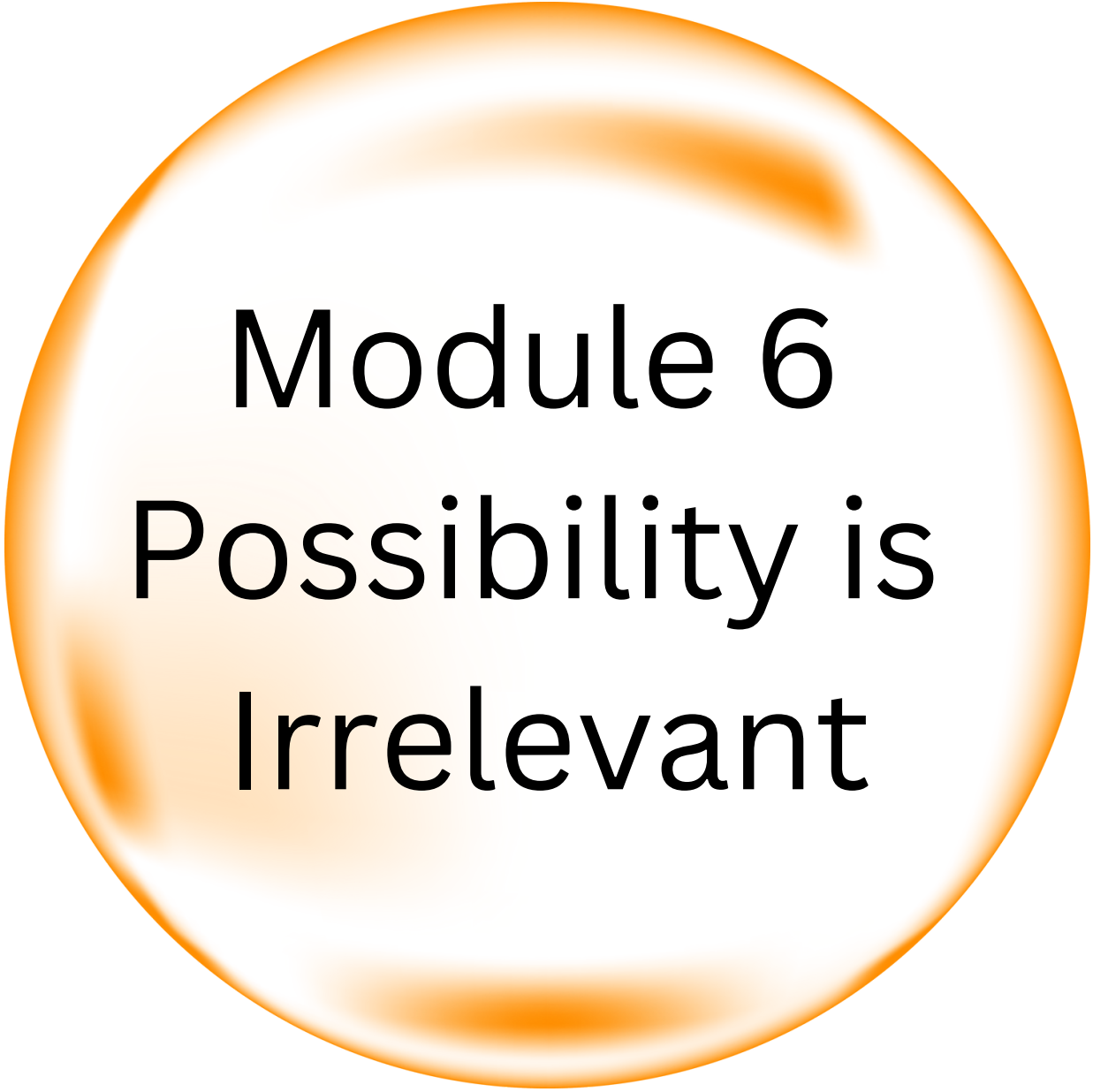
And that source is our imaginations.





Leaving Reality - Going into Imagination

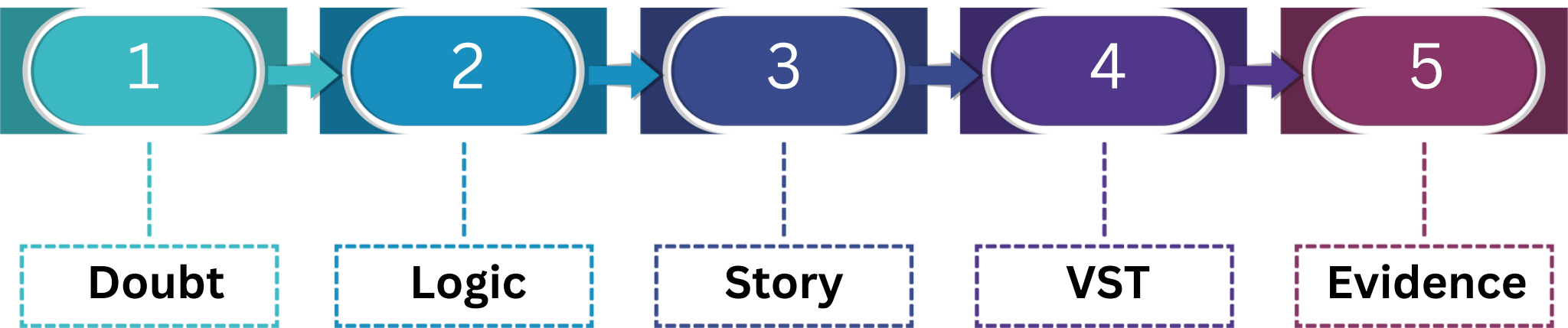
INFERENCEAL CONFUSION



Module 6
Possibility is
Irrelevant

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

Let's Recap!



We've learned that Obsessional doubts form based on logic that is wrapped in a very compelling story. The doubts you get are based on an ultimate fear of who you will become if you don't listen to your OCD. But those doubts don't have direct evidence in the Here & Now - they get their power from the imagination.

Okay, so that's all true - but....

TRUE

FALSE

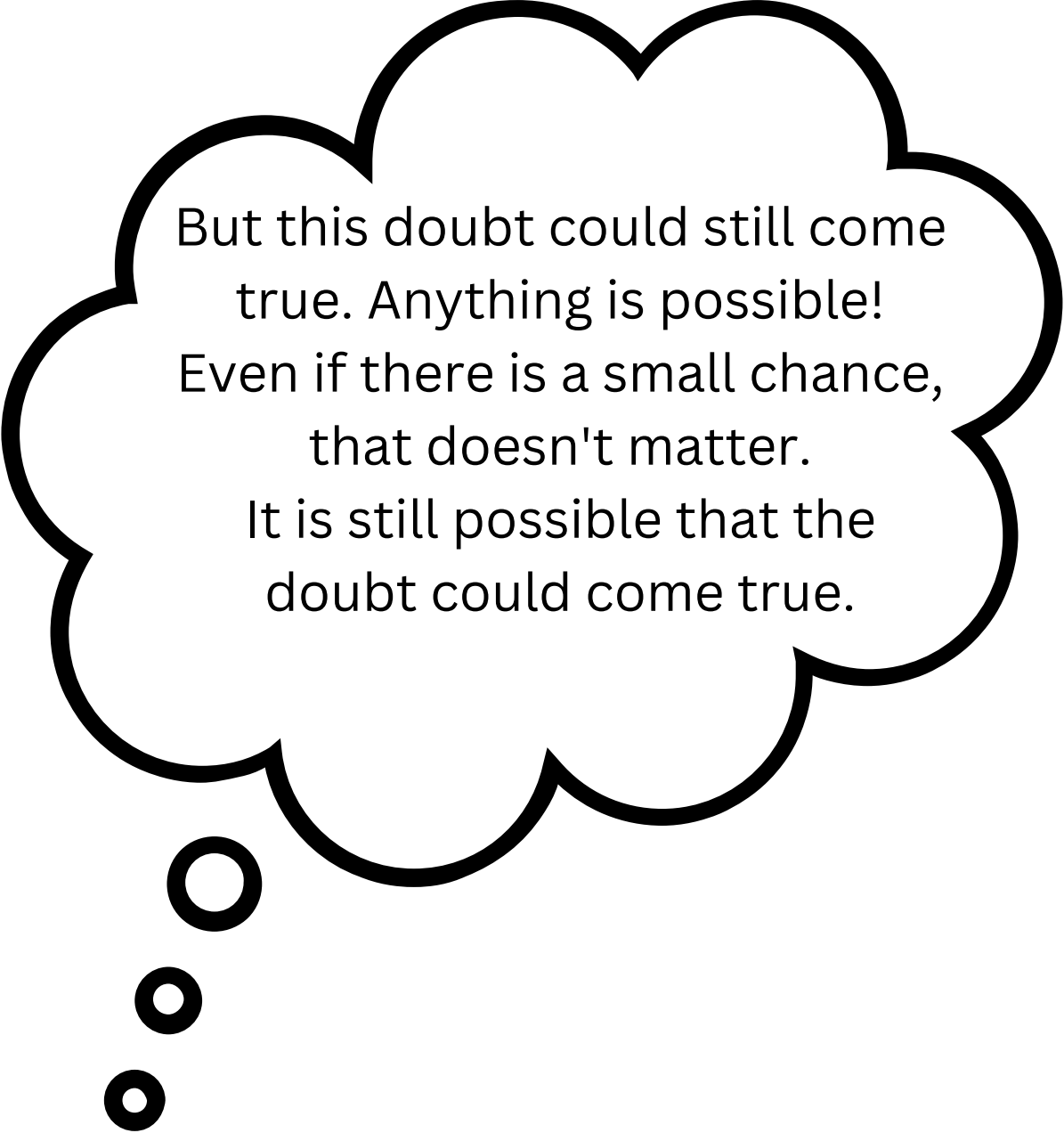


What about...

A vertical silver signpost stands against a blue sky with light clouds. A black sign with a white border is attached to the post. The sign features the text 'ENDLESS POSSIBILITIES' in bold, black, uppercase letters, followed by a white arrow pointing to the right.

ENDLESS POSSIBILITIES

You might be thinking:



But this doubt could still come true. Anything is possible! Even if there is a small chance, that doesn't matter. It is still possible that the doubt could come true.

Maybe a meteor is going to hit me on the head. Should I keep watching the sky and wait for it to show up?

It's possible, right? It COULD happen even though I don't see direct evidence right now.



Without direct evidence, possibility is just possibility.

The ceiling could fall on my head.

A cow could end up in my living room.

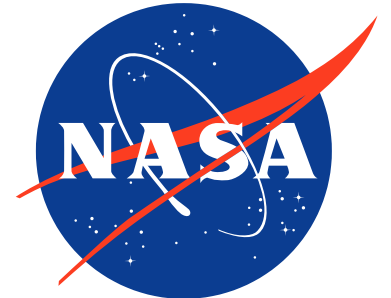
I could trip later today and break my leg.

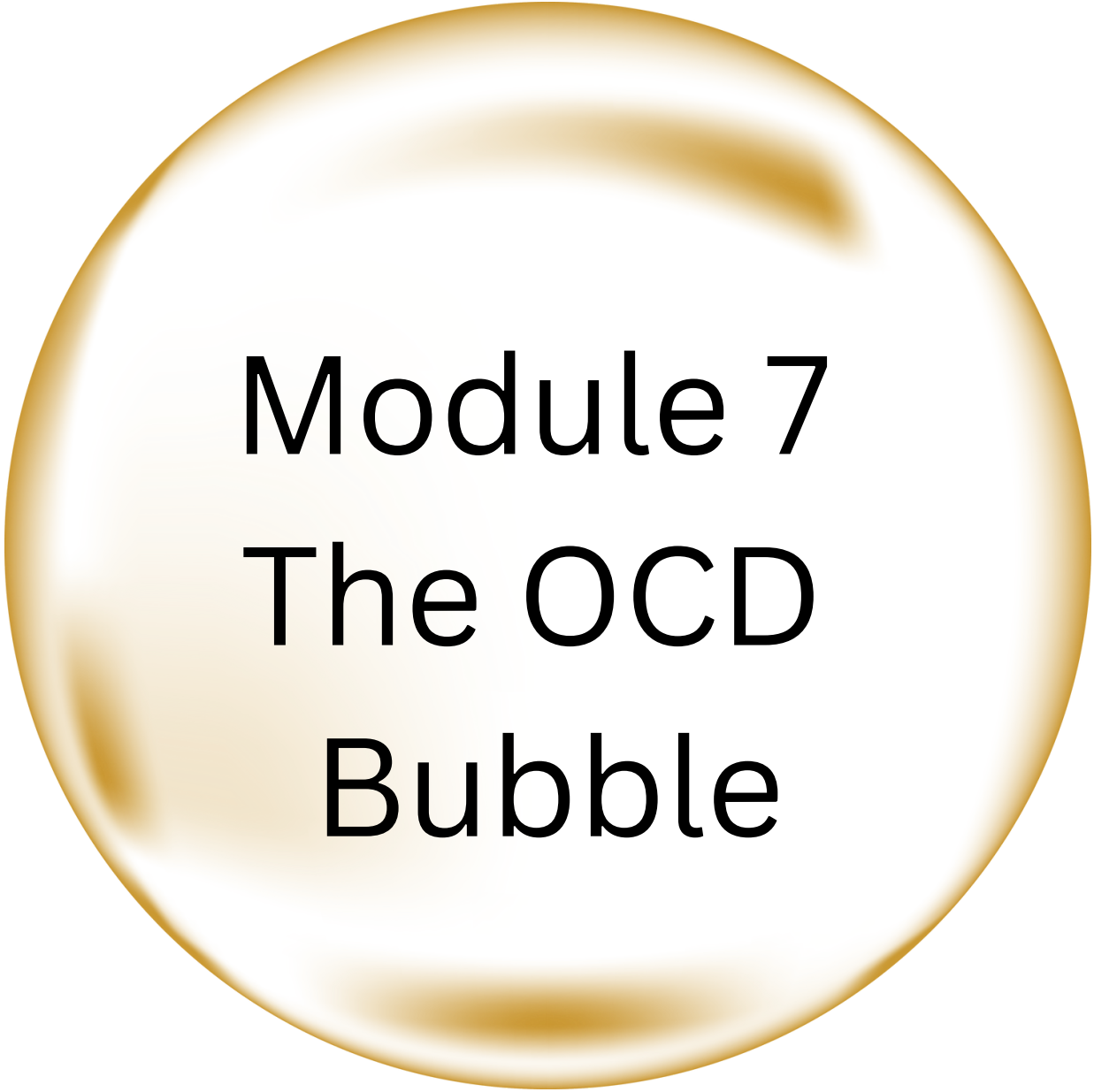
But without direct evidence, it's just possible.

And therefore irrelevant.



What would need to happen in order for the meteor story to become a relevant doubt?





Module 7

The OCD

Bubble

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

Being trapped
in the Bubble
feels SO REAL!



If you stay, you
have to engage in
compulsions and
feel awful the
whole time.



If you leave, you
are "choosing" to
become your VST
(so OCD says).

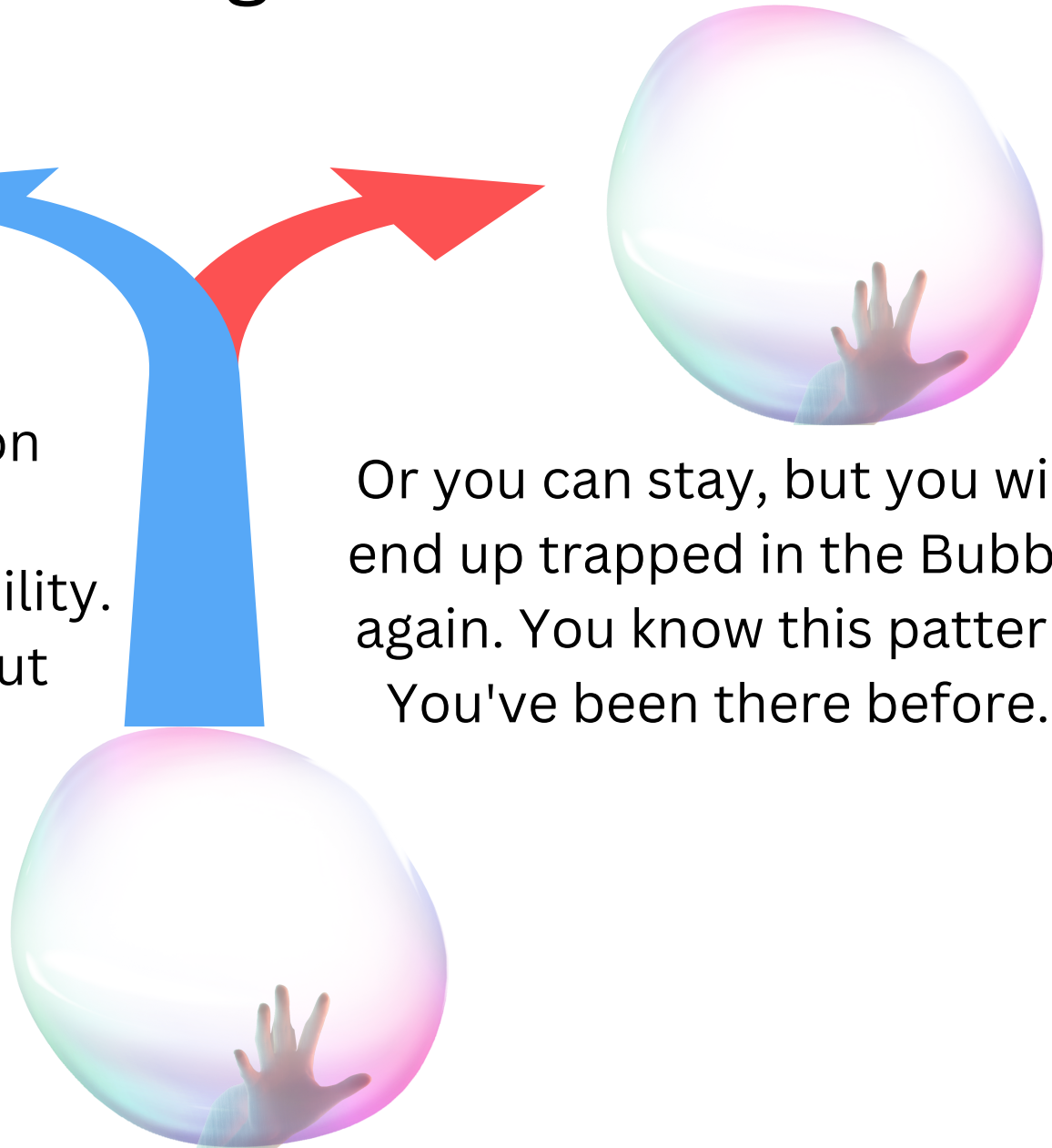


It feels like a losing situation...BUT



OCD's story isn't based on direct evidence!
It's only an imagined possibility.
So, you CAN leave without becoming your VST.

Or you can stay, but you will end up trapped in the Bubble again. You know this pattern. You've been there before.



How?

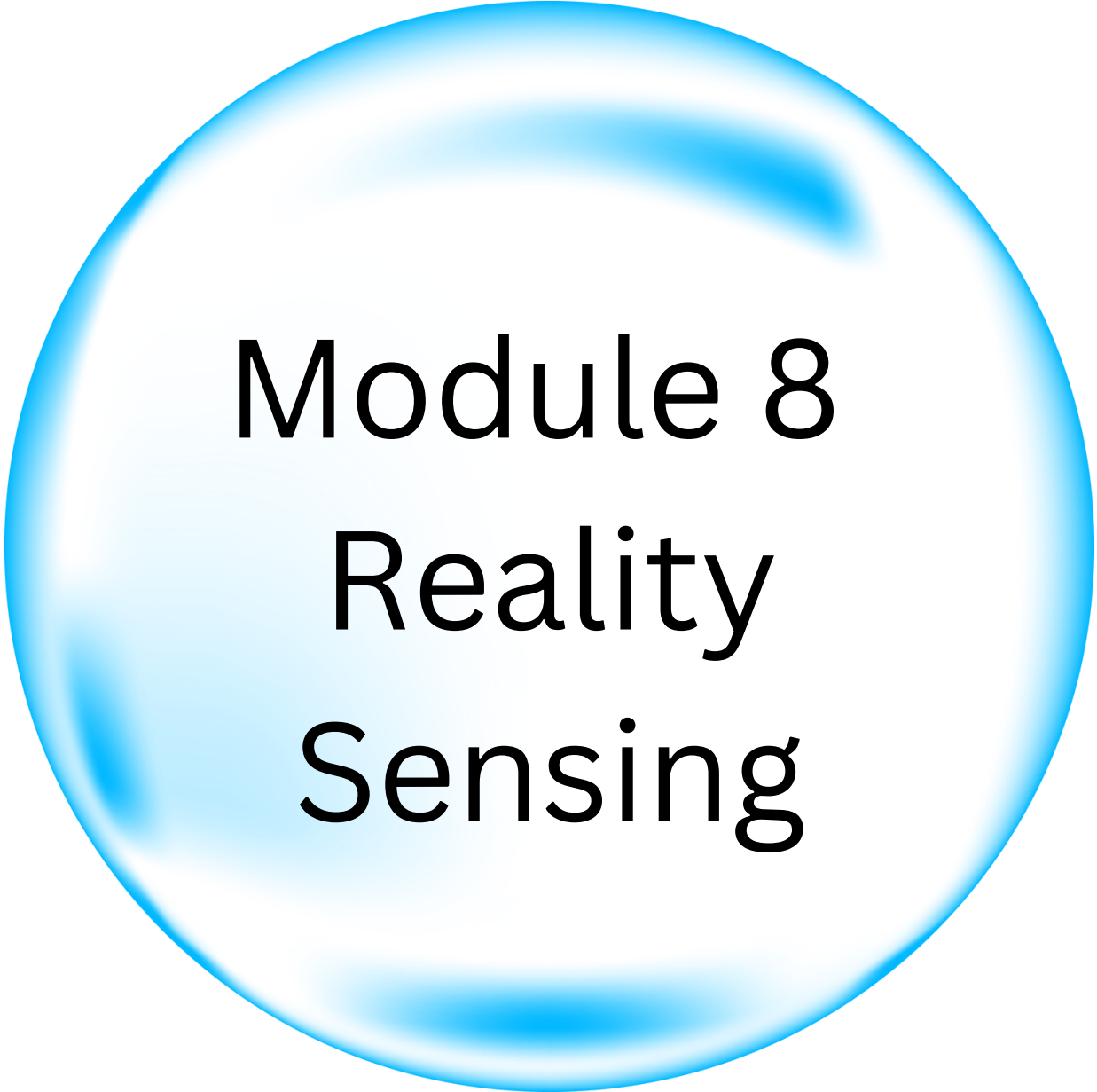
1. What was the first thought that came to mind that took me beyond the senses?
2. How does this thought make my senses seem irrelevant? OR What sense could I trust to root me back in reality?
3. PAUSE for 60 seconds without doing compulsions or avoidance.

Imagine you are on a bridge. You can trust your senses (5 senses, common sense, Real self) and go back to reality. OR you can go further into the doubt. The doubt is irrelevant when you trust your senses and ground back into reality.



If you chose to go further into the doubt - that's okay. Just note if it helped you resolve the doubt forever.





Module 8

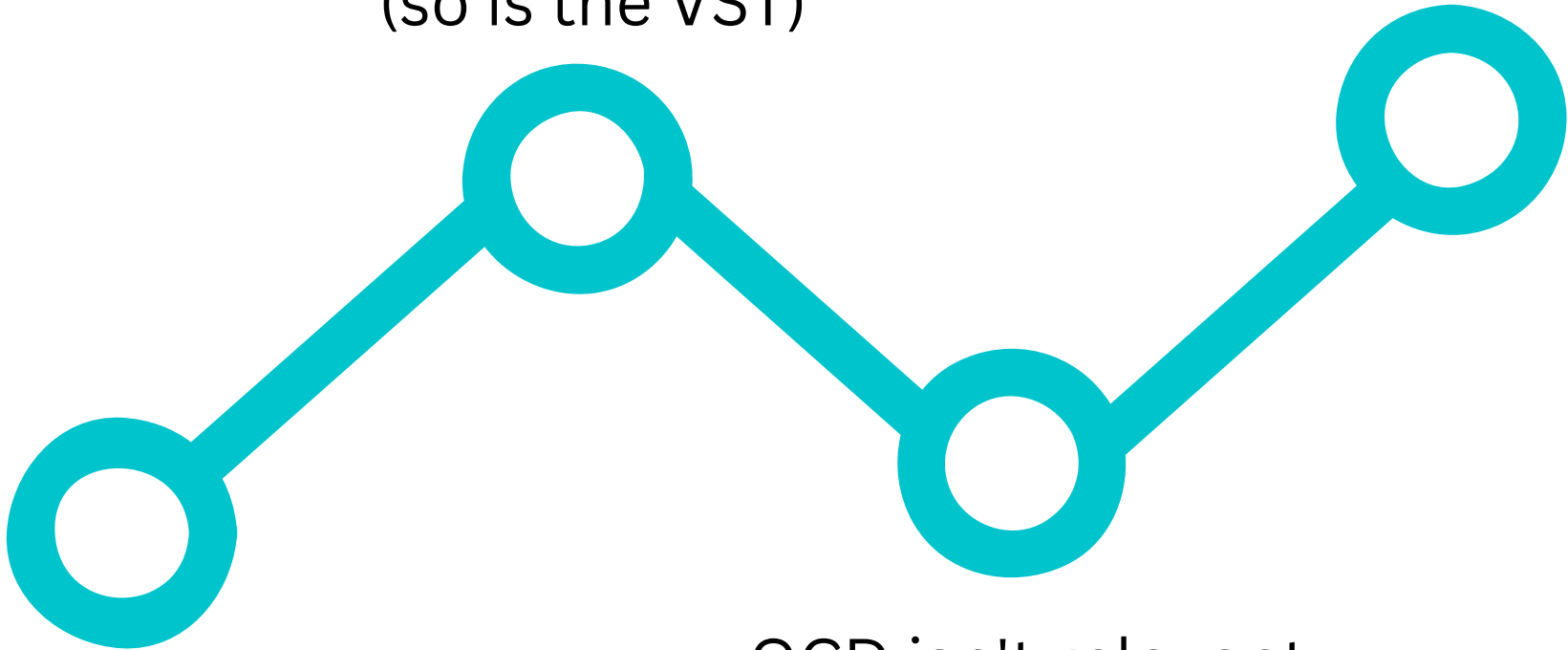
Reality Sensing

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

RECAP

OCD is an
imaginary story
(so is the VST)

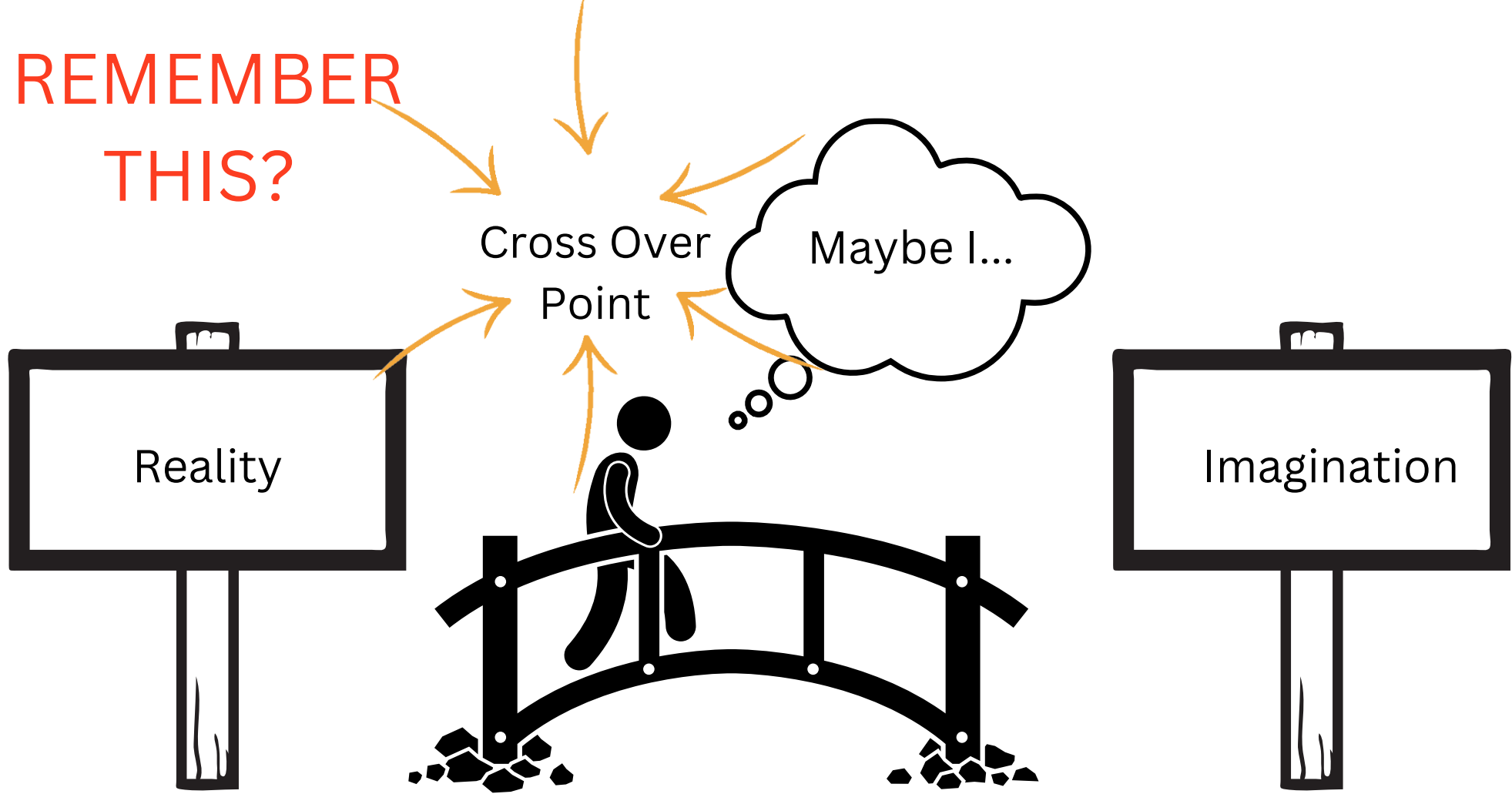
There is no direct
evidence from
senses to support it



OCD scares us
with a VST

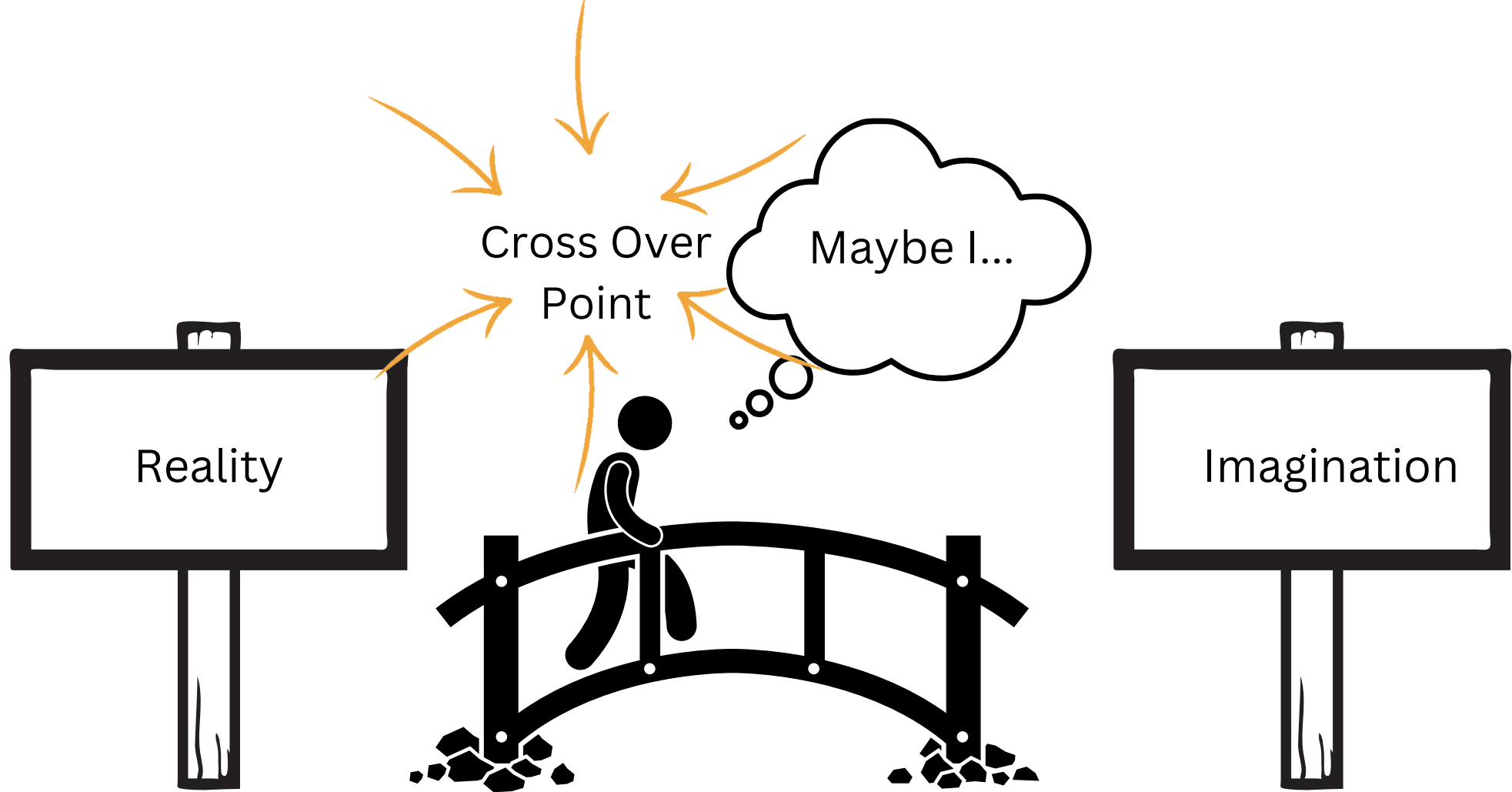
OCD isn't relevant
because...

REMEMBER
THIS?



Leaving Reality - Going into Imagination

INFERENCEAL CONFUSION



OCD makes us dismiss our senses - we are leaving reality. This makes OCD false because TRUTH lives in Reality with Evidence - NOT in our imaginations.

Ask yourself, how often has your OCD been right?





When it comes to OCD, we can have
CERTAINTY

We can trust our senses, our common sense, our inner sense data (emotions), and our Real Selves.



Reality Sensing!!!!

This helps us to return to reality via our senses

Reality Sensing



When an obsession or thought occurs that takes you beyond the senses,
hold still and imagine yourself
between worlds – a bridge between reality and the imagination.

Reality Sensing



Focus your attention back to reality, and look at what is there. Only look once and take in the information of what your senses tell you. Don't put any effort into this.

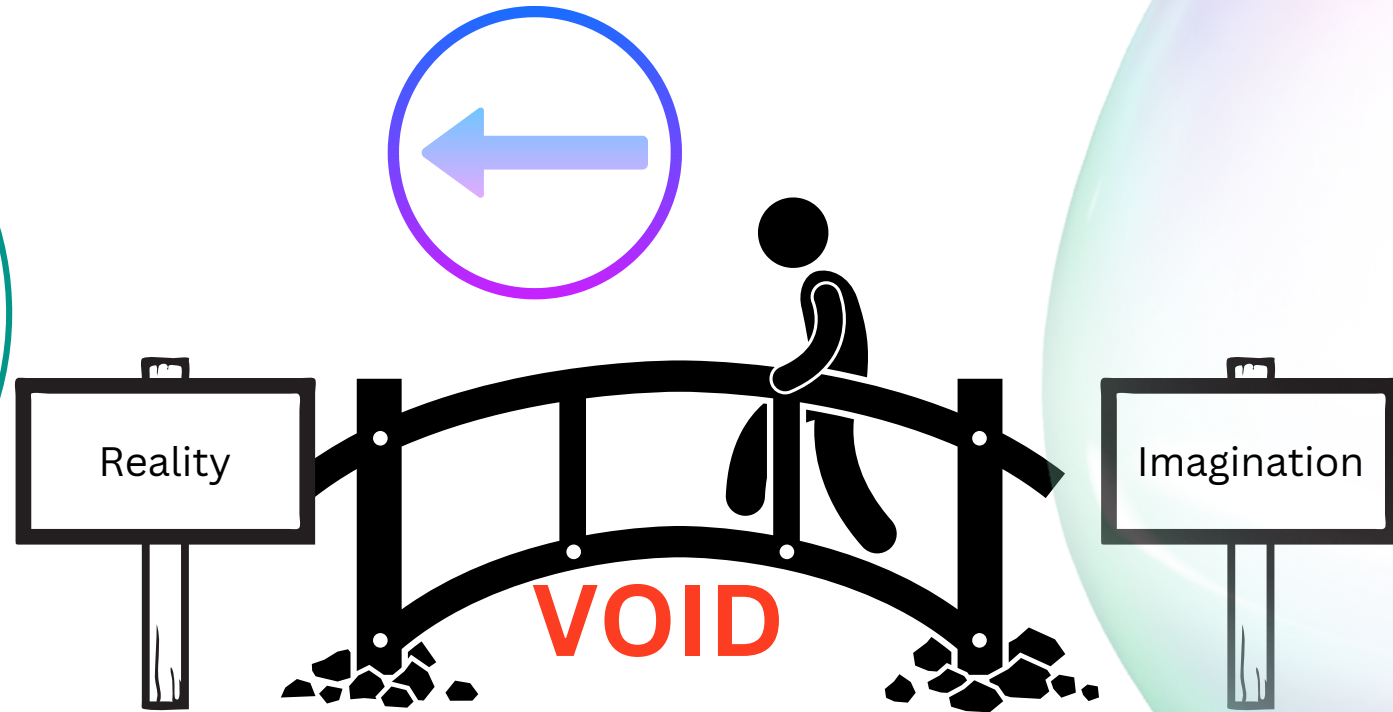
Reality Sensing



Realize for a moment that this is all the information you need and that trying to obtain more information from elsewhere means you have already crossed into OCD land.

Reality Sensing

4



Look down from the bridge you see yourself standing on.

Take note of any feeling that makes you feel you are not doing enough. It is the void that is left behind by not engaging in any rituals. It represents all the anxiety and discomfort you feel by not going into OCD land and only trusting your senses.

Reality Sensing

5



Take a moment to realize that this void is merely imaginary, and that there is certainty by remaining in the world of the senses. Try to feel that sense of certainty. It is common sense. There is absolutely no need to cross the bridge into OCD land.

Reality Sensing



Next, act upon the information from your senses by dismissing the obsession and not engaging in any compulsive behaviors.

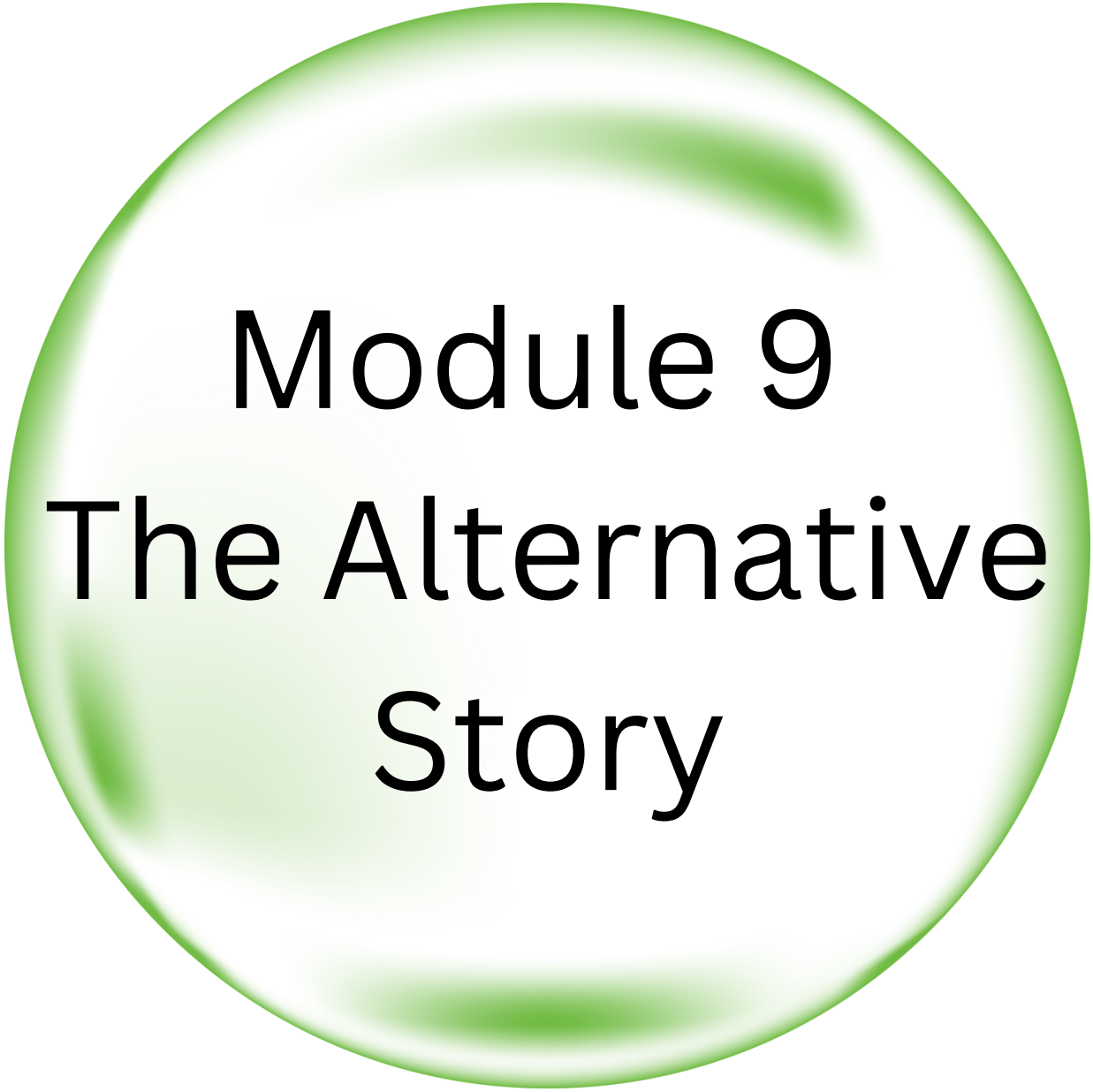


Use your senses as you would in NON-OCD situations.

Reality sensing is using your senses as you typically would.

You shower yourself... your senses say you are clean... You do not wait and reflect on whether maybe you are clean. You leave the shower.

You lock your front door. Your senses say it's locked. You go about your business and dismiss any subsequent doubt as irrelevant.



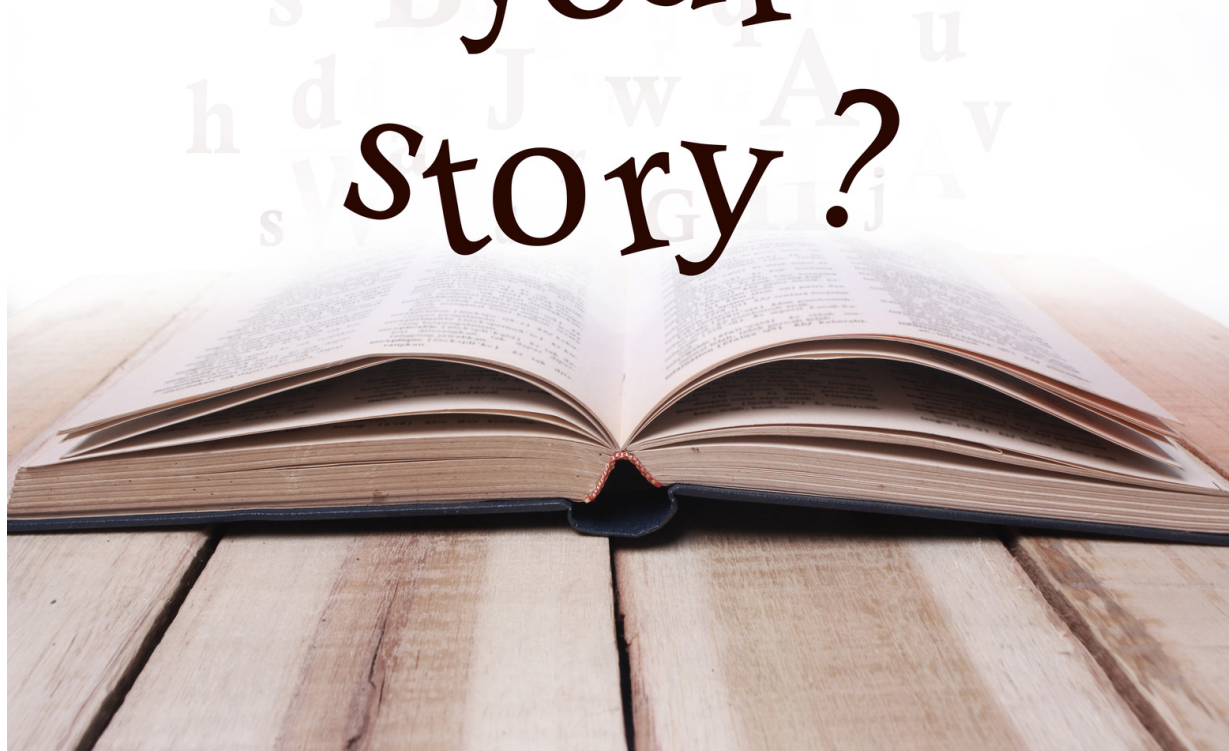
Module 9

The Alternative Story

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

Stories take us on journeys

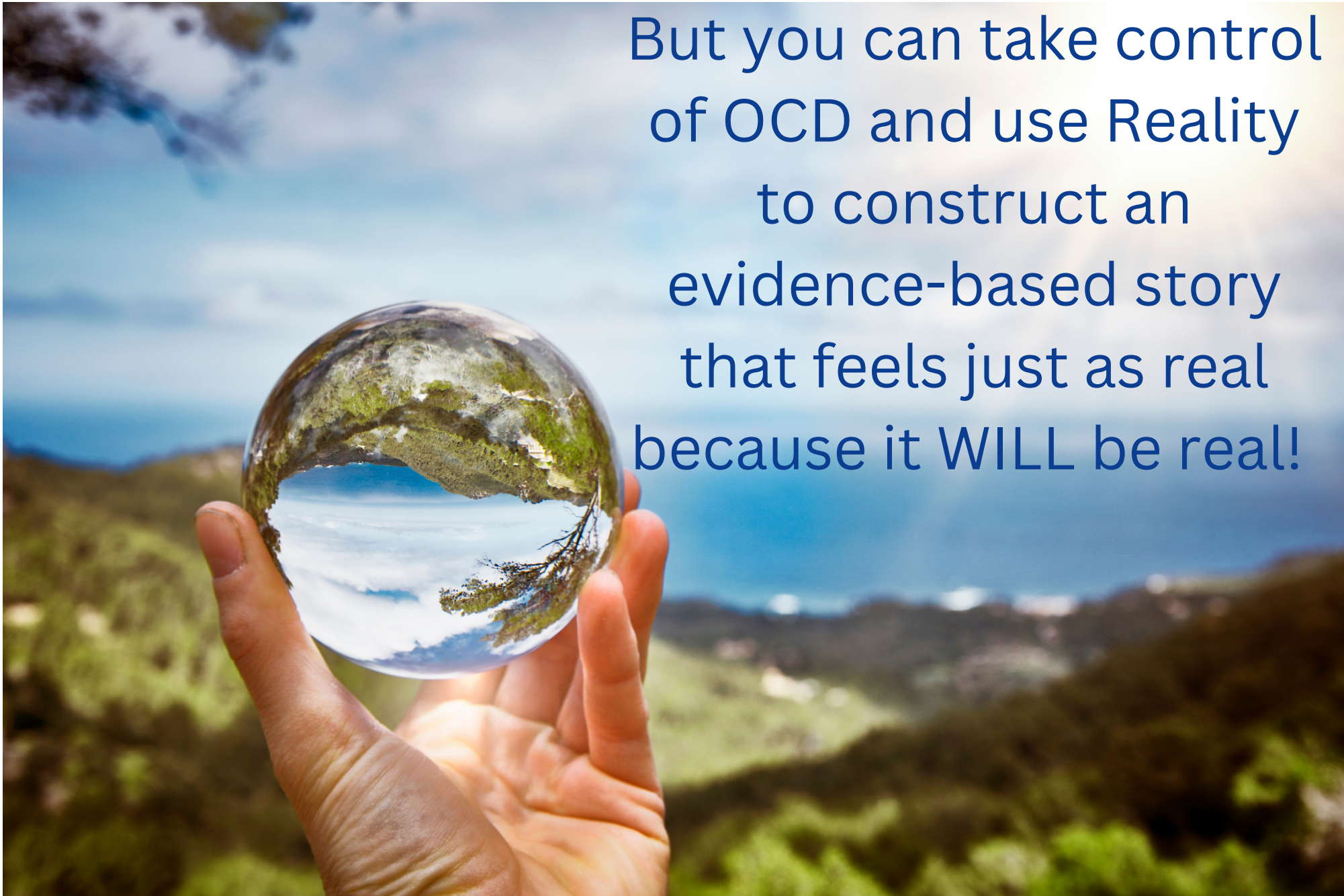
What's
your
Story?





**OCD HAS TAKEN YOU
INTO A SCARY STORY**

But you can take control
of OCD and use Reality
to construct an
evidence-based story
that feels just as real
because it WILL be real!





The Spy Pen

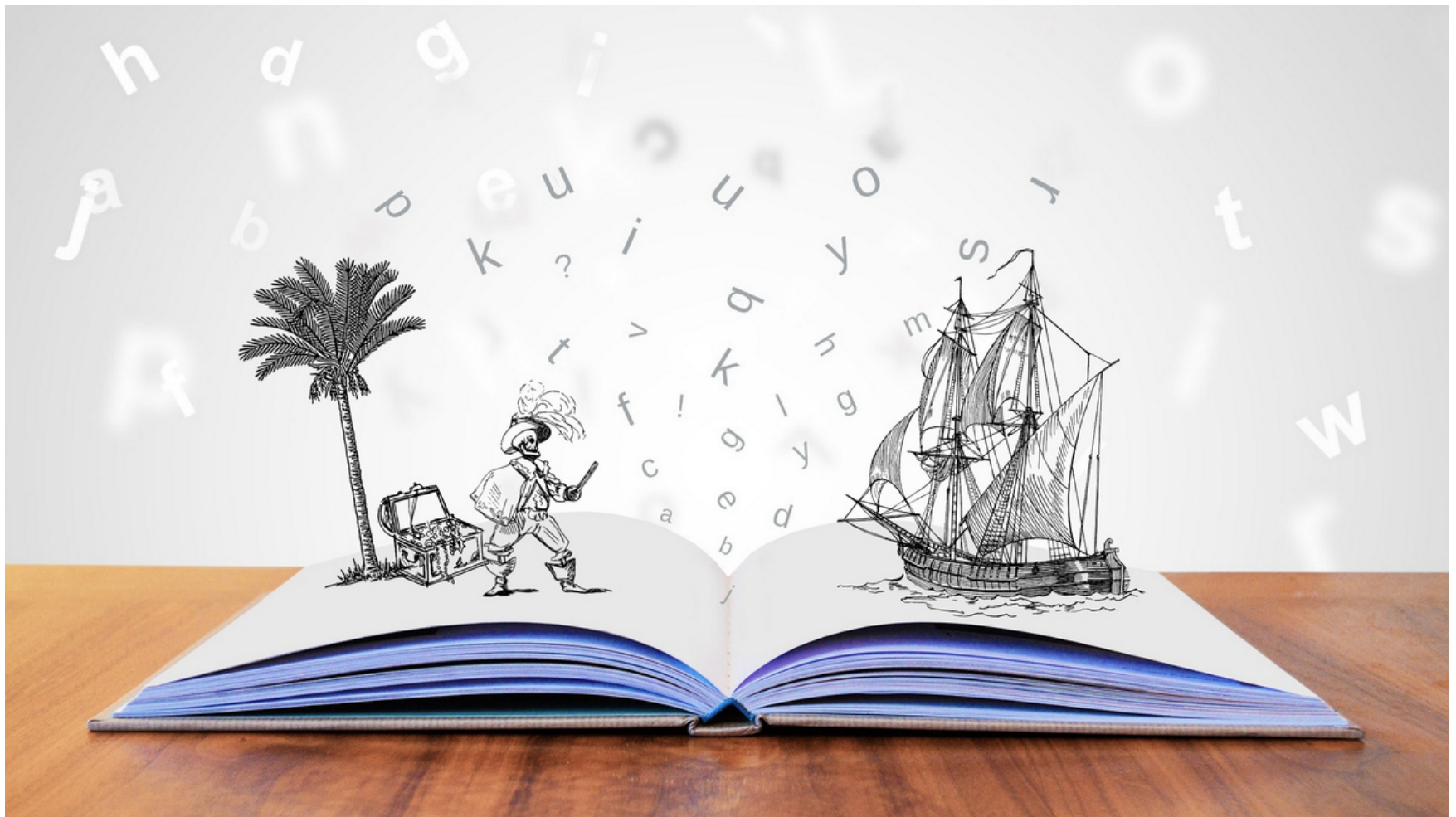
Suppose I pick up a pen and try to convince you the pen is really a secret camera. I could just state this pen is a camera and discuss the make and type of camera. This statement on its own might not be too convincing. But, suppose I relate a story about it being built in the same factory as James Bond's special car and how the developer won a prize for his work. It was tested in field trials in different situations and it was patented and is now in general use as a spy pen.

The Flying Pig



Your friend is working for an experimental genetic laboratory where the scientists have been working for some time on mating birds and mammals. They have succeeded with rats and doves and are moving up the evolutionary scale. There have been several popular films exploring the idea of mutant humans. When you arrive at the laboratory, you find they have mated an eagle with a pig. One of the testing criteria is assessing the load the mutant animal can take and your friend asks if you would take a turn as a volunteer to be transported by the flying pig over the local town.

These stories are rich in movement, details, and images. They pull you in. OCD does the same thing. And you can do the same thing with reality.





Say which of the following statements is based on the direct evidence that ‘maybe the door is locked because . . .’

1. ‘This lock is old and sometimes jams and fails (in reality) to lock the door’.
2. ‘I read about someone who left the door open’.
3. ‘It could be a statistical probability that I leave the door open’.

Say which of the following statements is based on the direct evidence that 'maybe the door is locked because . . .'

1. 'This lock is old and sometimes jams and fails (in reality) to lock the door'.

2. 'I read about someone who left the door open'.

3. 'It could be a statistical probability that I leave the door open'.

The only answer that has direct evidence in the Here & Now is the first one. Someone else's story (2) and possibility/probability (3) don't matter to THIS situation.

‘Maybe the door knob is contaminated because ...’

4. ‘Microbes exist, so my hands could be contaminated’.

5. ‘I touched a knob which I saw had mud on it’.

6. ‘It’s common knowledge you can catch germs from other people’.

Again, which one justifies the doubt in the here and now?



‘Maybe the door knob is contaminated because . . .’

4. ‘Microbes exist, so my hands could be contaminated’.

5. ‘I touched a knob which I saw had mud on it’.

6. ‘It’s common knowledge you can catch germs from other people’.

The only answer that has direct evidence in the Here & Now is #5. The facts in the other two answers are correct to a point. Microbes do exist and we can catch germs from other people. HOWEVER, there isn't direct evidence here to show that any microbes that might be on the door knob are hazardous, viable, or even present.

If we were in a household with someone who was vomiting or had strep, then it would be reasonable to doubt if common surfaces could contaminate our hands because there would be direct evidence - we KNOW the germs are present and harmful.



Your story...

List the situation



List sense data



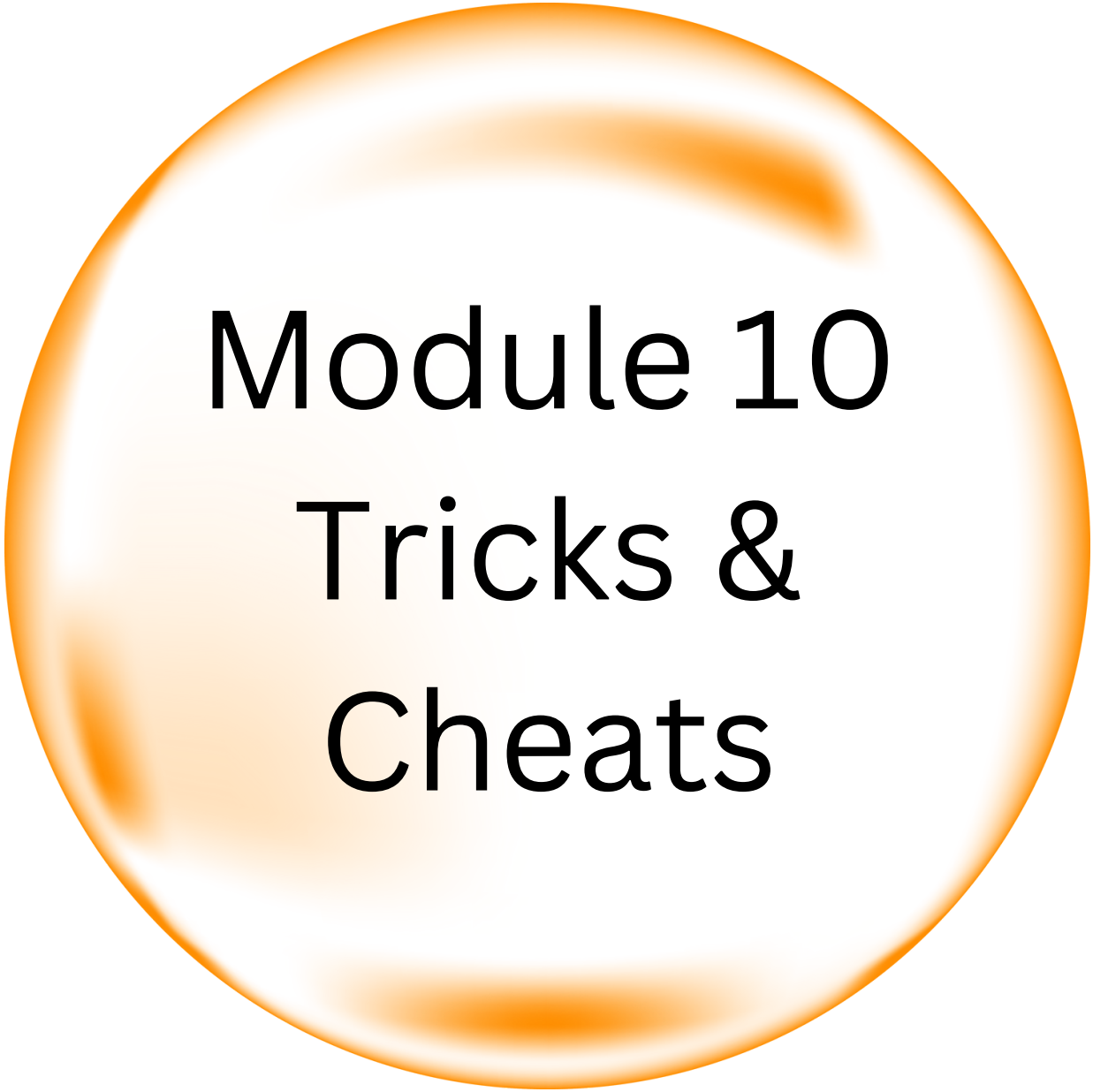
List even more details



You've Got Your Story!

Example:

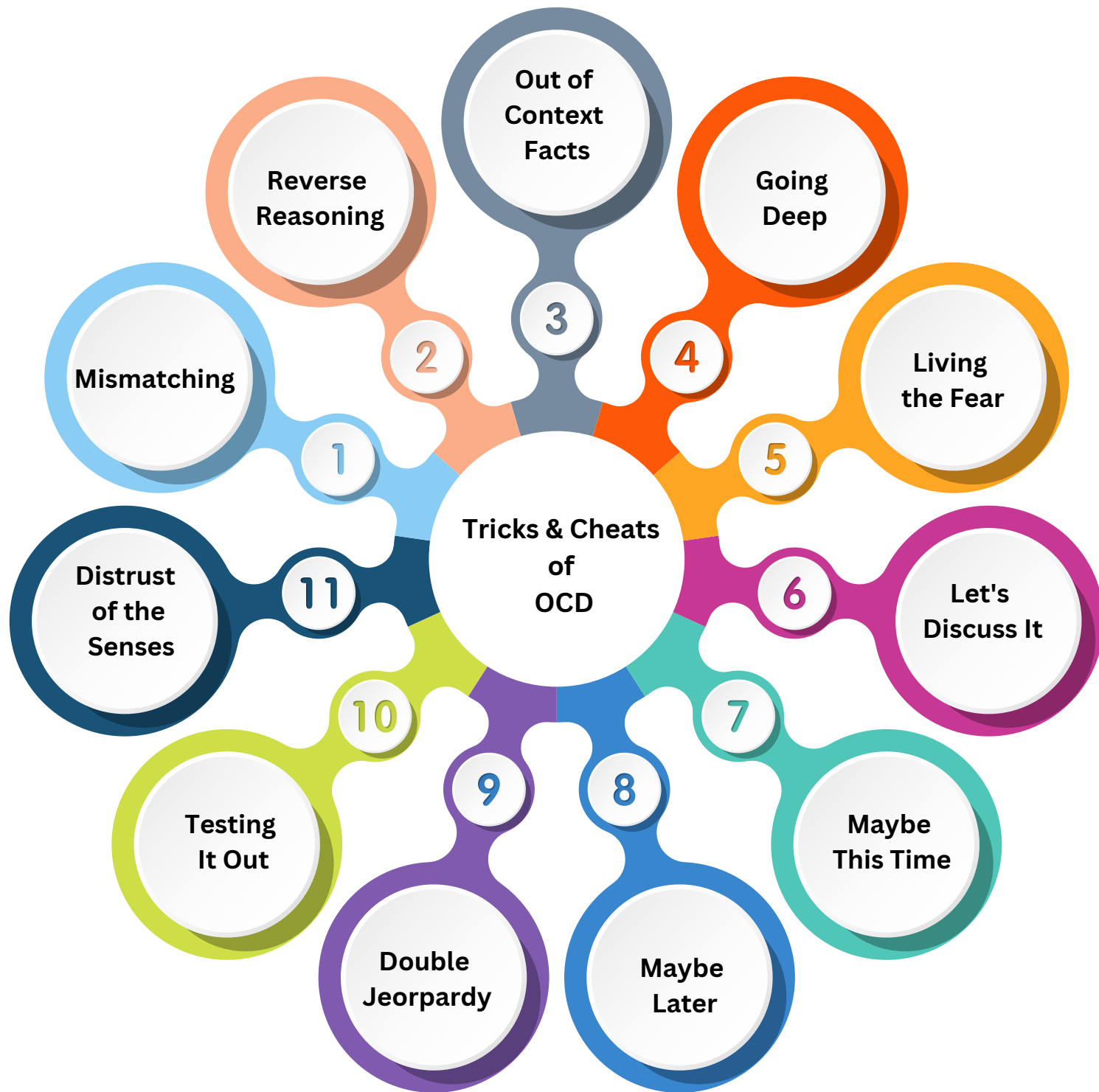
I go to lock the door. I turn the lock, hear it click, and I have successfully locked many doors before. I trust my senses in lots of areas and can trust myself in this situation as well. This door is in good shape and the lock has never failed.



Module 10

Tricks & Cheats

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.





Mismatching

This happened somewhere else, or to someone else, or happened to me in the past, so that means this thing could happen to me now.

Example: I read a story that a mom drowned her children.

Maybe I will drown my children.



**Reverse
Reasoning**

Start with a fact or an idea
and then come to a
conclusion about what is
there.

Example:

A lot of people have eaten at this table.
Therefore, it is dirty.



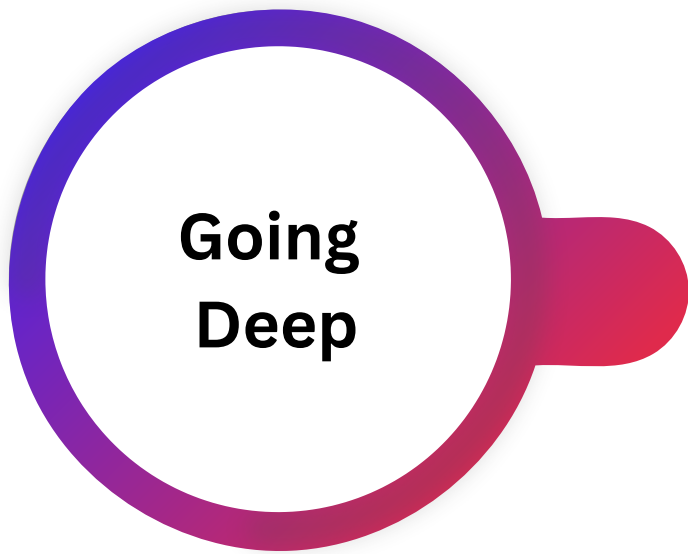
**Out of
Context
Facts**

Facts used out-of-context
without direct evidence in
the Here & Now

Example:

Germs exist. Therefore touching this
doorknob contaminates my hands.

Direct evidence is missing! Are the germs dangerous? Viable? Are there enough of them to make a person sick? Are the "bad" ones even there?



Starts with an idea that if you just keep looking for evidence, you will go deeper into reality, but you will really go deeper into your imagination.

Example:

If I had a microscope, I could prove that the germs are on my hands.

SEEMS to make sense! BUT, the direct evidence in REALITY doesn't show that we need to worry about this in the first place more than what we do to normally keep ourselves healthy..



**Living
the
Fear**

Worry that comes from a simulated reality that appears to support the doubt.

Example:

Maybe I am sick. Now I can feel my throat hurt.

Maybe I am a pedophile. Now I get a groinal response to a thought about a child.

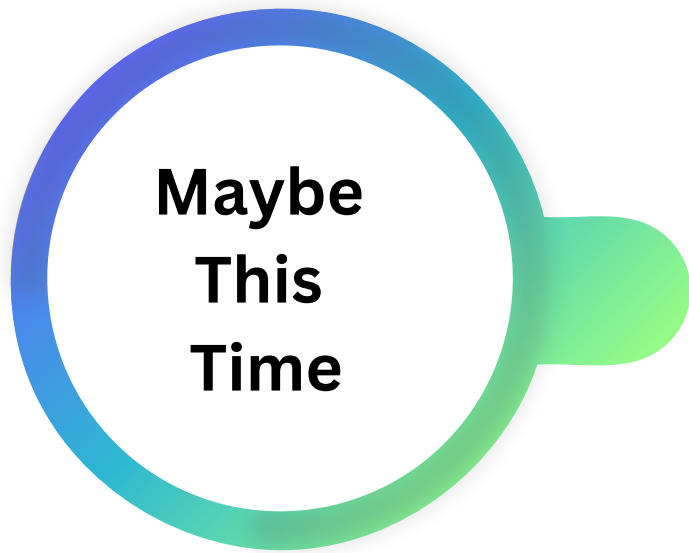


**Let's
Discuss
It**

AKA Rumination! OCD wants to go further into the doubt to try to resolve it.

Example:

If I just think about this more, I can find the answer. If I just try to flip through the "evidence" one more time, I can figure this out.



OCD says that it might be right this time!

Example:

OCD has been wrong in the past, but **THIS TIME** is different. This time, the door might be unlocked for real.



**Maybe
Later**

The bad thing might not happen now. It could happen in the future!

Example:

If I don't read this passage just right, 10 years from now bad luck will come my way.



**Double
Jeopardy**

OCD tells you to do something. You do it. You messed it up and now have to do something new.

Example:

Maybe I need to check that the oven is off. It was off, but now that I've checked it, I may have messed it up and accidentally turned it on. More compulsions.

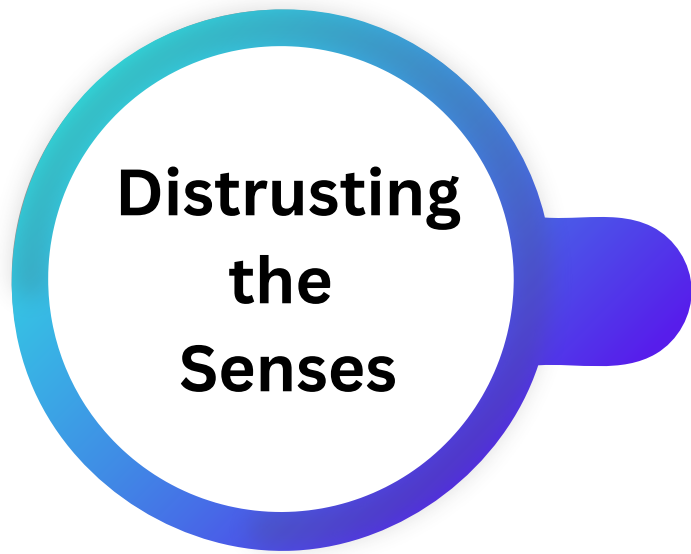


Testing
It
Out

You test something to see if OCD is right and then OCD uses that as proof of the doubt.

Example:

In a client that thinks he might be gay, he might test this by looking at pornography of men having sex which brings on arousal non-concordance and OCD says, "See! You must be gay!"



**Distrusting
the
Senses**

Lifeblood of OCD

Makes you distrust your senses, common sense, and yourself.


Example:

I can see that the coffee maker is off, but I need to check.

I know that I am not a pedophile, but maybe I could be one some day.

They all make you believe that they have something to do with reality.
They do NOT!





Module 11

The Real Self

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

OCD says you might become the VST. But this self is a Non-Self.

It is OCD's biggest lie.

You can't be a self that doesn't exist in reality.



It's time to dig into who you REALLY are right now in Reality.

Who is your REAL self?

Ready to map it out?

What are some actions you did today?

What kind of qualities are attached to those actions?

So what does that say about you?

Your real actions say something about you.
OCD's made up stories don't.

An important part of knowing who you are is accepting your feelings and desires. This means you need to recognize when you have a real intention, inclination and desire for something.

Avoid reflecting on what you might or could have felt. Your real desires are you- not OCD, in the same way you now know that your real activities and accomplishments are you, not OCD.



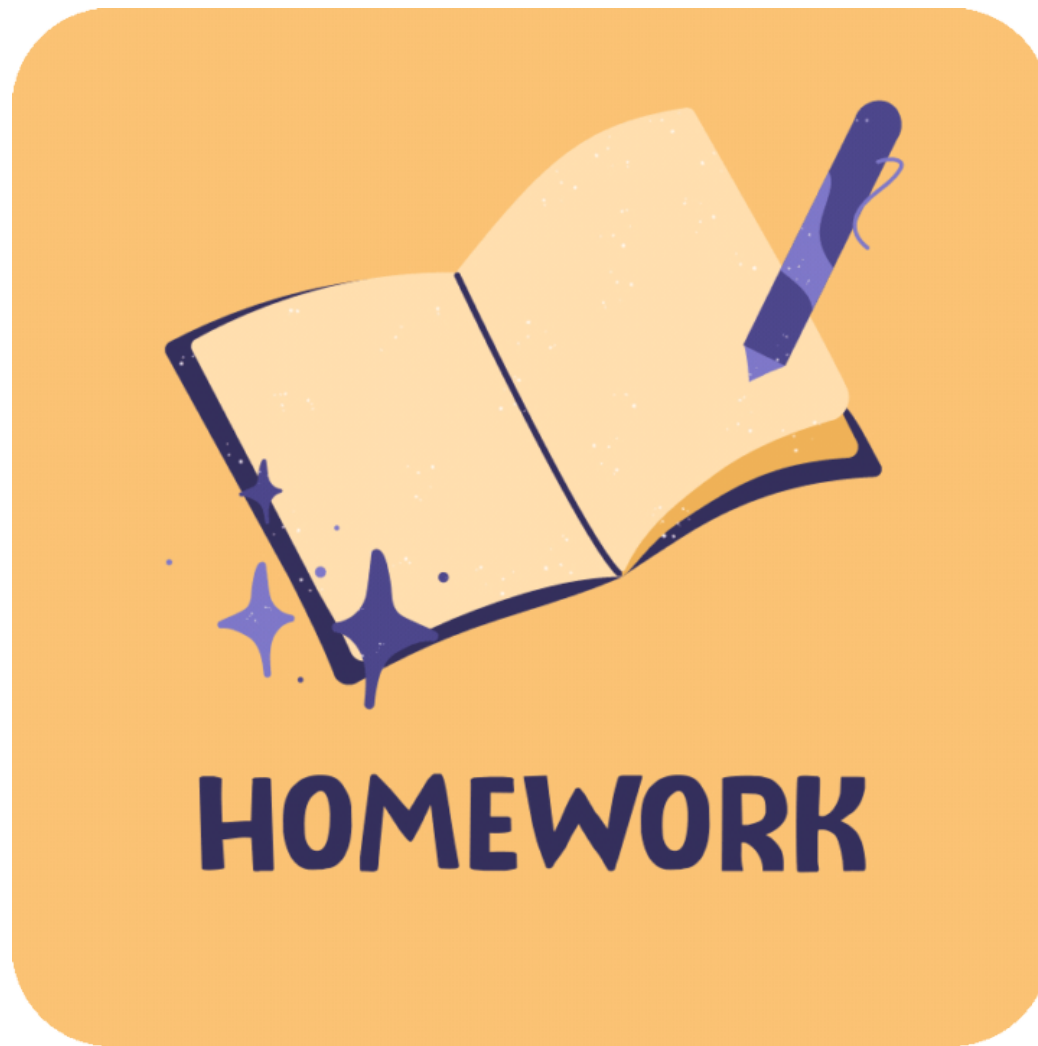
Whenever you are doing an action, slow down and identify your real feeling and desire in that situation.

How does this real desire, intention, or feeling correspond with what OCD says you might be?

Think what you would need to have done to become your OCD feared self.

Is there any chance of you really being your OCD feared self?


(You can think over an action you took earlier today and slow down your memory of it to focus on these questions in session.)



In the homework for this week, you will answer questions that will help you find evidence in the Here & Now for who you really are.



Have fun getting to know the real you!



Module 12

Relapse Prevention

Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.



Congrats! You've done a lot of
work! Let's talk Relapse
Prevention so you can keep
working toward having control of
your OCD!

Identify Your Vulnerable Spots for Possible Set-Backs.

Some common ones are:

Lack of focus or attention: You have to keep applying what you have learned in I-CBT!

States such as fatigue or excitement: Remember that being in the Bubble is more exhausting than doing your I-CBT skills. And being in an excited state is great - unless OCD comes along and ruins it. Best to keep your skills up here too.

Stress: Being stressed can pull us back into OCD trying to protect us from becoming the VST. Root yourself back in your Real Self and know you can get through stressful situations that OCD used to latch onto.



Sometimes the memory of OCD can pull us back into OCD itself. Be prepared to remind yourself that you have new skills. Dealing with OCD BEFORE I-CBT and dealing with it WITH I-CBT are two different situations.

Get rid of these safety behaviors!

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.



Homework this week will help you think through what you've learned and things to think about as you move forward.

It's important to do this last bit of homework so you can be set up for a great future of handling any OCD that tries to come to the surface again.

Congrats for finishing I-CBT!

You are out of the OCD Bubble!

