

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

Members and I-CBT Trainers:

Bronwyn Shroyer

Katie Marrotte

Gina Abbondante

and

Brittany Goff

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.

Obsessions

Thoughts

Urges

Images

Compulsions

Checking

Washing

Rumination

Neutralization

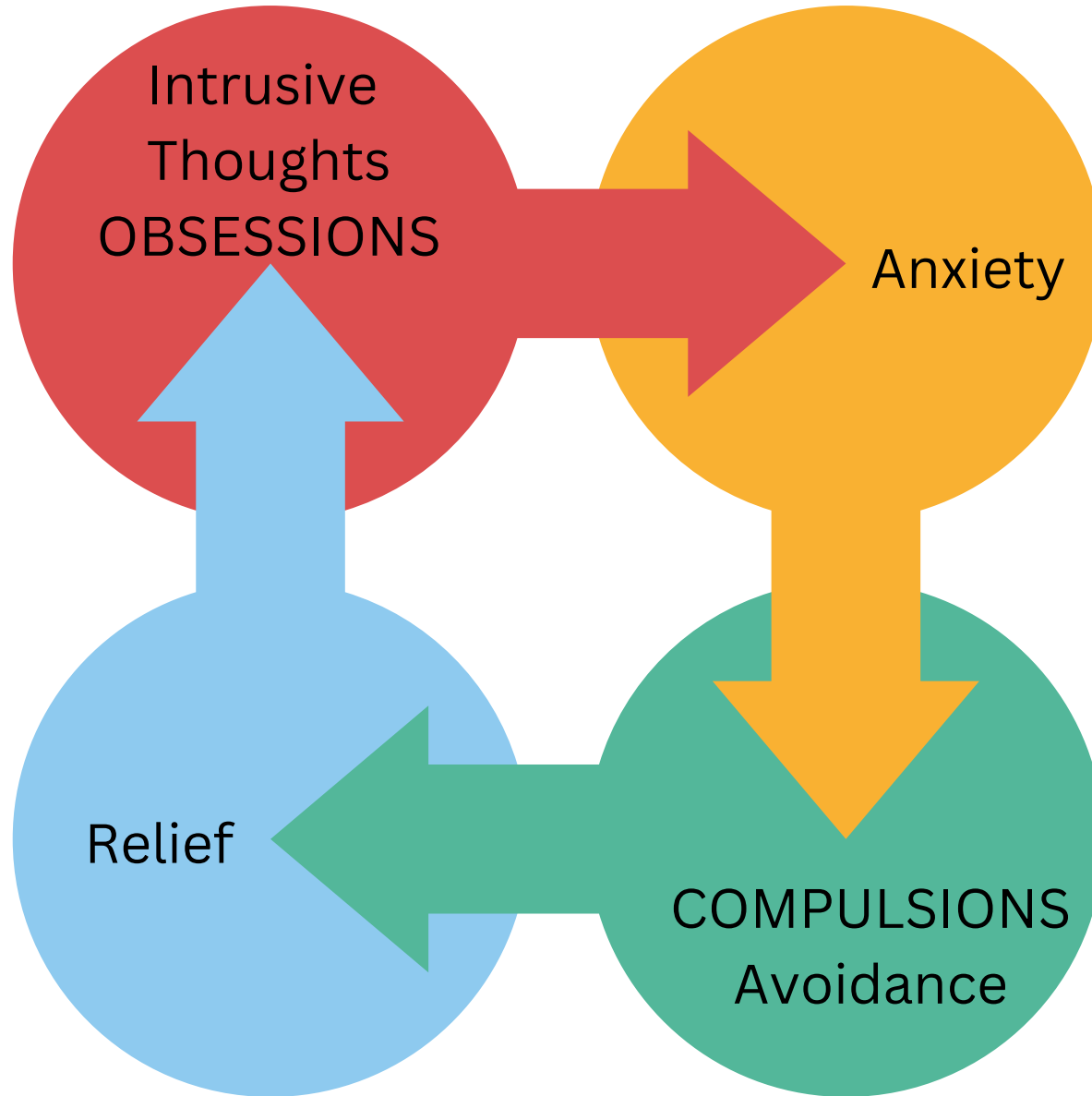
Tapping

Arranging

Etc.

If you've done ERP...

You were taught:



**You may have talked about
intrusive thoughts.**



Everyone does get intrusive thoughts.

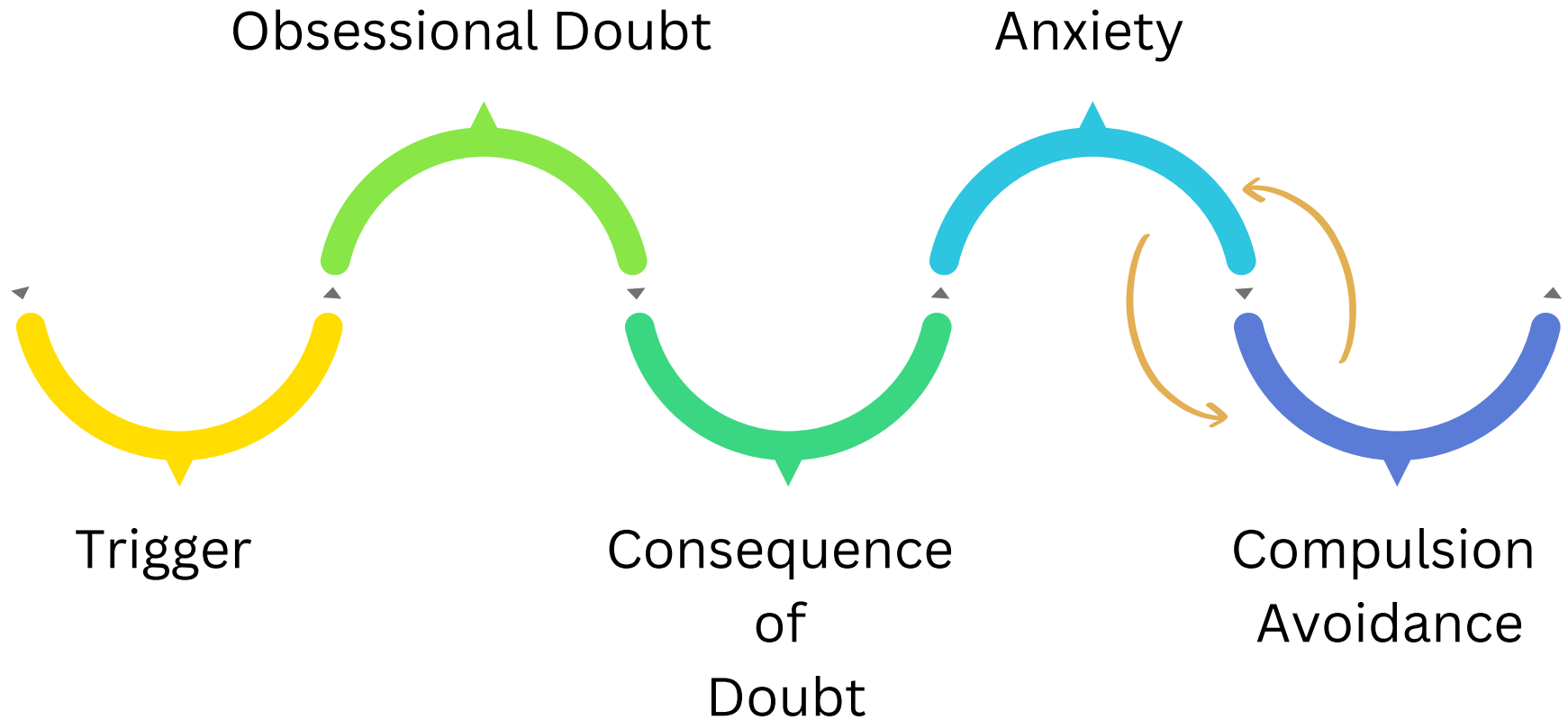
**But intrusive thoughts aren't the problem in
OCD (according to I-CBT).**

**In I-CBT, we focus on
DOUBTS.**

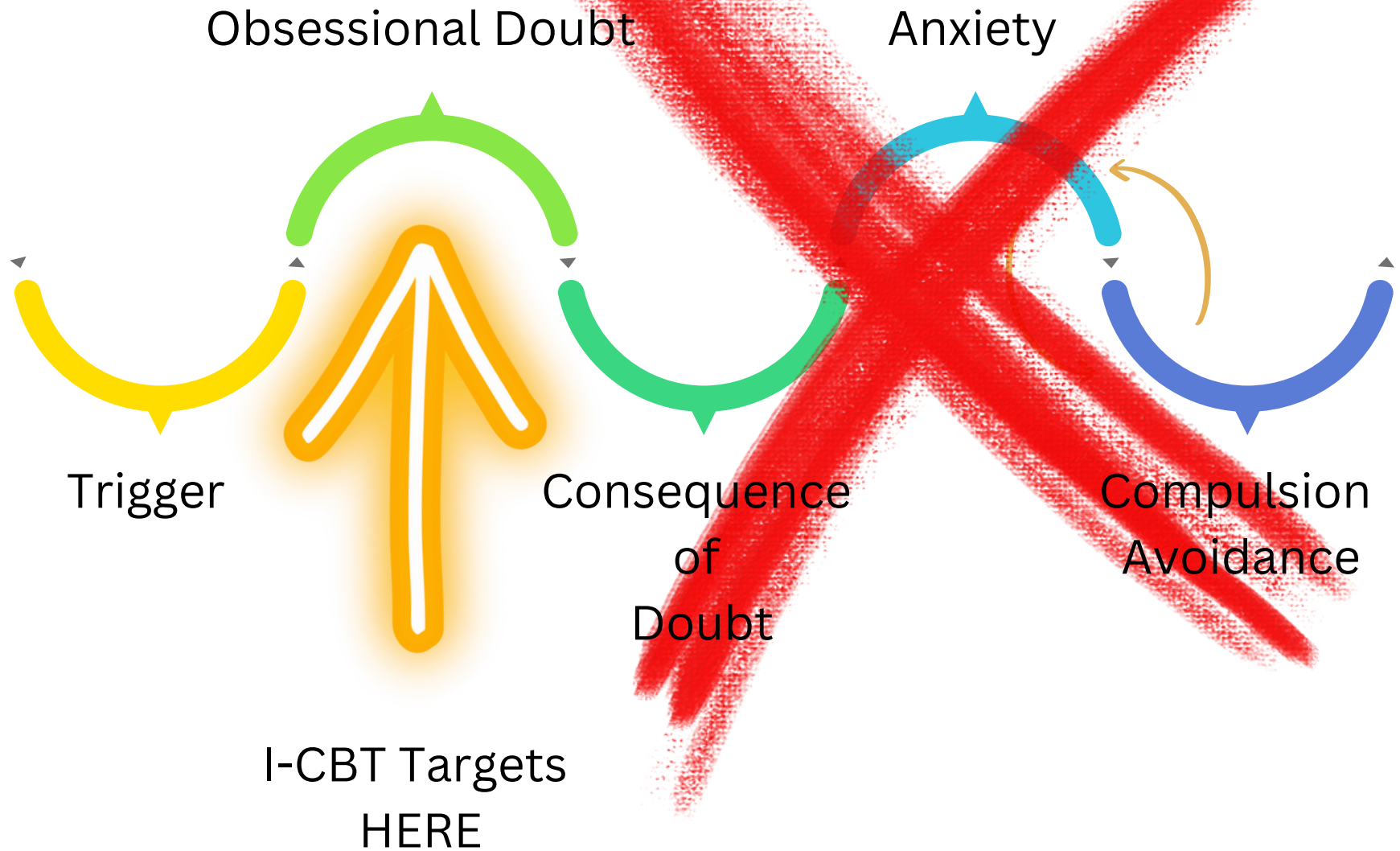


**We will talk about how
they come about and how
they pull you in.**

OCD in I-CBT

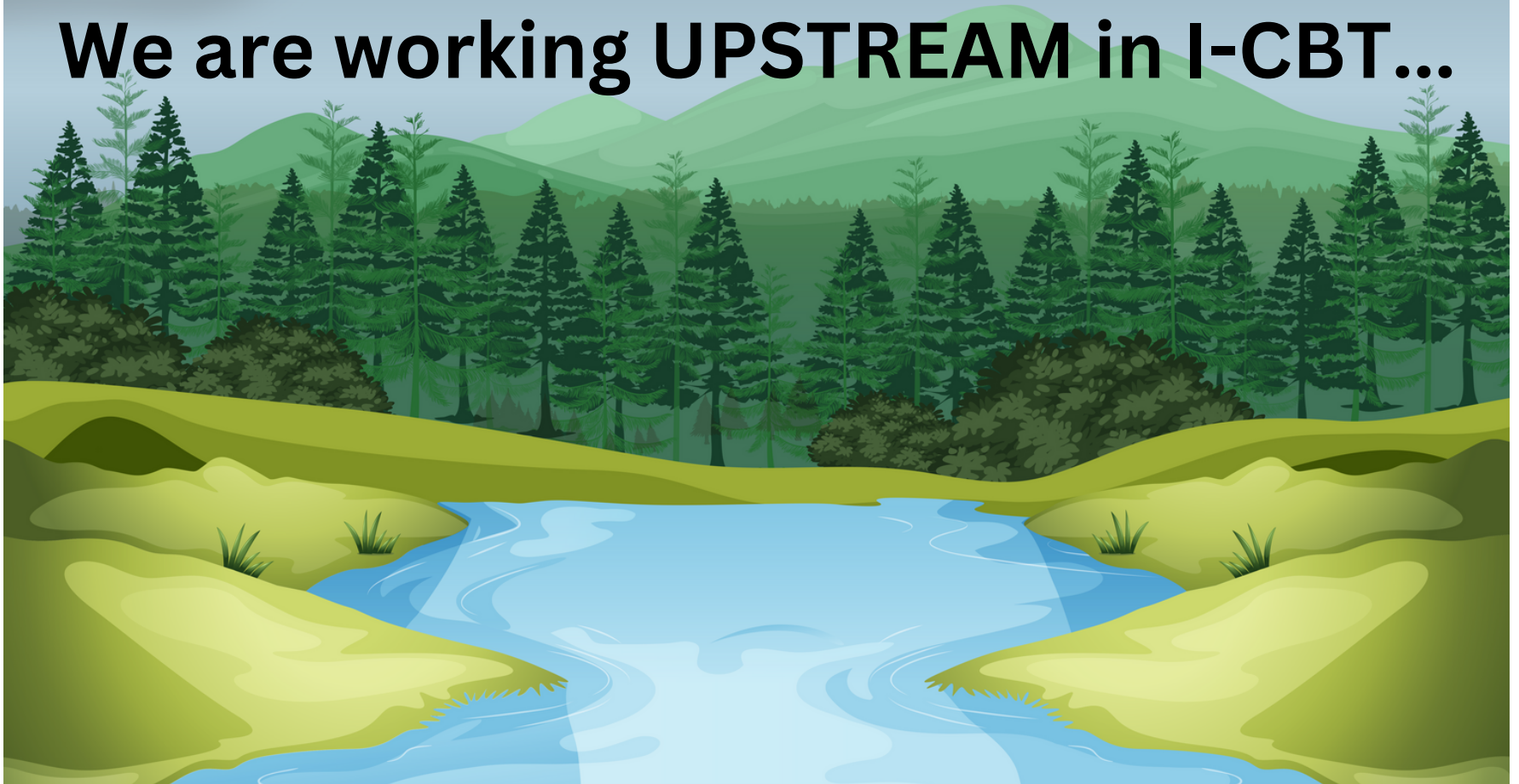


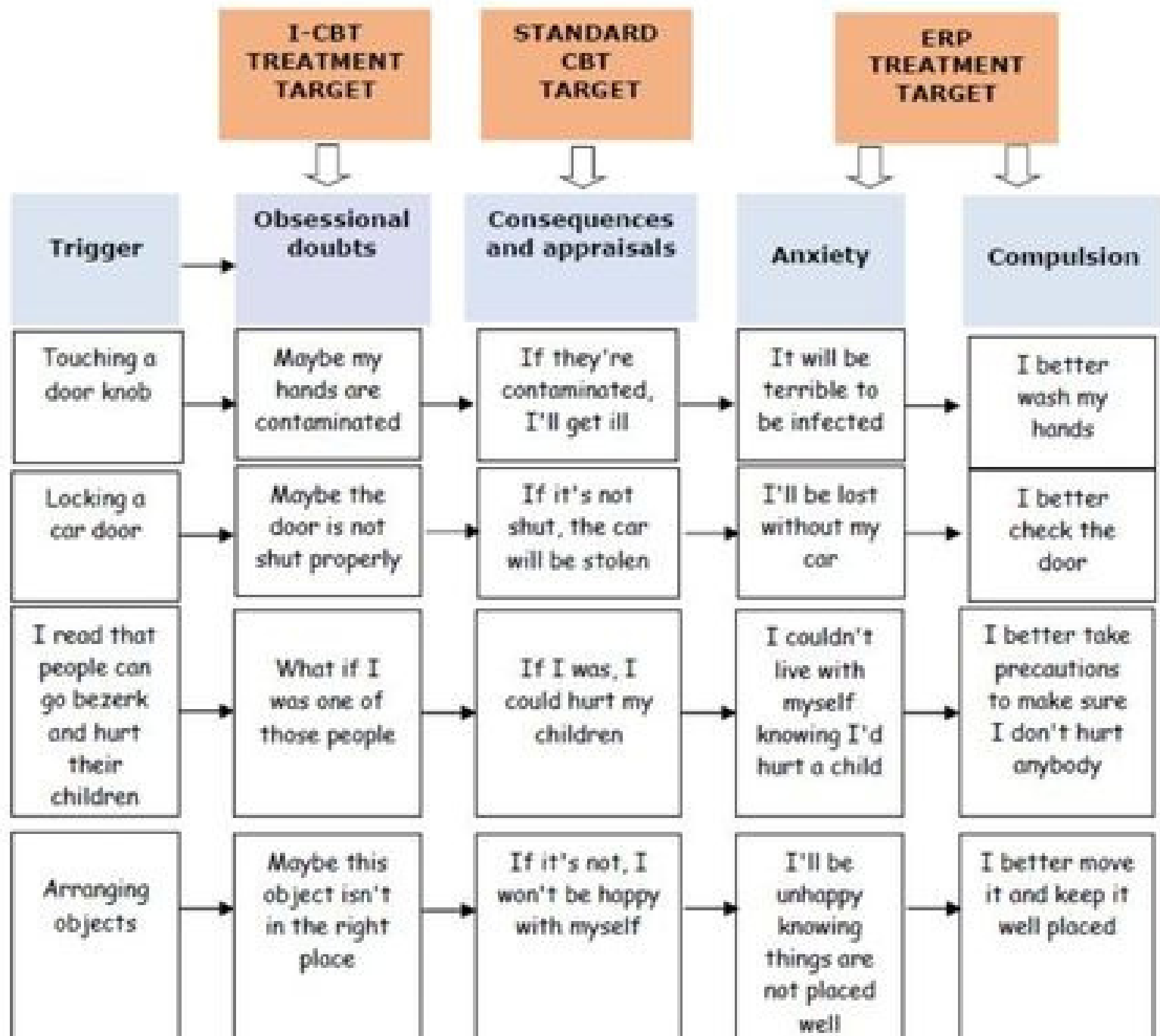
OCD in I-CBT

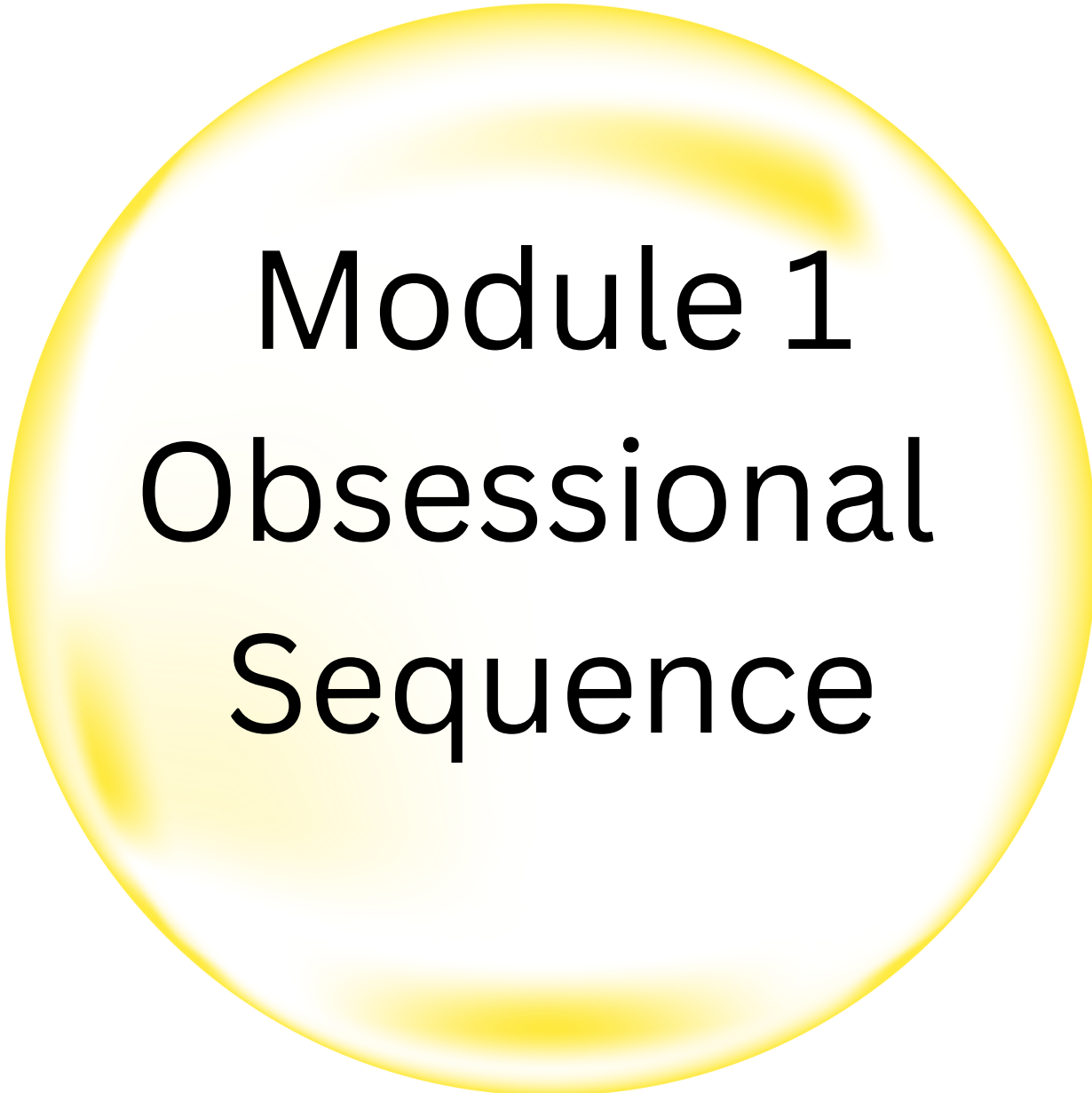


**When we target obsessional doubts,
then the anxiety and compulsions
you've been getting will resolve as well.**

We are working UPSTREAM in I-CBT...



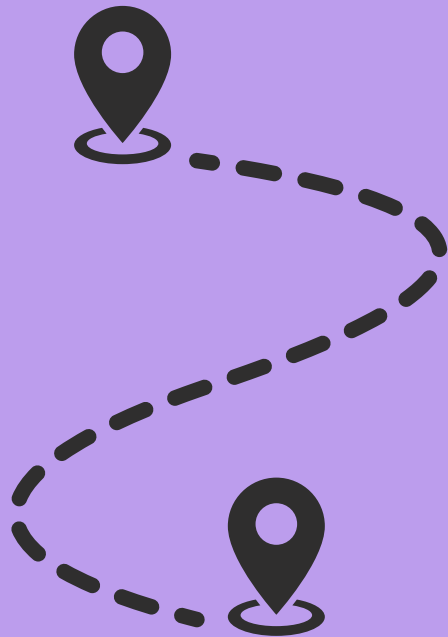


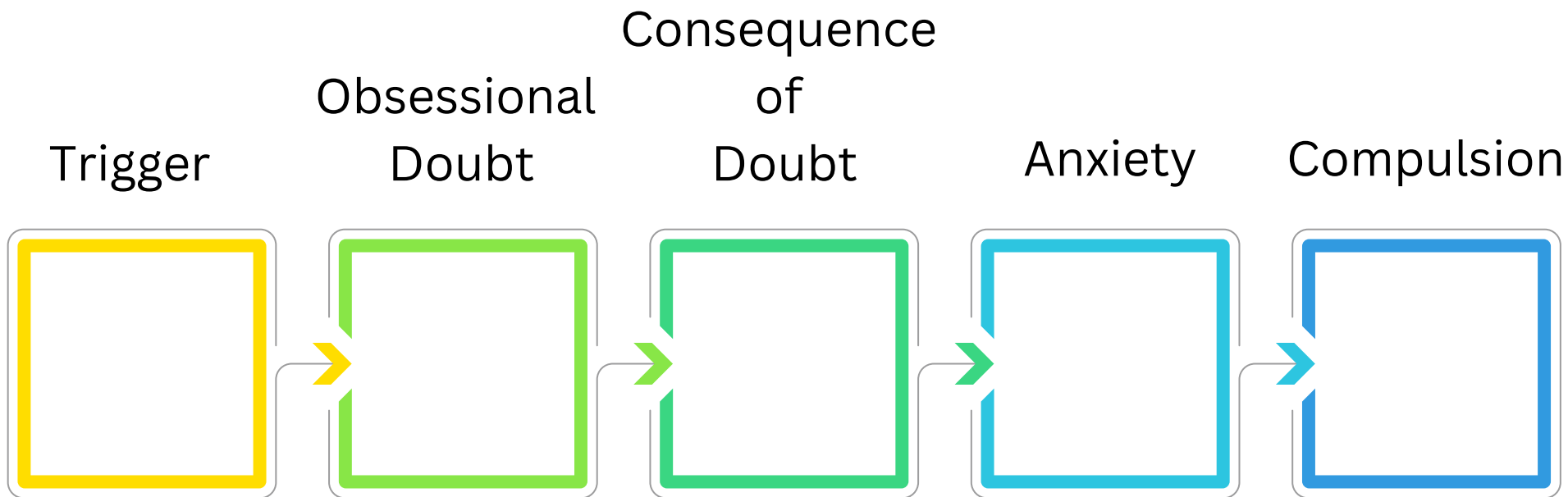


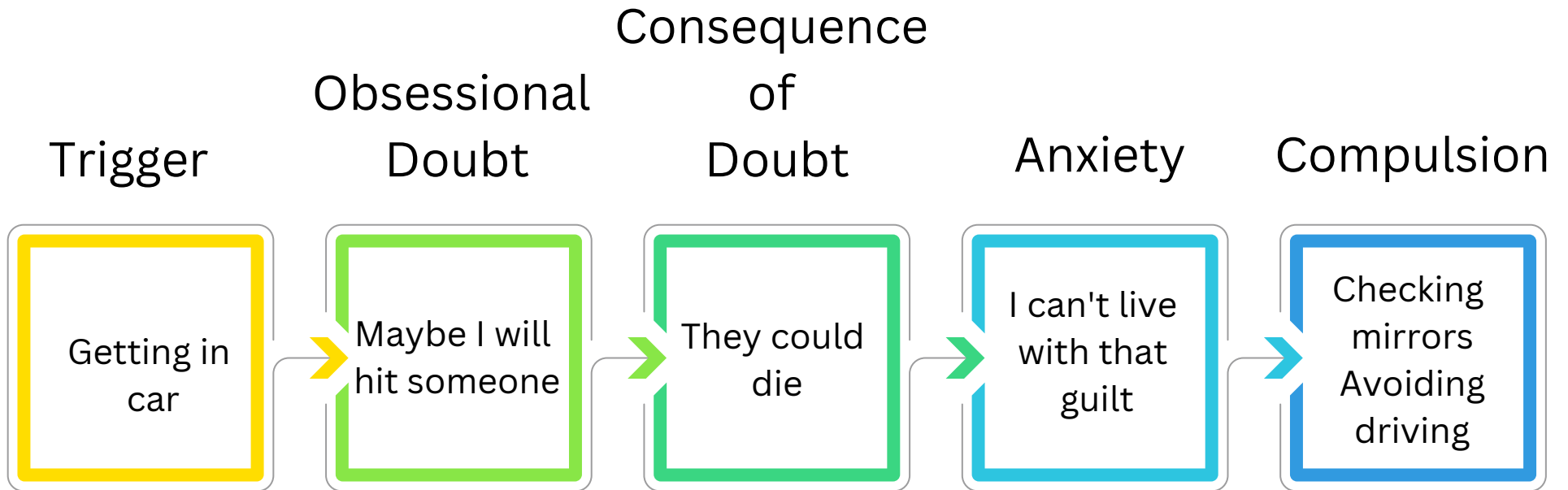
Module 1 Obsessional Sequence

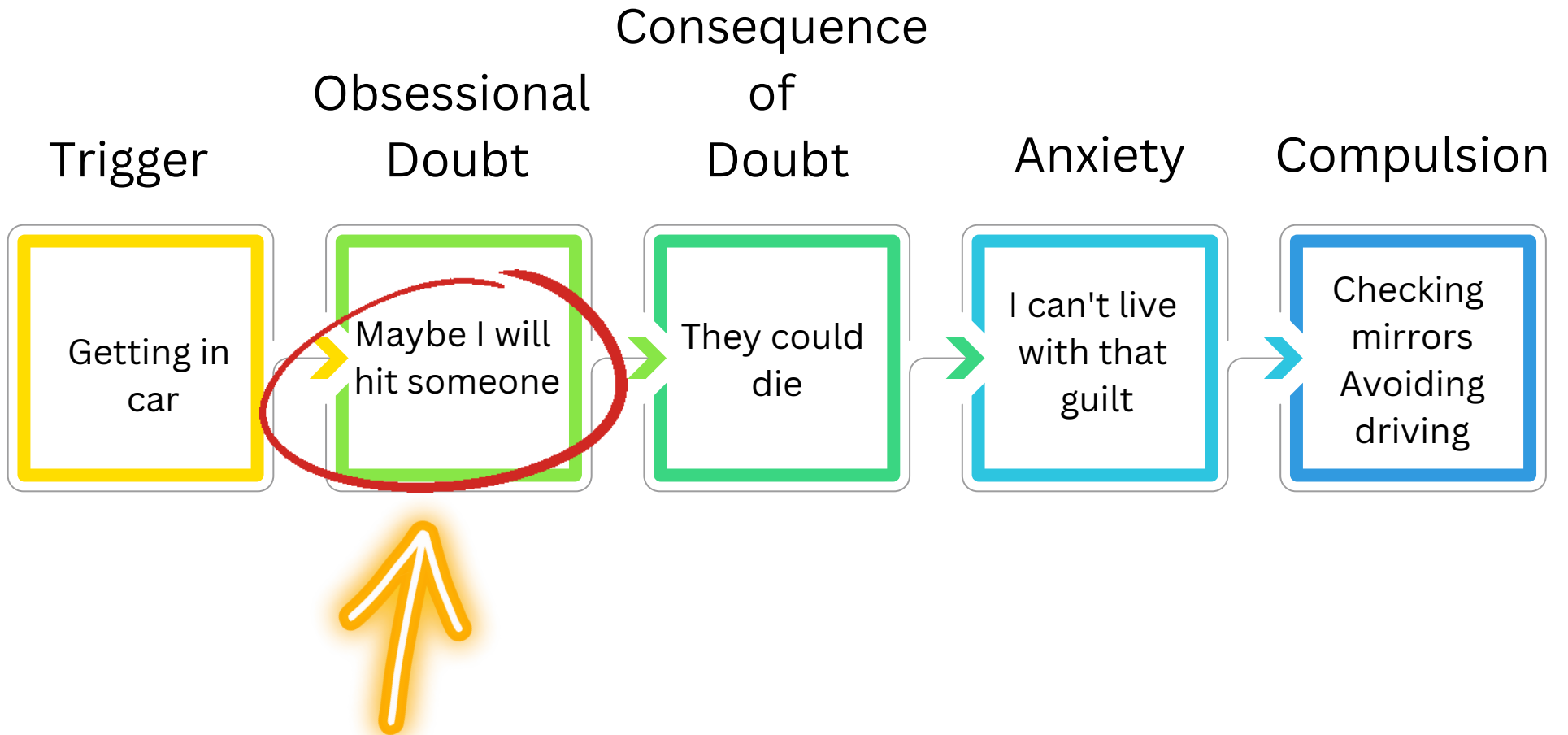
Adapted by Bronwyn Shroyer from: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

**OCD follows a pattern.
We call this
"The Obsessional Sequence."**

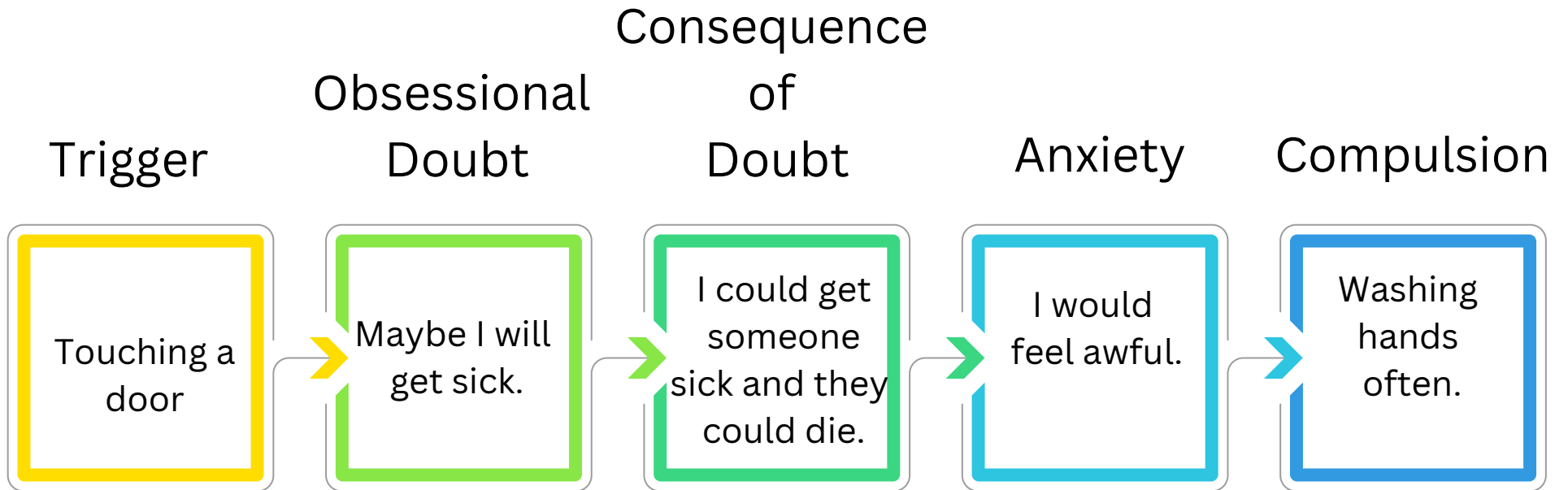


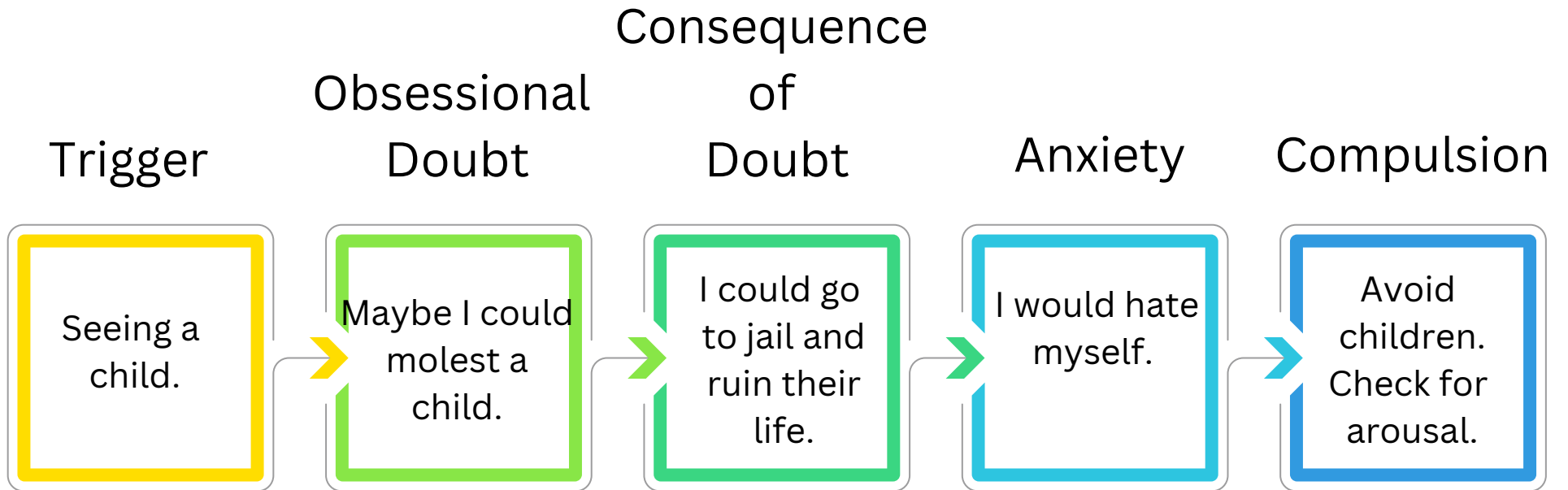


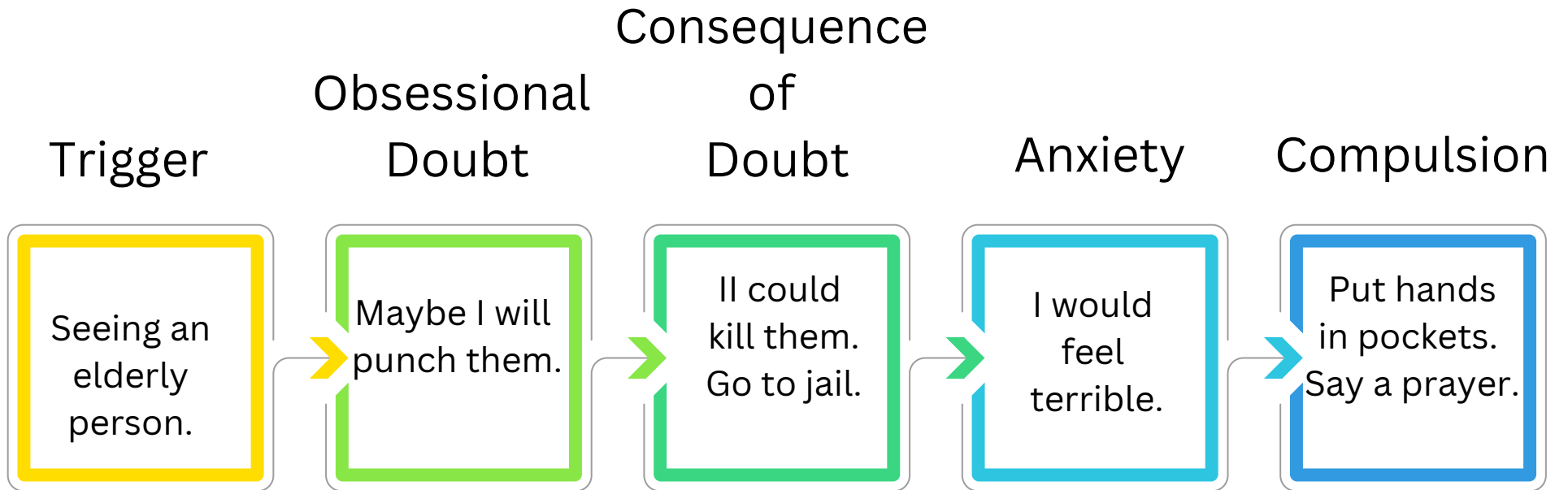


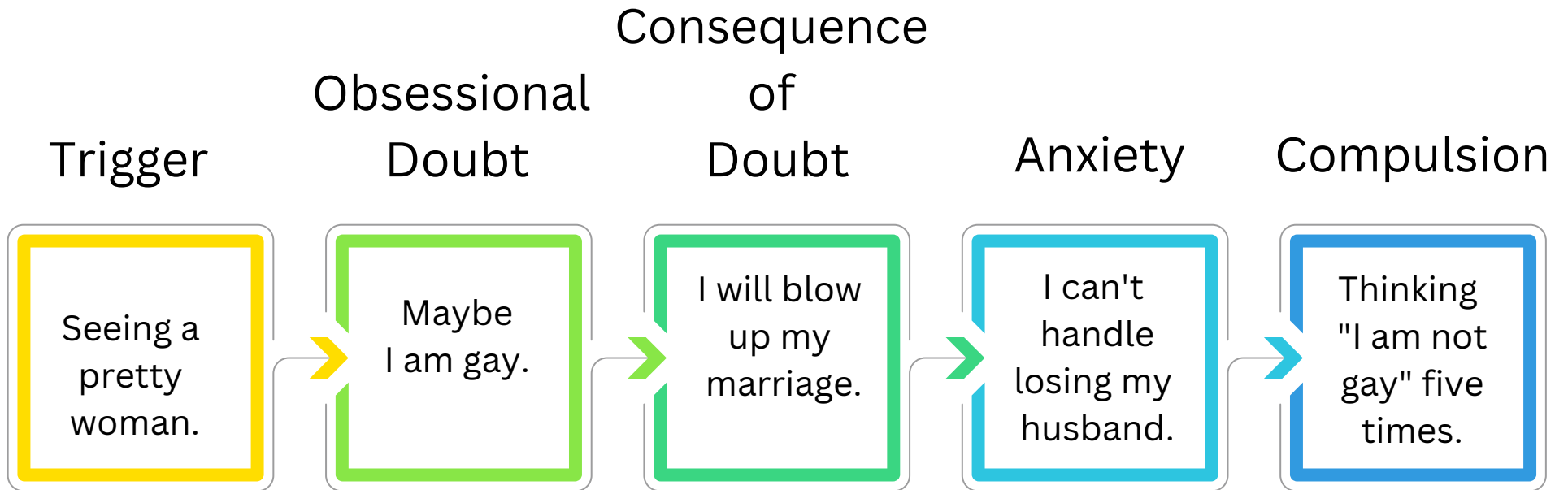


This is what we are going to work on in I-CBT









Module 1 - Obsessional Doubt

A doubt is about a possibility – a thought about what 'could be' or 'might be'.

Your symptoms of OCD begin with doubt.

Consequences, distress, and compulsions logically follow from the doubt.

Without the doubt, you would remain firmly grounded in reality without any symptoms of OCD.

Module 1 Practice:

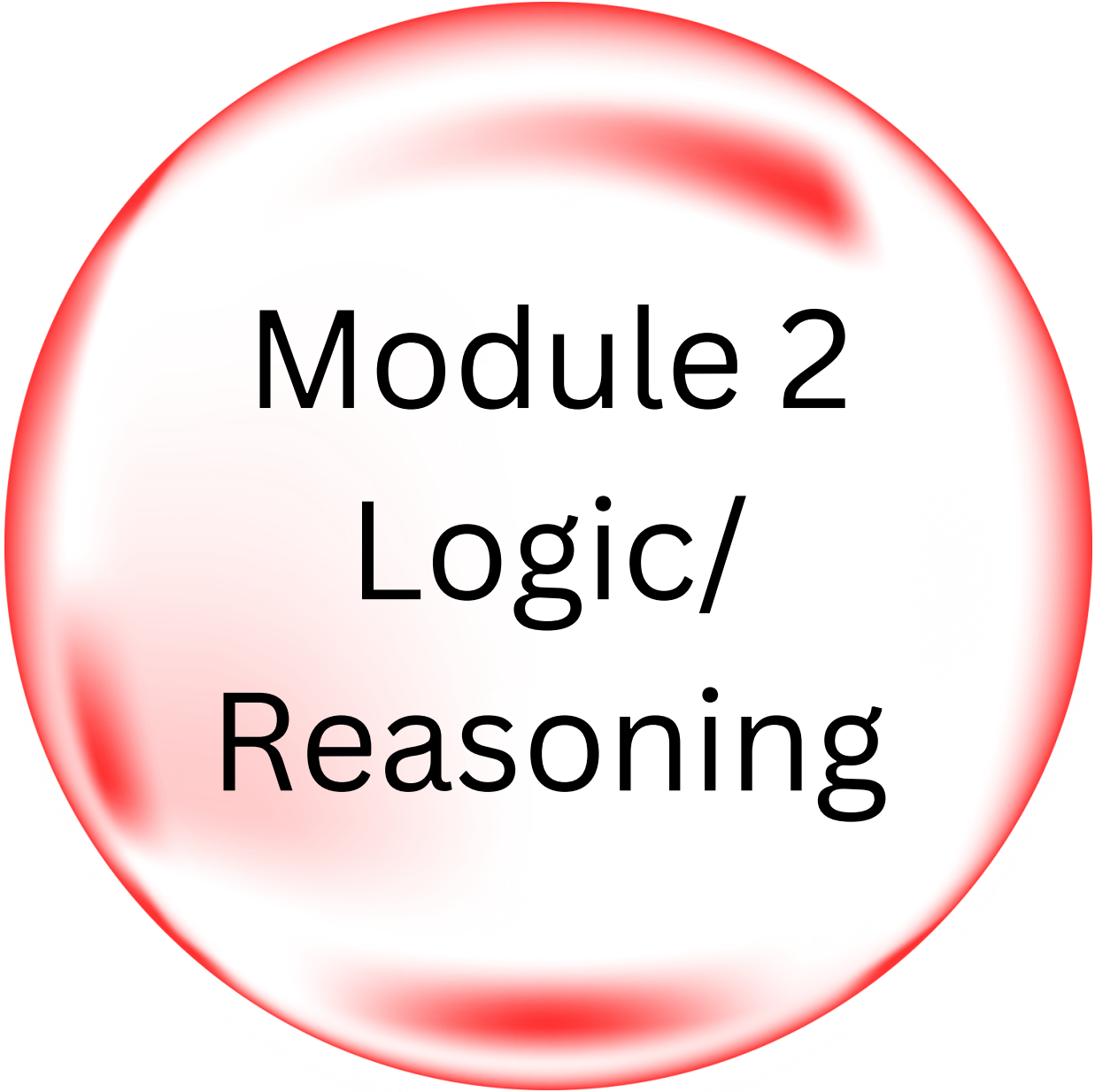
Over the next seven days, three times a day, when you are engaged in a compulsive activity, try to identify the obsessional sequence leading up to the activity, including the trigger, the doubt, the consequences and the anxiety.

You may find it useful to discover components by slowing down the sequence and slowing down your progression from one thought to another.

Then ask yourself what would remain of the obsessional sequence if the doubt was not true.

Imagine for a moment what it would be like if the doubt was false. Do not try to debate the doubt in your mind. Just ask yourself the question, 'How much OCD would remain if the doubt was incorrect?'

Module 1 on icbt.online



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

Reasoning Categories

FACTS

Facts are things that we as a society know to be true.

RULES

Rules are actions we are supposed to follow.

HEARSAY

Other people's stories

PERSONAL
EXPERIENCE

Things we've experienced ourselves or witnessed

POSSIBILITY

Anything that can be imagined is possible

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

A thick teal border with rounded corners frames the text.

How does
your logic
compare to
these stories?

Reasons Behind My Doubt

Facts

My Doubt

It's Possible

Rules

**Things I've
Experienced**

**Stories I've
Heard**

Module 2 - Logic Behind OCD



Obsessional doubts do not come out of the blue.
There is 'logic' behind obsessional doubts.
Doubts arrive due to prior reasoning.

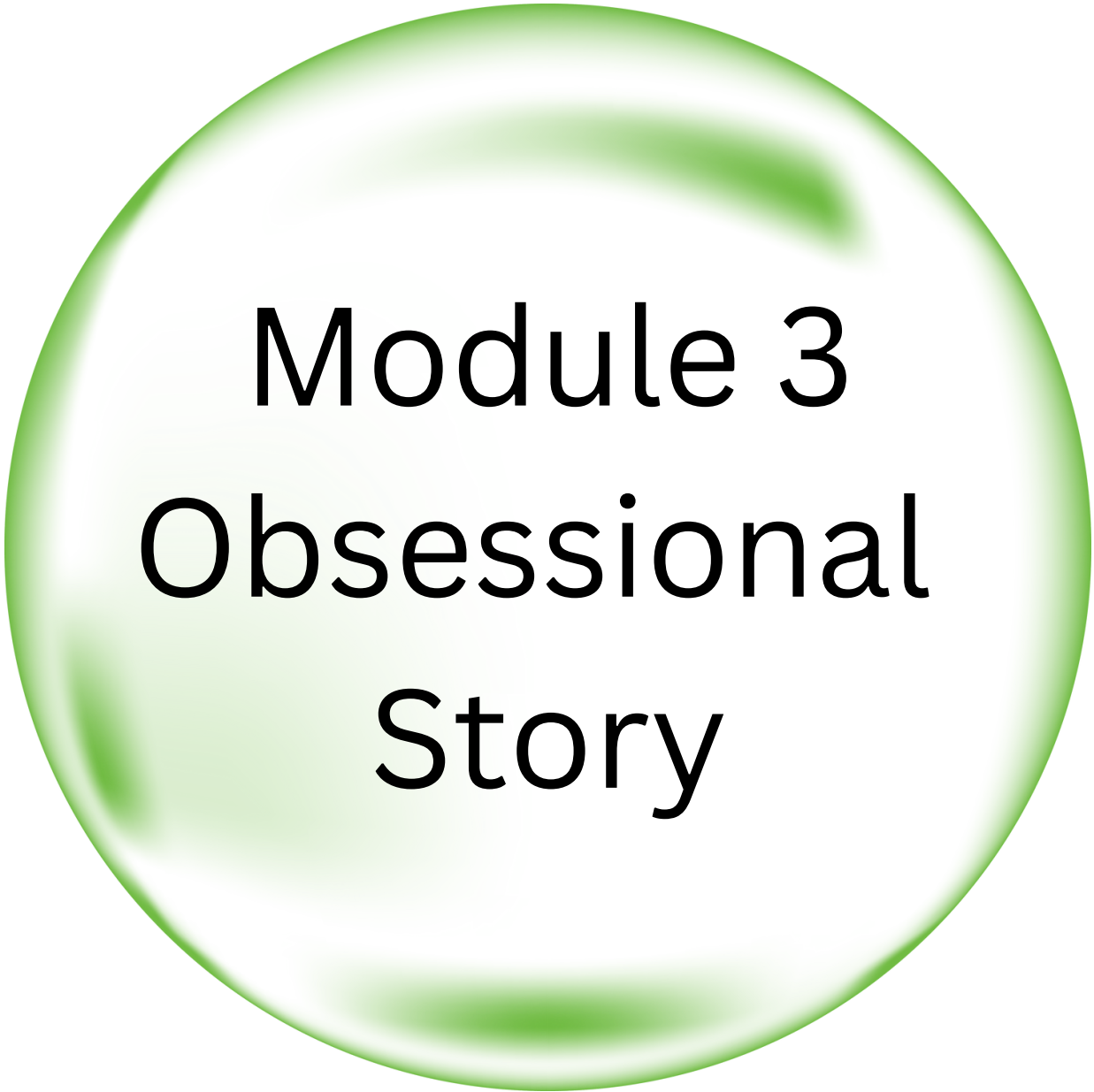
Module 2 Practice:

At least four times a day, try to identify the doubt that motivated you to carry out compulsions or made you feel anxious, and rephrase the doubt in the form of statement of what could be or might be.

Next, identify the reasoning you have applied to justify the doubt or statement. If you are not immediately aware of any thoughts before the doubt occurred then ask yourself, why does the doubt seem real? Or use the categories of abstract facts, hearsay, general rules, personal experience or mere possibility to help you identify the justification behind the doubt.


Remember to slow down your thinking so you dwell on the validity of each component of your thought and how one presumption leads on to another.

Module 2 on icbt.online



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.



“The thing under my bed waiting to grab my ankle isn’t real. I know that, and I also know that if I’m careful enough to keep my ankle under the covers, it will never be able to grab my ankle.”

Stephen King - foreward of Night Shift

Do you see how easy it is to get pulled into a story?

How do stories do that?



You use your imagination.

You can "see" the story.

And stories make us feel emotions -
which pull us in even more.



Let's practice storytelling. Ready?



[click here](#)

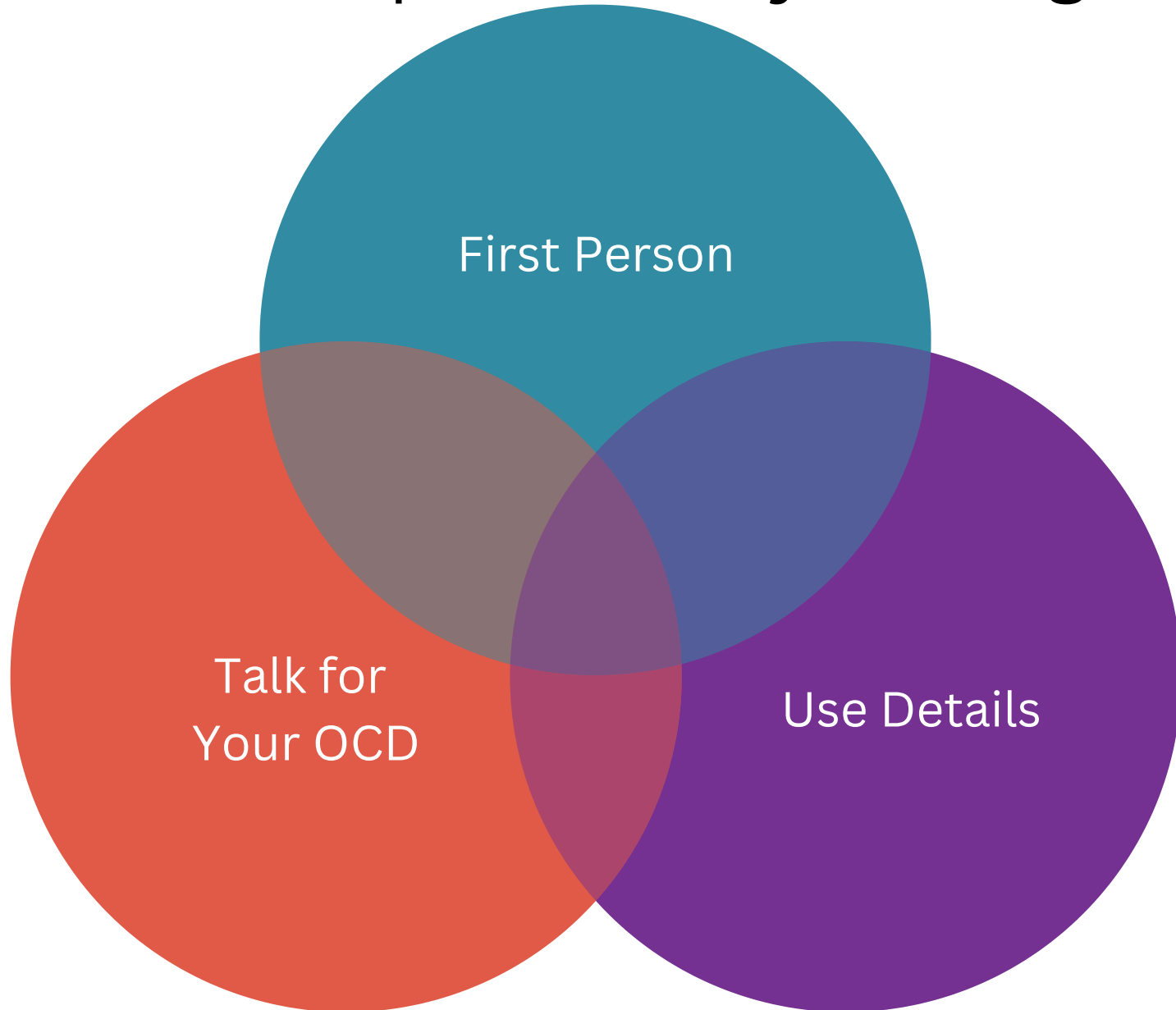


What is your obsessional story?

Write out the story OCD tells you is going to happen.

You can do this by looking at the reasons you came up with in Module 2 and linking them together in a story - there are a couple of examples on the next slides after we look at these tips:

Some Tips for Story Writing



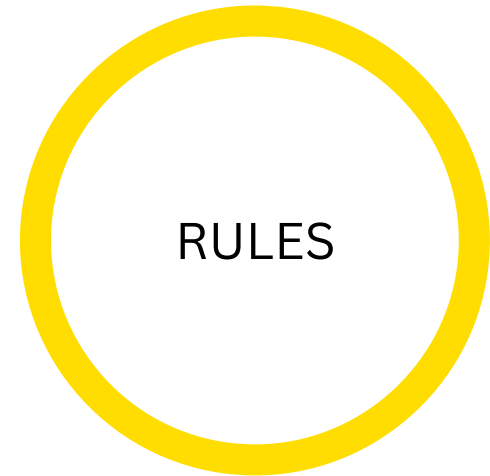
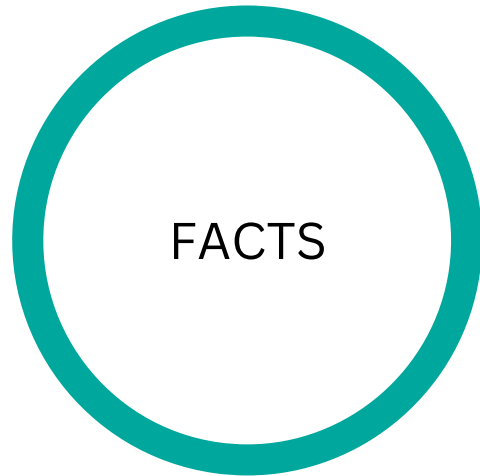
Example of OCD Story

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.

Remember Your Logic



Trigger:

Logic:

**Any other
details that
pull you into
the story:**

Compulsion:

Put them together and you've got your story!

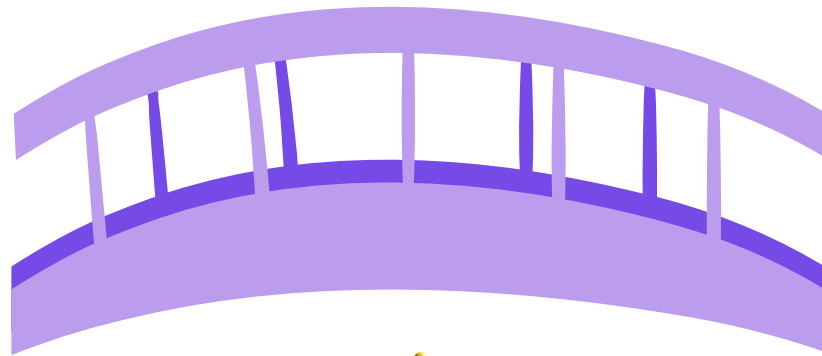
Okay - you've got your
obsessional story - BUT

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

What Other Story COULD You Tell About That Trigger?



Storytelling Through Bridging



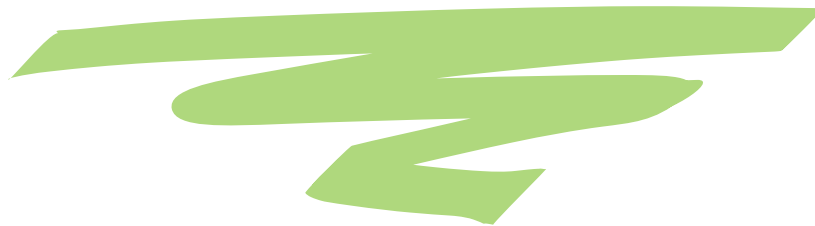
Start with the
trigger



Add in details
from reality to
give a different story

End with
trusting your
senses

This is Your Counter Story



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

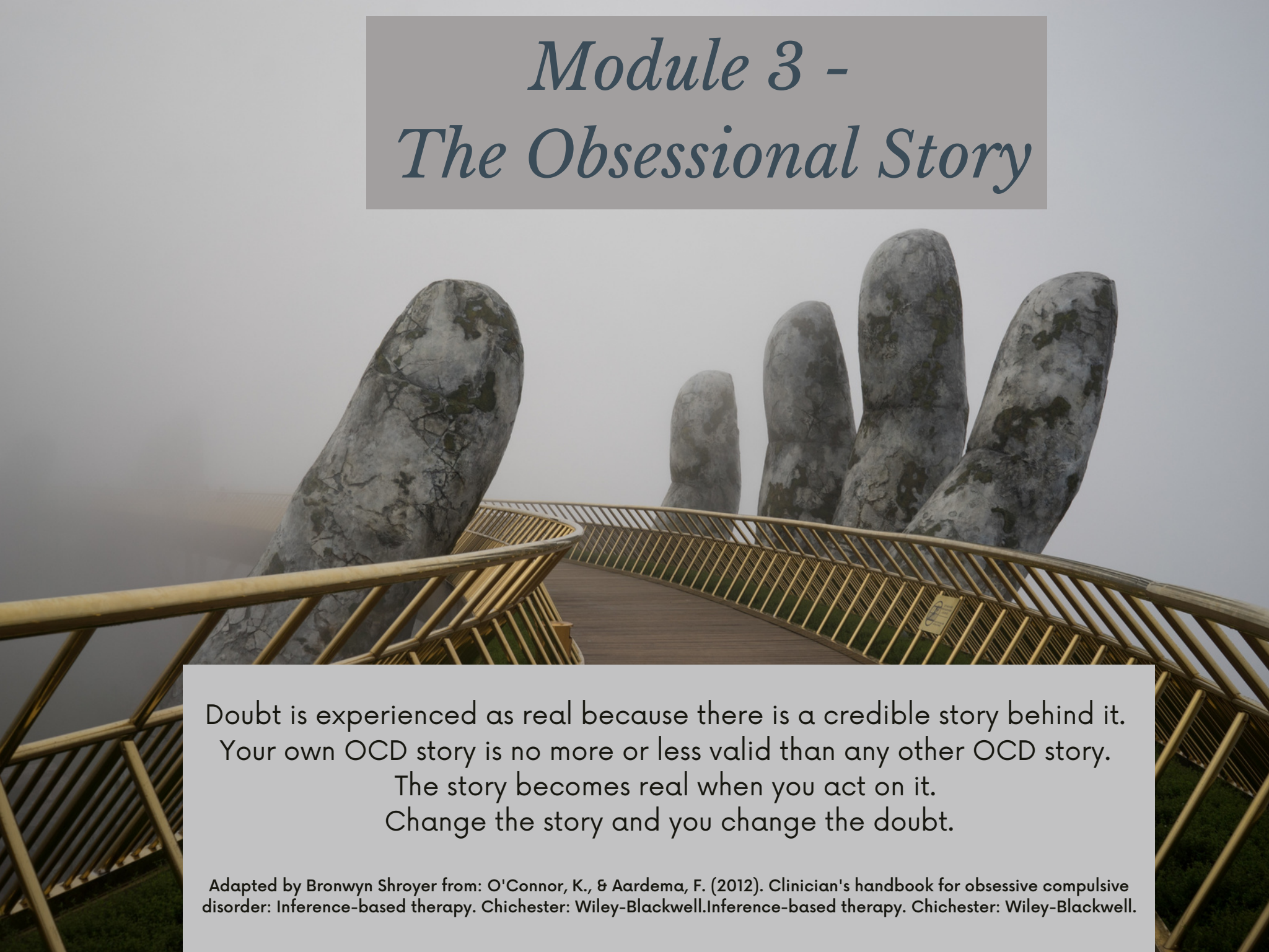
EXAMPLE COUNTER STORY

I see a knife. (Trigger)

I have the knife out to cut vegetables. I know that I have done this many times. My body is calm and without anger. I am careful when I use knives.

My common sense tells me that I will not harm anyone. (Trusting the senses)

Module 3 - The Obsessional Story



Doubt is experienced as real because there is a credible story behind it.
Your own OCD story is no more or less valid than any other OCD story.
The story becomes real when you act on it.
Change the story and you change the doubt.

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

Module 3 Practice:


Invent stories both positive and negative about objects you encounter during the day and experience how these stories change your experience and attitude towards the object.

For example, what if this mug was used by a beautiful woman who cared for it well and washed it regularly?

What if this same mug belonged to a writer who kept his pens inside?


When your OCD doubts appear, stop before plunging into them and recall the story behind them, and how repeating this story convinces you of their validity.

Module 3 on icbt.online




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 thought bubble in a black, sans-serif font.

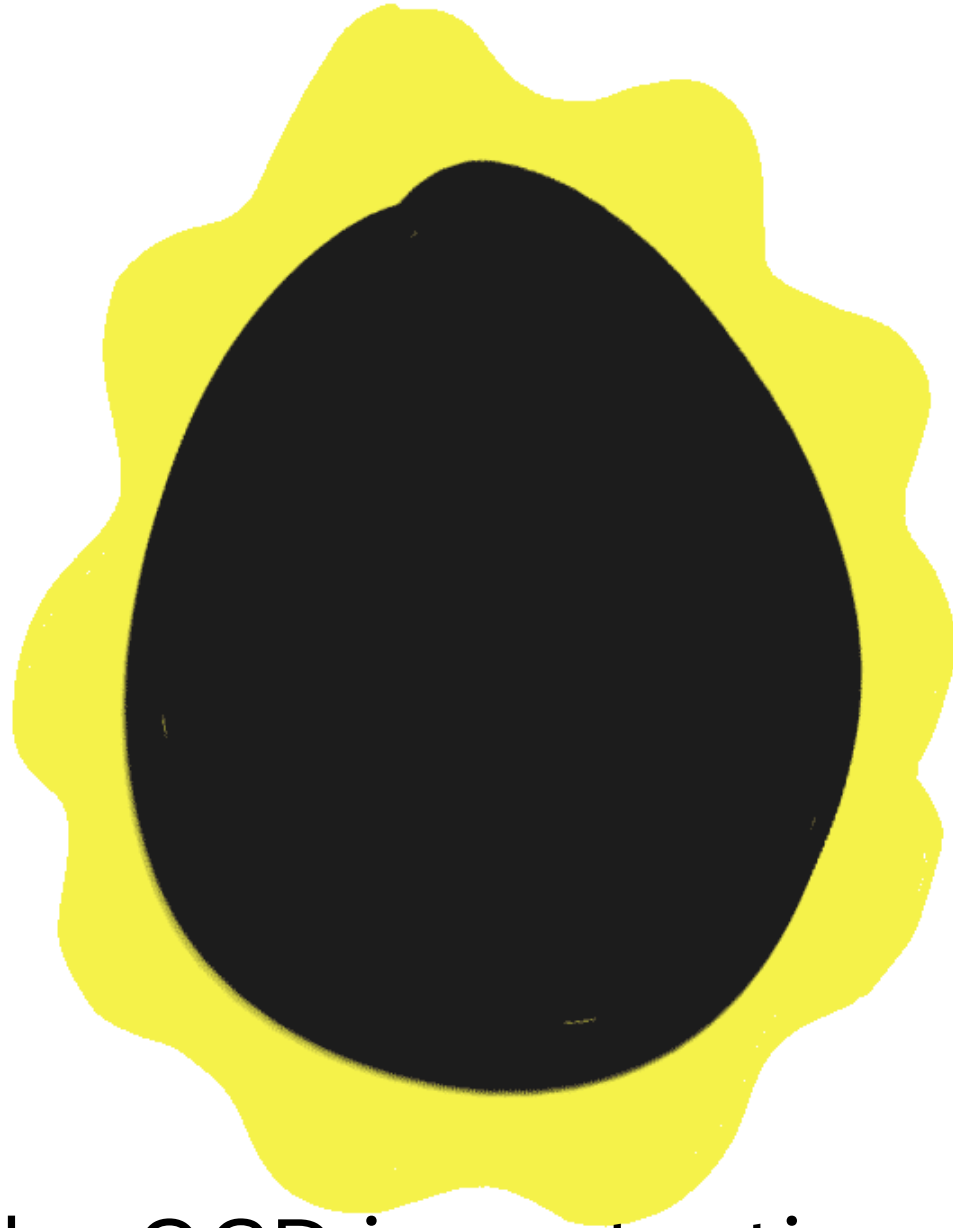
You have the
doubts you have
for a reason!

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 Vulnerable 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 could spread illness.

Maybe I'm a pedophile

Maybe I'm racist

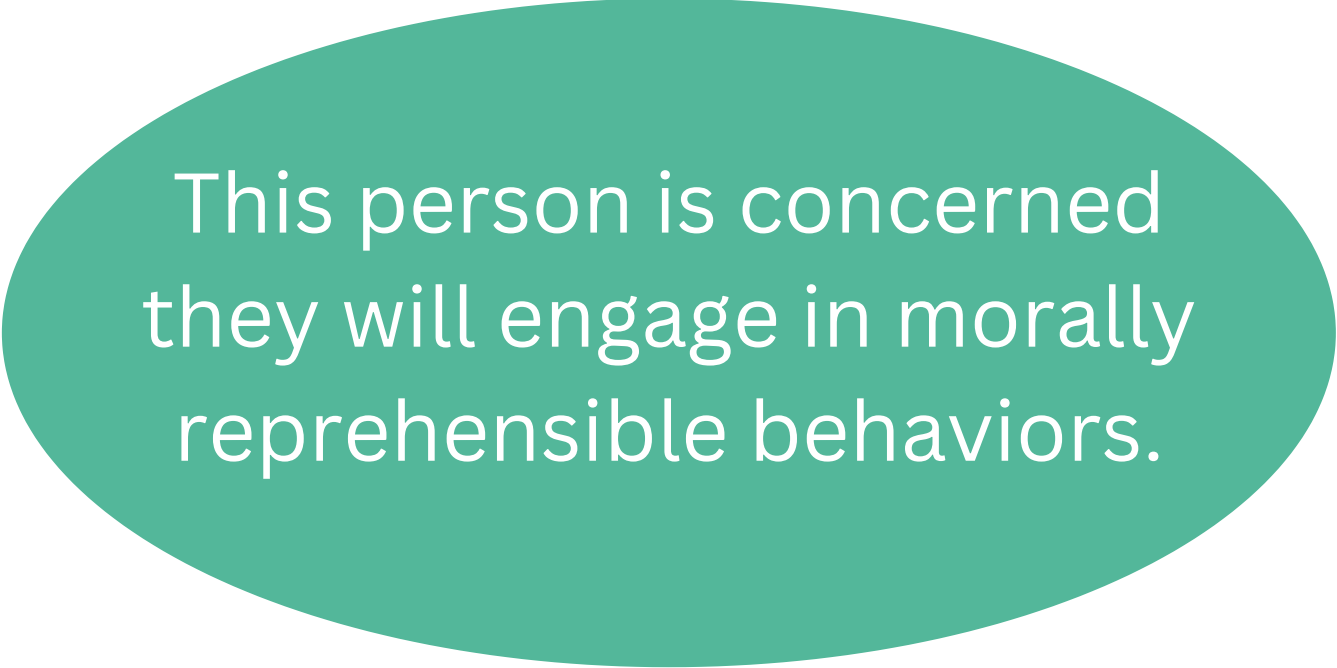
Maybe I will say something cruel to someone

Maybe I will stab someone



They are about
harming/judging
someone

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

A green oval with a white border, containing the text "This person is concerned they will engage in morally reprehensible behaviors." in white font.

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."

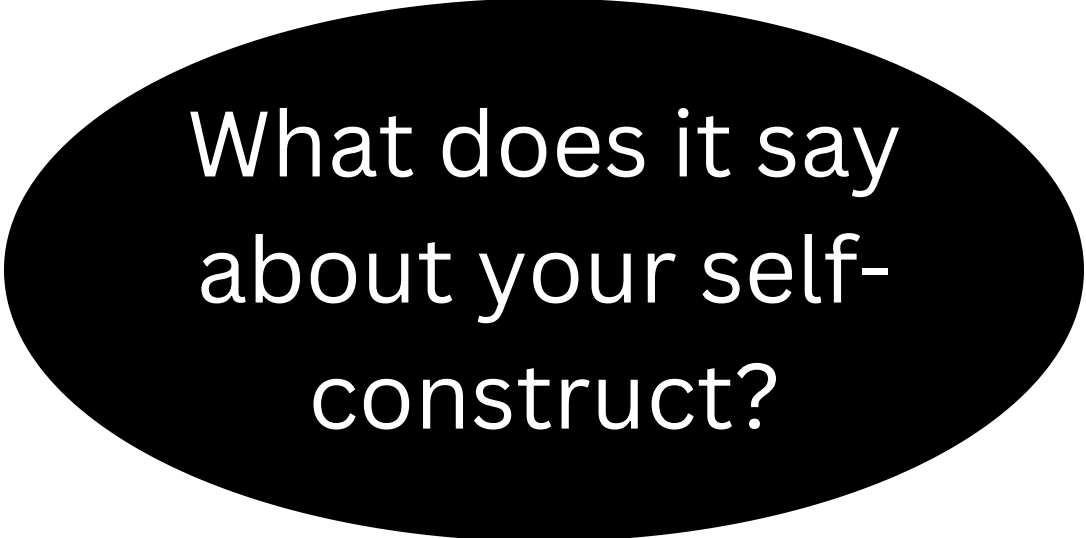
Vulnerable Self Theme



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 4 - The Vulnerable Self



My OCD self is who I'm afraid I could become if I don't perform my compulsions or rituals.

The OCD self is based on a story.

The OCD self is against my authentic self - who I really am.

My fear of becoming who OCD says I am or could be fuels my everyday OCD doubts and the OCD precautions I practice.

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

Module 4 Practice:

Become aware of how important a role your OCD feared self plays in motivating your specific OCD thoughts and actions.


Would you be so driven if you possessed another self?

Monitor your actions every day, and from these actions (whether good or bad) build up a picture of the attributes you've shown during the day.

How do your attributes and accomplishments support/not support, you becoming your feared OCD self?

For example, Mary's feared self is that she will inadvertently commit or expose herself to danger. But actually, she is known to her colleagues as someone to consult if they foresee a problem. She is often invited to participate in forums to troubleshoot problems.

Module 4 on icbt.online



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

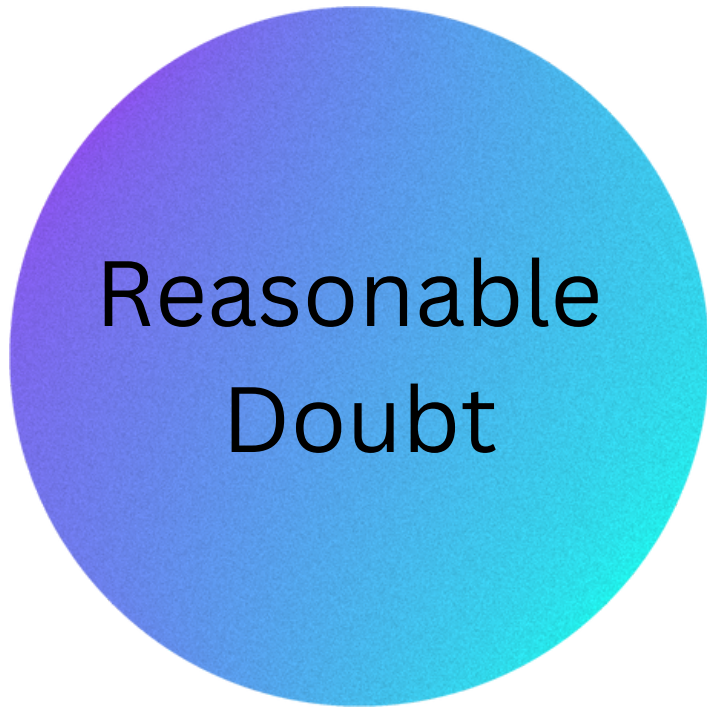


Obsessional
Doubt

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 "obsessional")



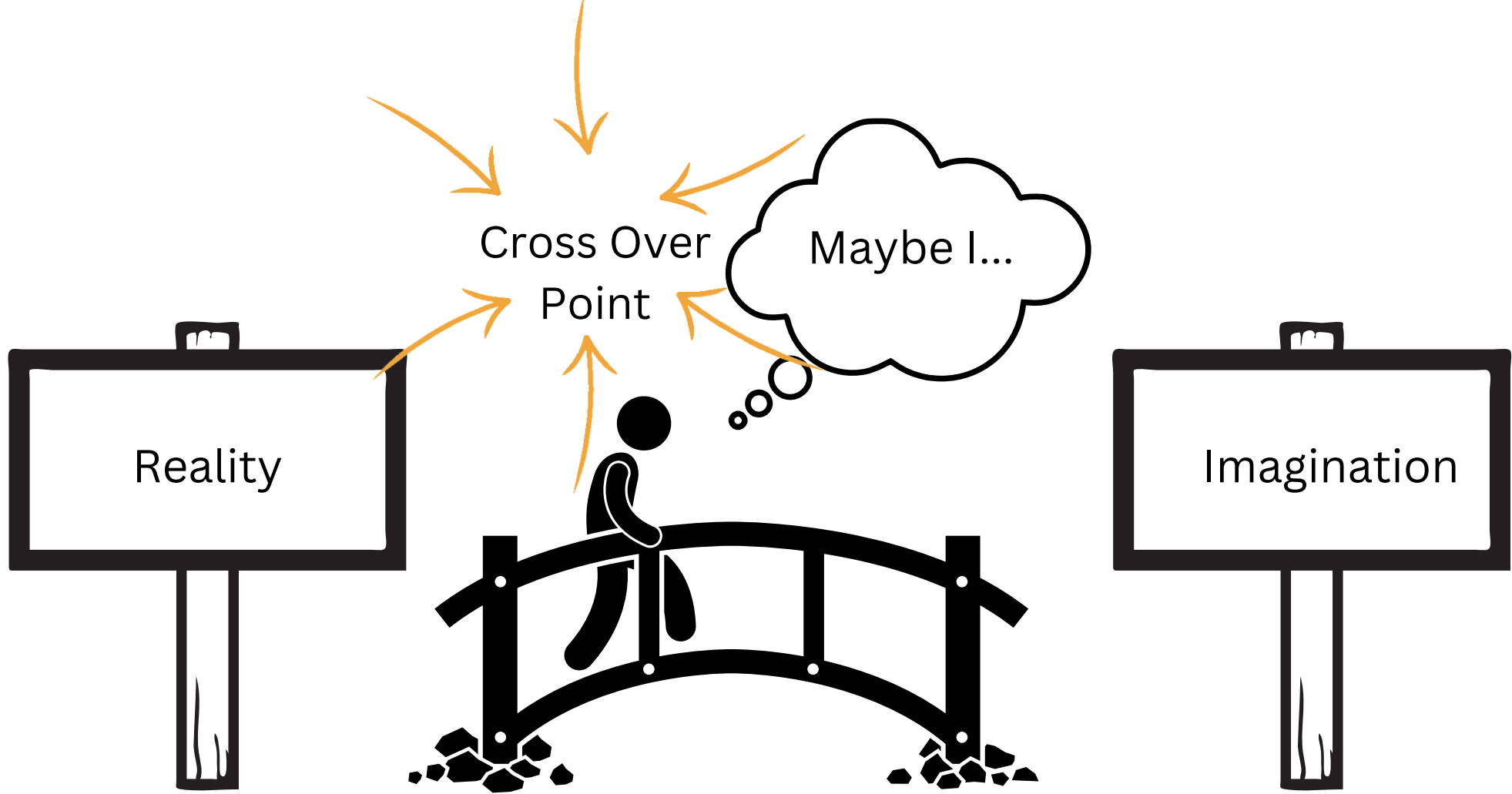
Obsessional Doubts do
NOT have direct evidence
in the Here & Now.

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 5 - OCD Lives in Imagination

Obsessional doubt comes from within you. It has nothing to do with reality.
Obsessional doubt occurs without direct evidence in the here and now.
The reasoning behind obsessional doubt is 100% based 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.

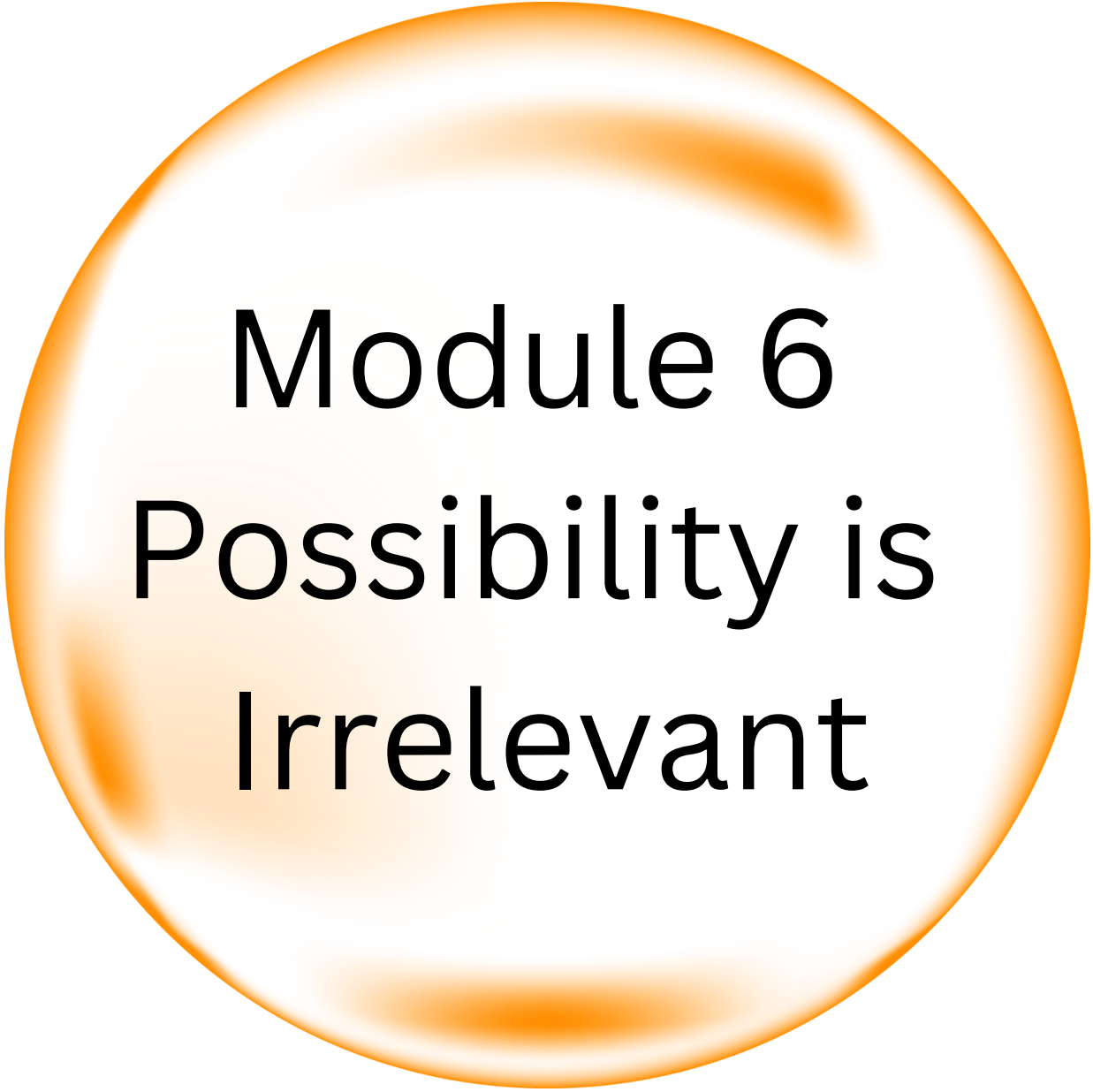
Module 5 Practice:

Each time you have an obsessional doubt, ask yourself whether there is or was any direct evidence or information that justifies the doubt.

If you think there might be, write it down to bring with you to the next session.

Try to compare what the doubt says 'could be' with information coming from your senses, perception and common sense.

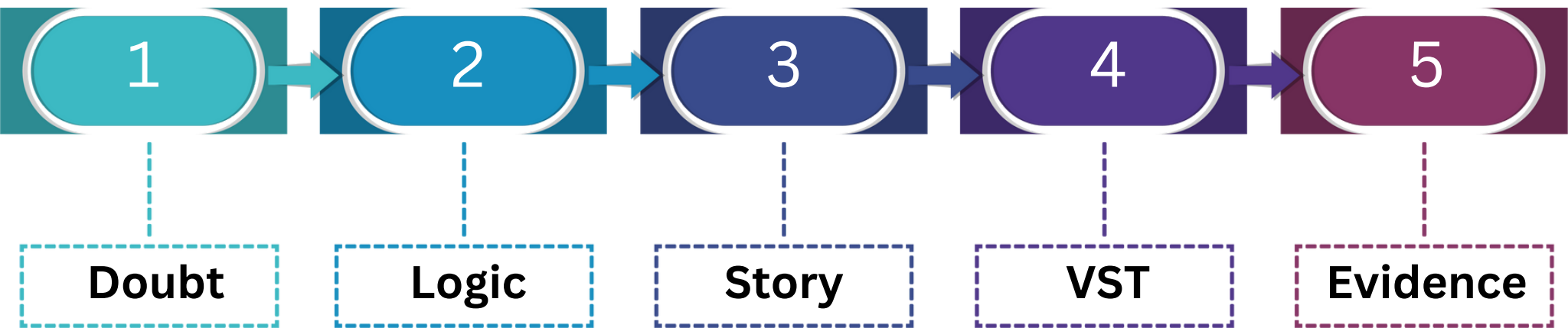
Module 5 on icbt.online



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

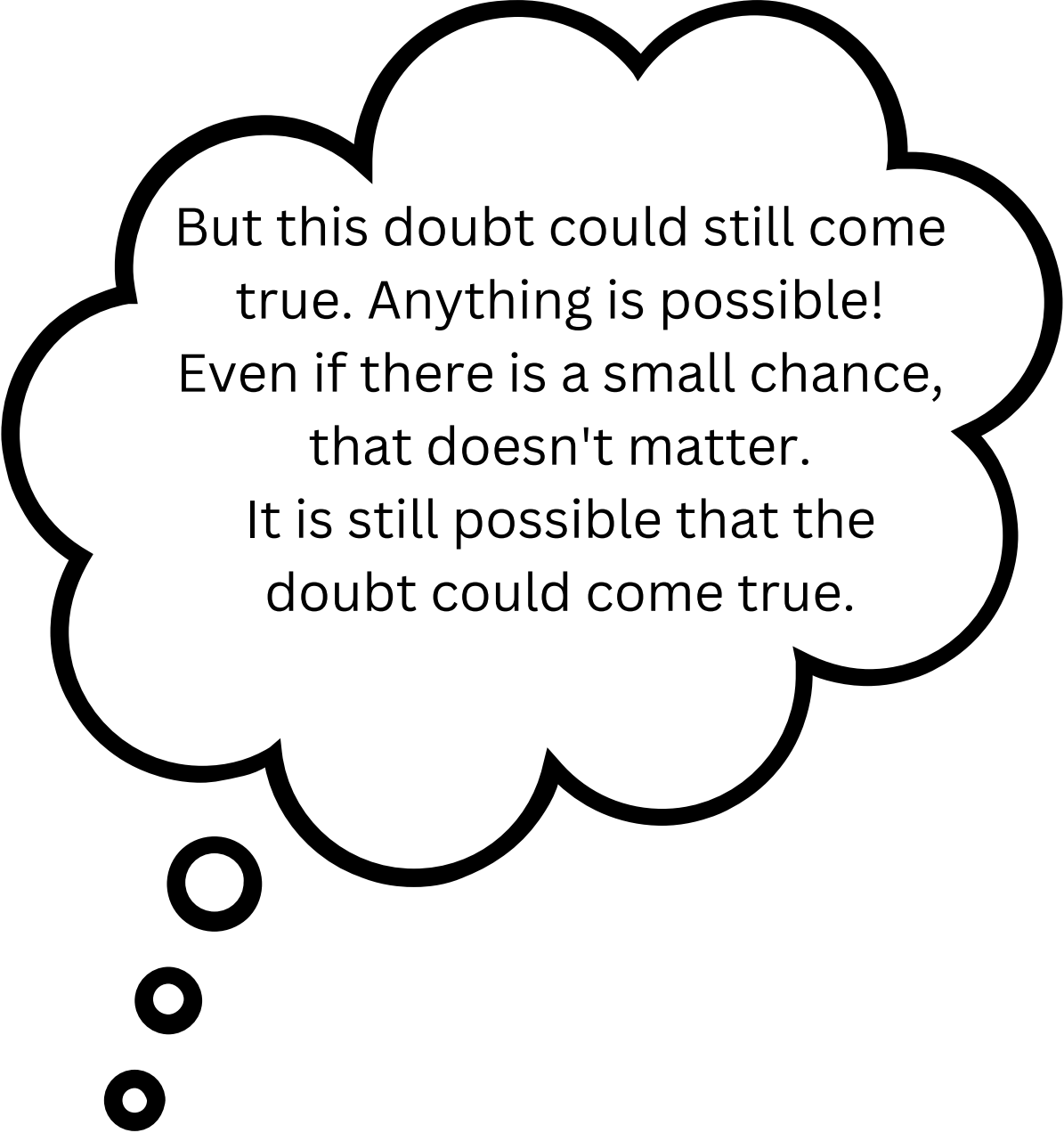


What about...



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.

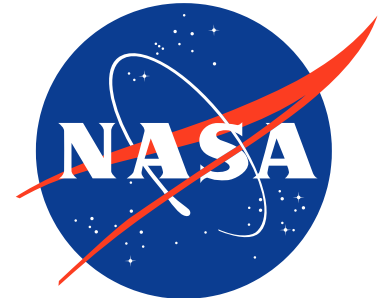
I could trip later today and break my leg.

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?



Let's try look at
this
one more way:



Module 6 - OCD Doubt is Irrelevant



Obsessional doubt is completely irrelevant to reality.
Just something being possible does not make it relevant.
Normally when you reason, you never entertain possibilities that have no basis in reality in the here
and now..

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

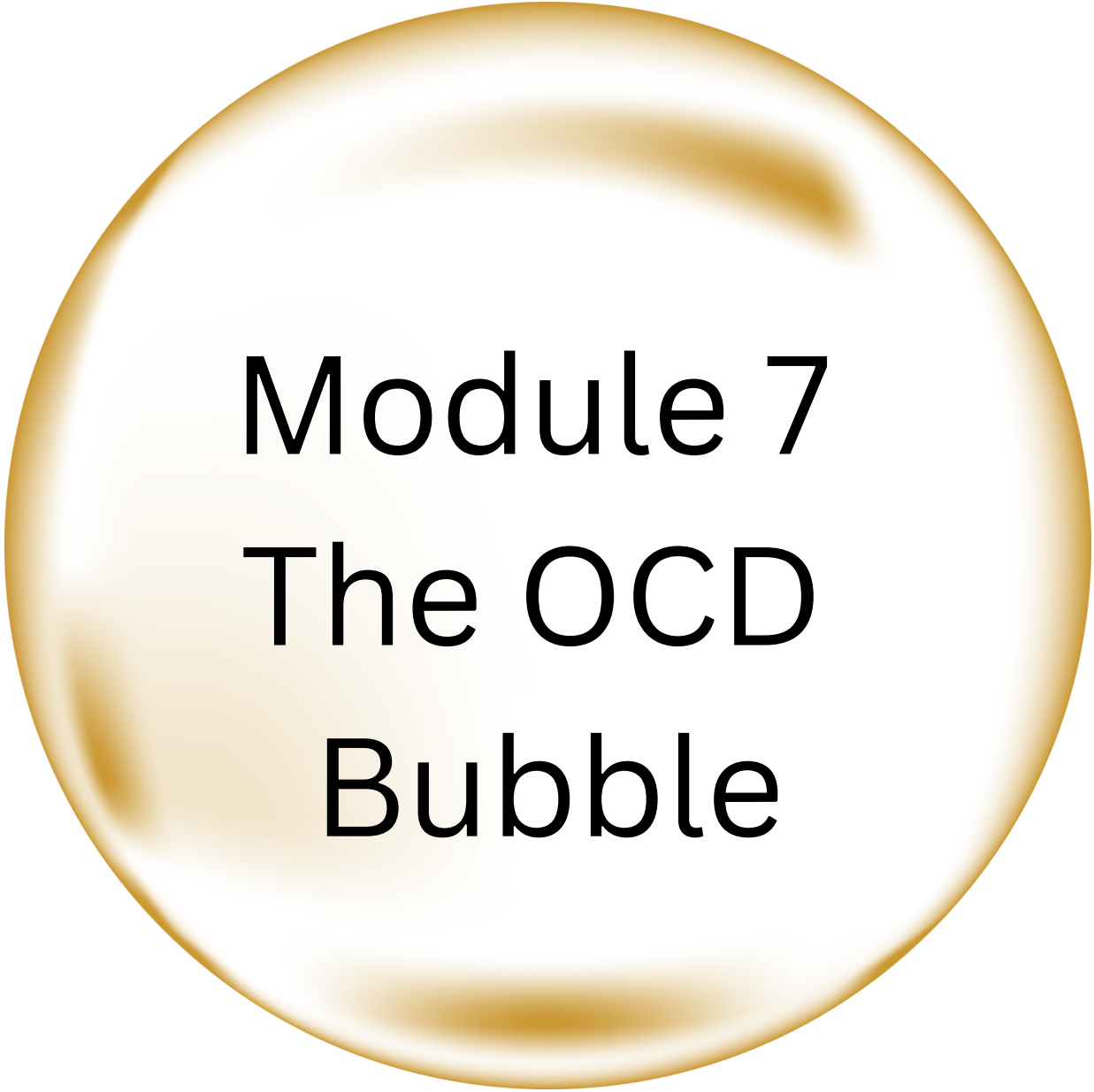
Module 6 Practice:

Each time you have an obsessional doubt, ask yourself whether there is or was any direct evidence or information that justifies the doubt or possibility.

Next, think of an example in your daily life where you would never consider a similar possibility because it is irrelevant to the here and now.

Without debating with the OCD, try to see each time how this makes the obsessional doubt irrelevant.

Module 6 on icbt.online

A large, golden, glossy bubble with a gradient from light yellow to dark gold, containing the text "Module 7 The OCD Bubble".

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.



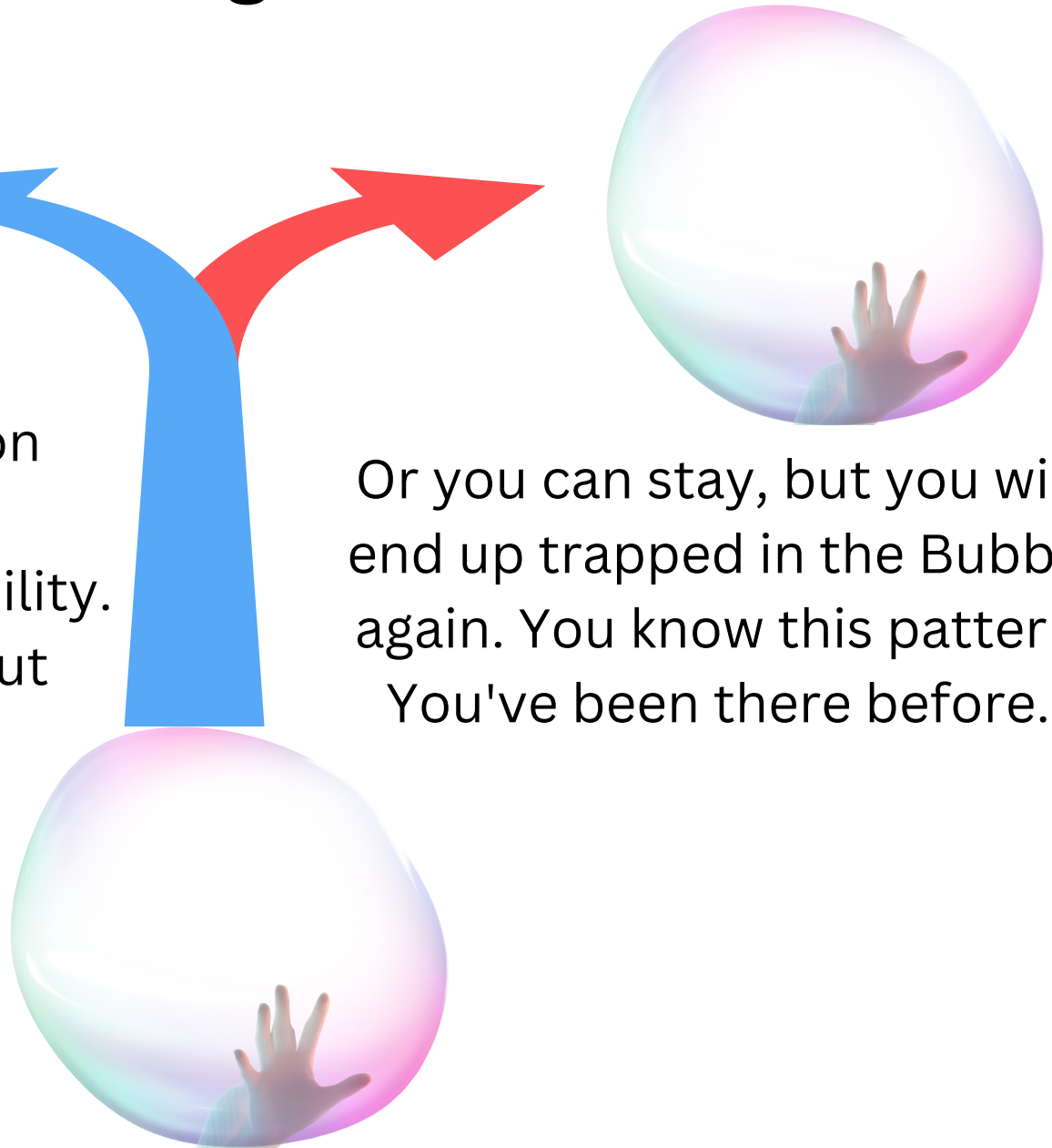
If you leave, you
are "choosing" to
become your VST
(so OCD says).



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.

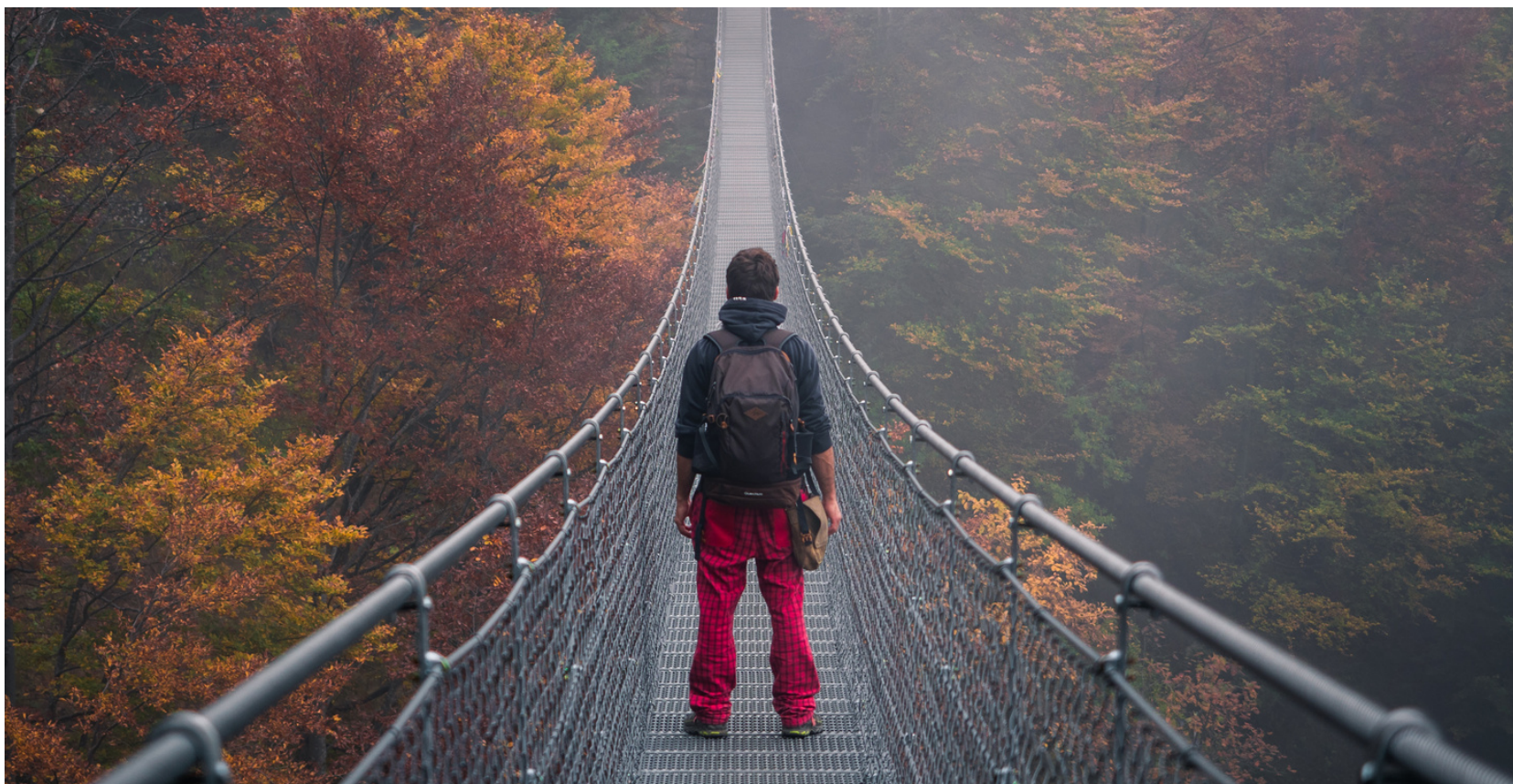


Or you can stay, but you will end up trapped in the Bubble again. You know this pattern. You've been there before.

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 7 - The OCD Bubble

OCD takes you beyond the senses into more doubt – the OCD Bubble.

There already is certainty before the obsessional doubt.

OCD does not keep you safe and secure. It makes you insecure.

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

Module 7 Practice:

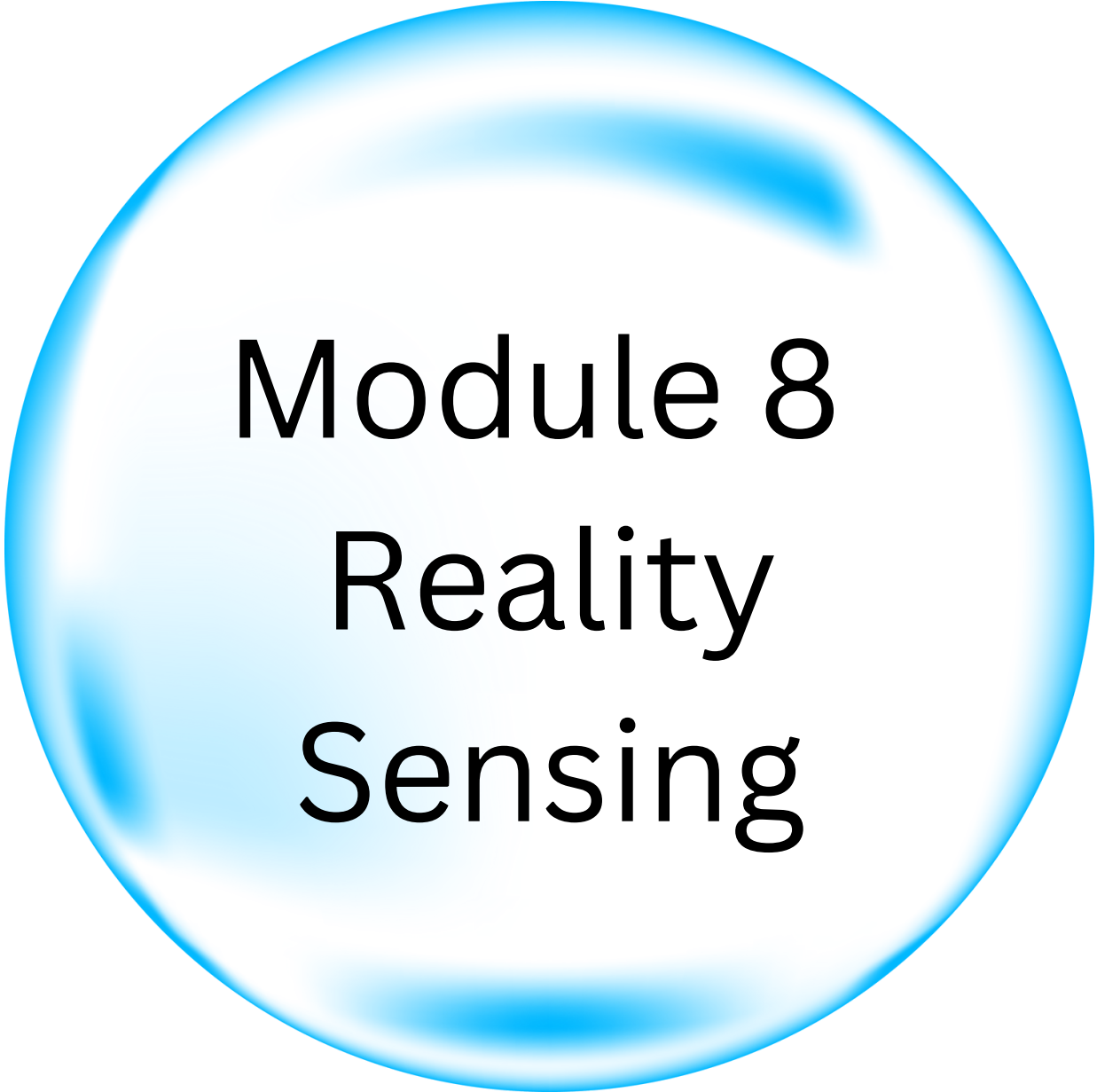
Step 1: Identify the thoughts that you have during the day that try to take you beyond the senses. Ask yourself how this thought makes your senses seem irrelevant.

Step 2: Hold off every ritual and feeling associated with this thought for at least one minute. You are now at the cross-over point in between the world of the senses and that of the imagination. Look in both directions, and realize there is a choice there.

Step 3: Make your choice. If you went into the OCD Bubble, ask yourself later whether anything was resolved. If you move back into the world of the senses, ask yourself what was there to help you stay there.

Step 4: Write down the most important thoughts that took you beyond your senses. Add them to your OCD story.

Module 7 on icbt.online



Module 8

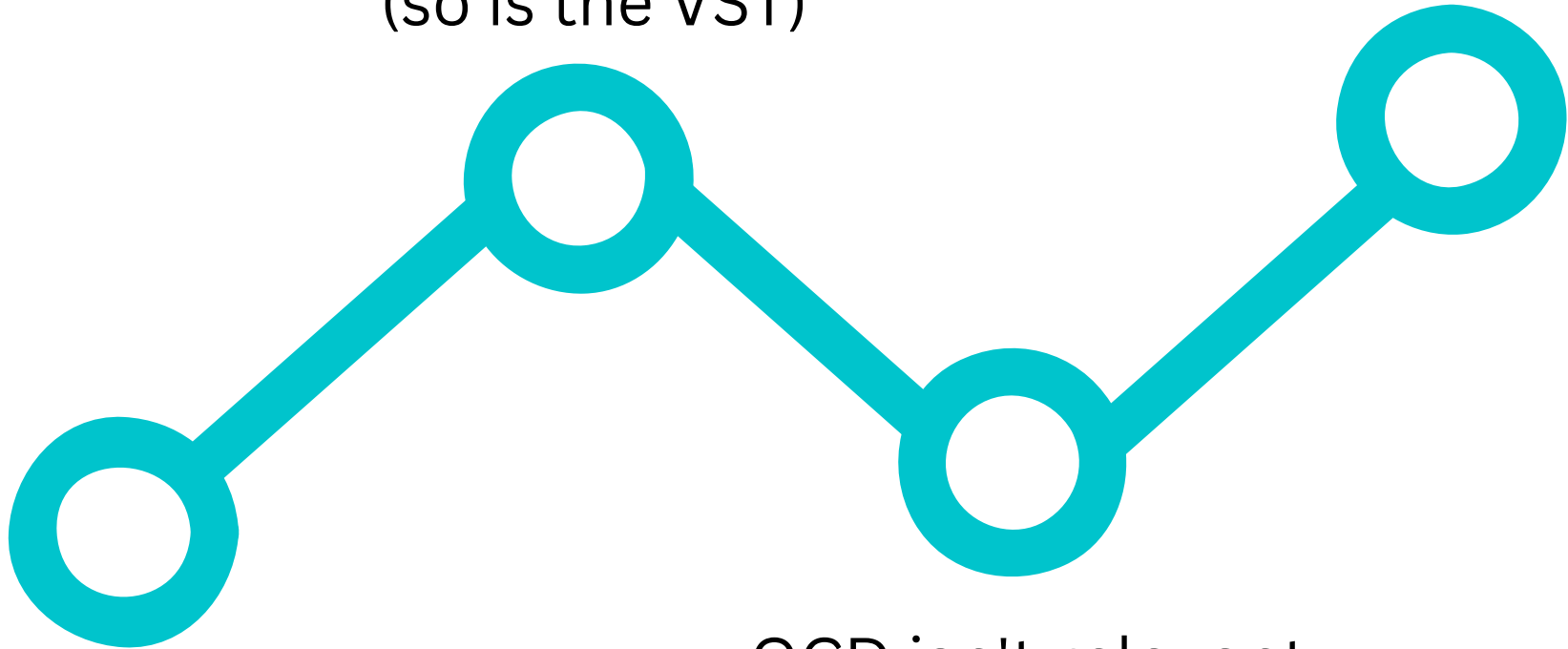
Reality Sensing

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)

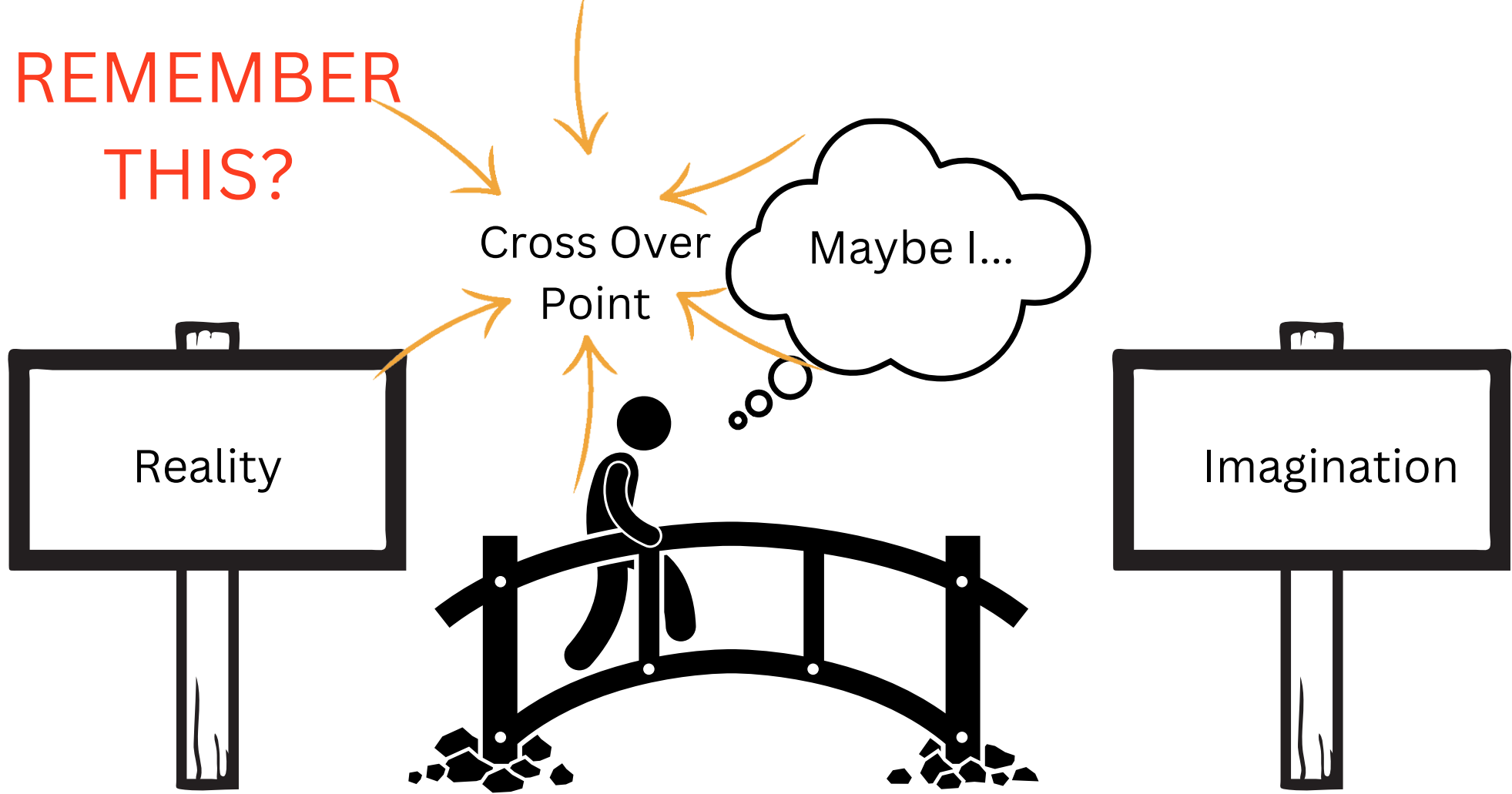
There is no direct
evidence from
senses to support it



OCD scares us
with a VST

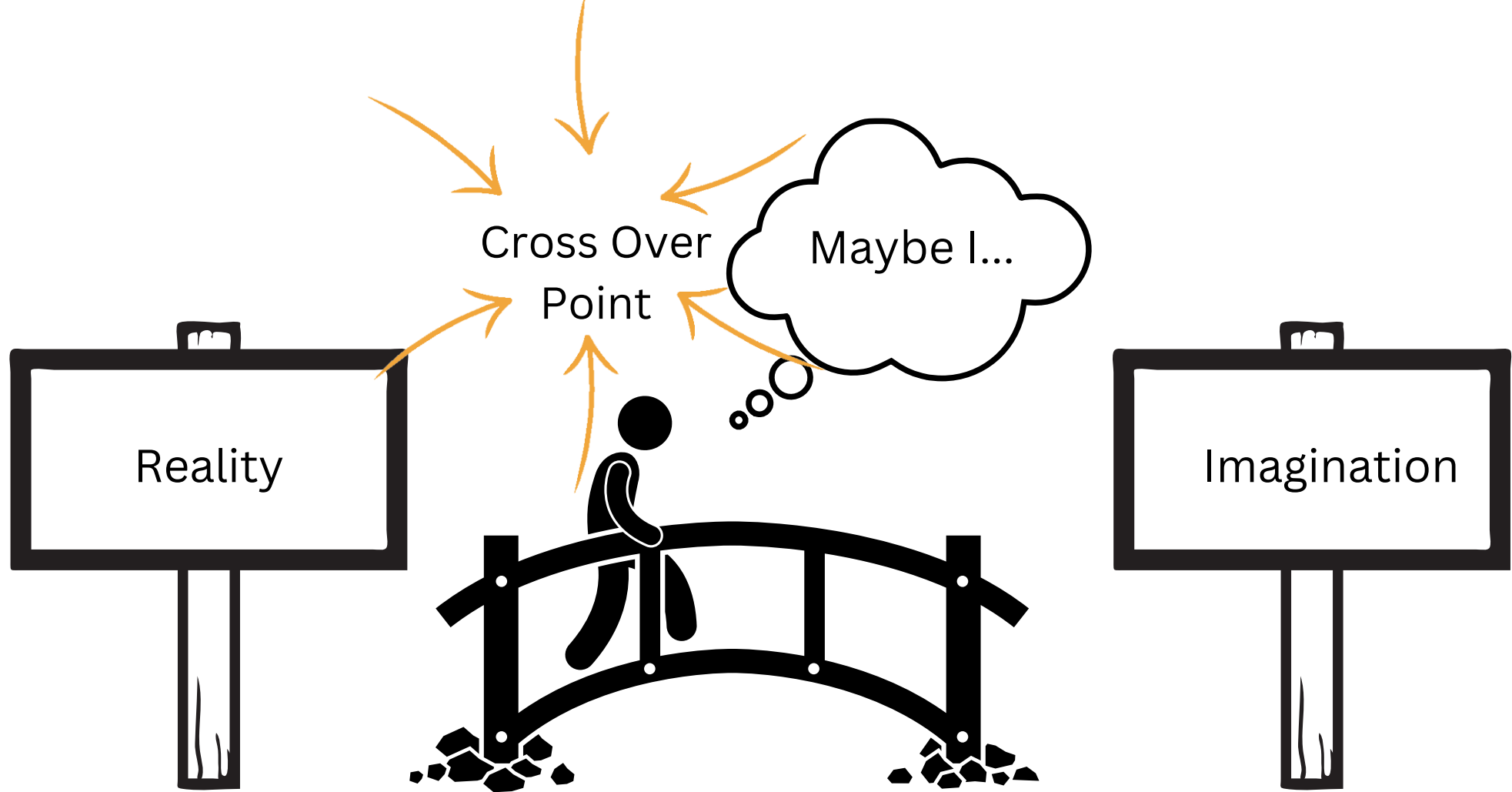
OCD isn't relevant
because...

REMEMBER
THIS?



Leaving Reality - Going into Imagination

INFERENTIAL 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



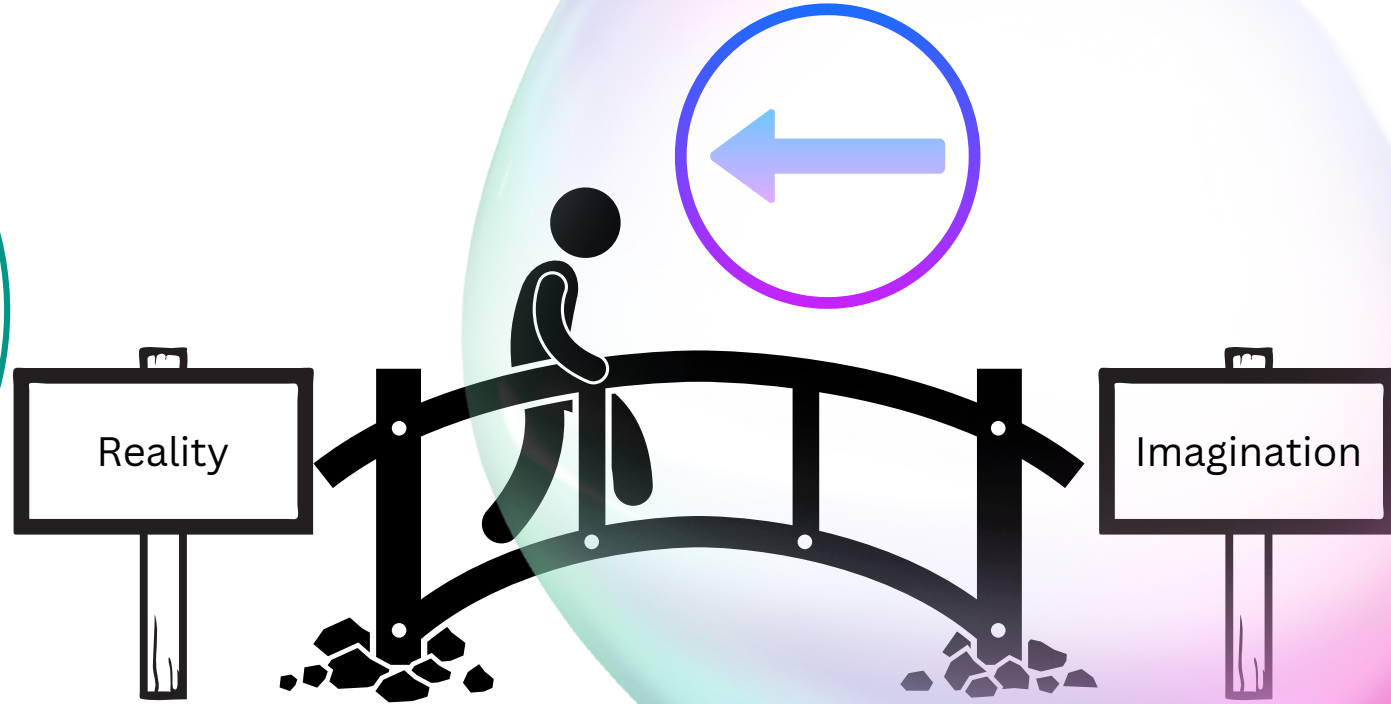
When an obsession or thought occurs that takes you beyond the senses,
hold still and imagine yourself
between worlds – a bridge between reality and the imagination.

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.

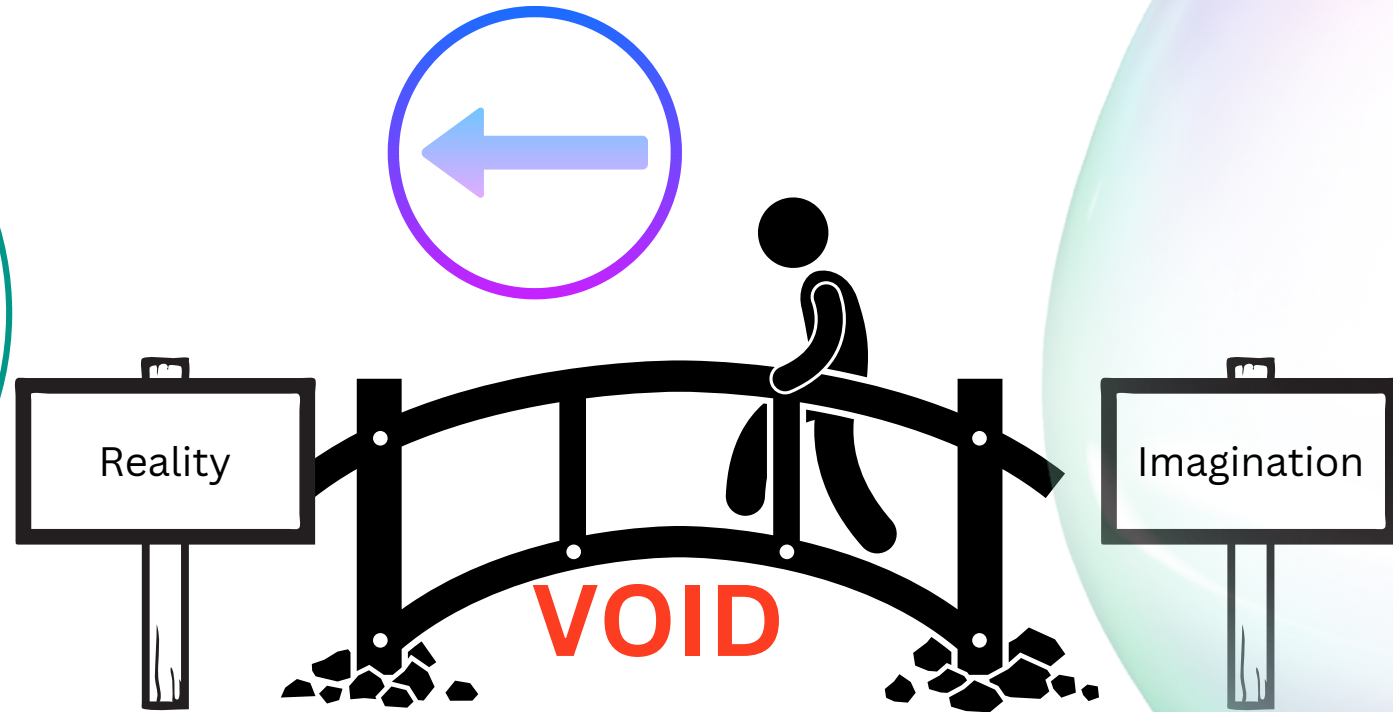
Reality Sensing



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 8 - Reality Sensing

A stone arch bridge with decorative railings over a pond, surrounded by lush greenery. The bridge features a series of octagonal openings in its railing, each containing a circular metal design. The bridge is set against a backdrop of dense, vibrant green trees and foliage. The water in the pond below is calm, reflecting the bridge and the surrounding greenery.

Obsessional doubts are wrong and false.
Obsessional doubts conflict with reality.
Reality sensing is staying with the information from the here and now.
Trusting your senses will add to your confidence each and every time..

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

Module 8 Practice:

Step 1: When a doubt or obsession occurs that takes you beyond the senses, hold still and imagine yourself between worlds – a bridge between reality and the imagination.

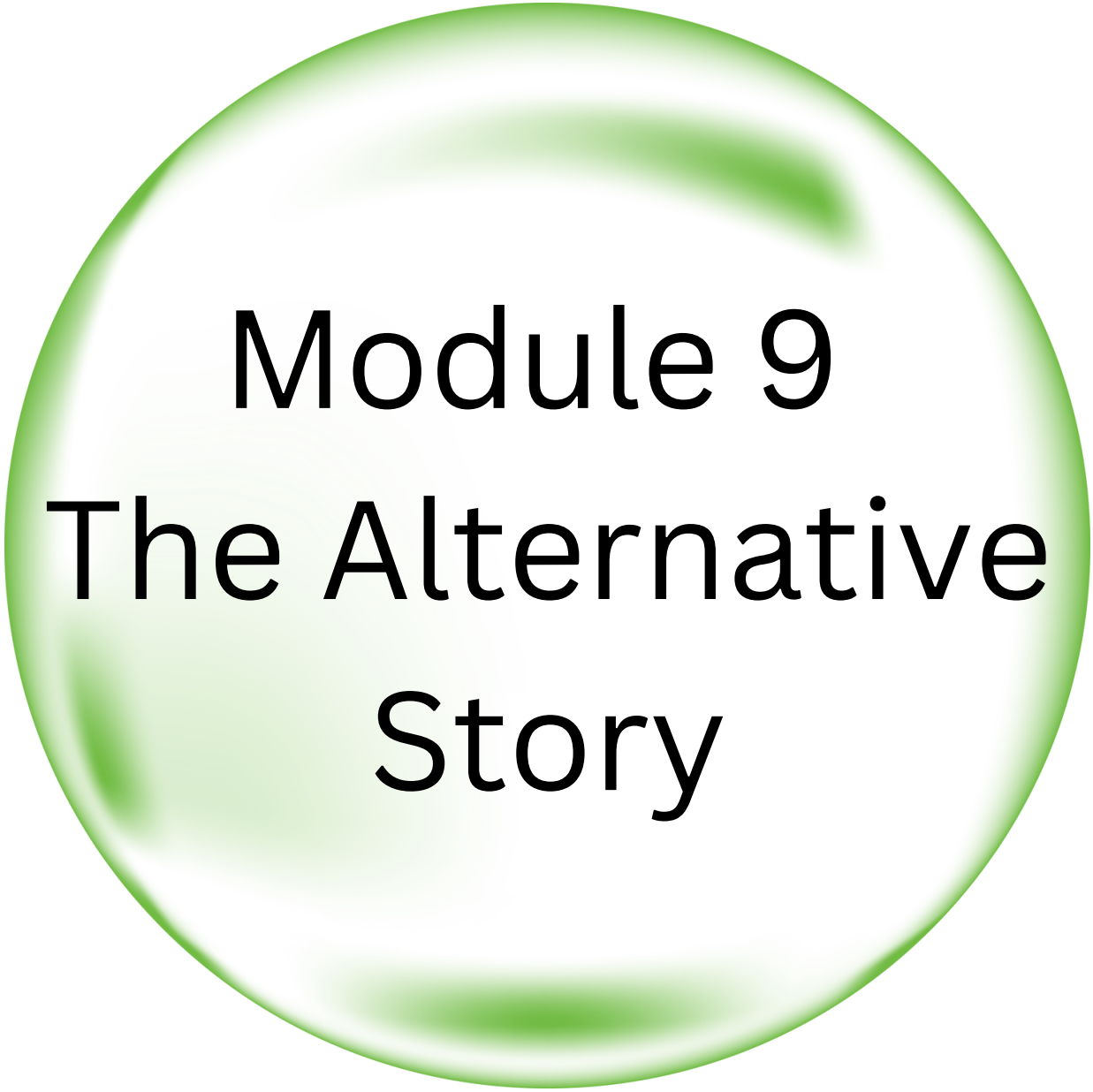
Step 2: Focus your attention back on reality, and look at what is there without effort.

Step 3: Look down the bridge between worlds and take note of any feeling that you might not be doing enough. It is the void left behind by not engaging in any rituals.

Step 4: Realize this void is imaginary, and that there is certainty in the world of the senses. Try to feel that ground under your feet. It is common sense.

Step 5: Act on the knowledge from your senses by dismissing the obsession and not engaging in any compulsive behaviors.

Module 8 on icbt.online



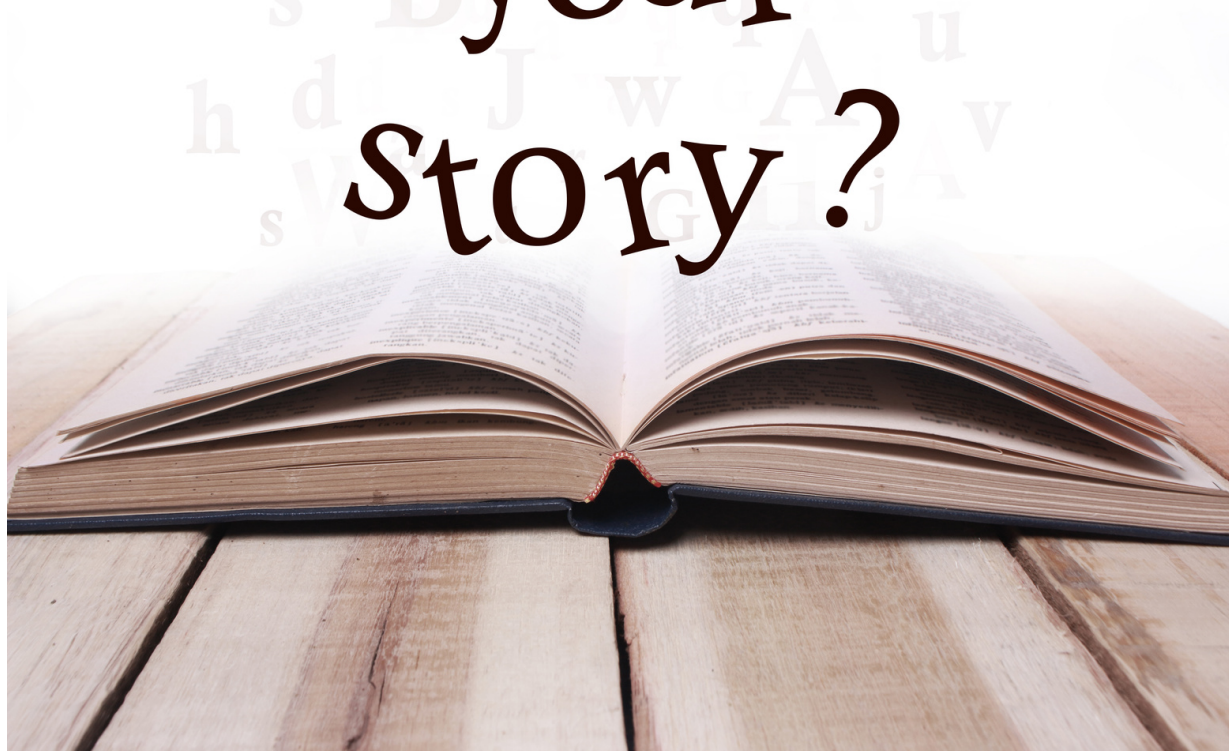
Module 9

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

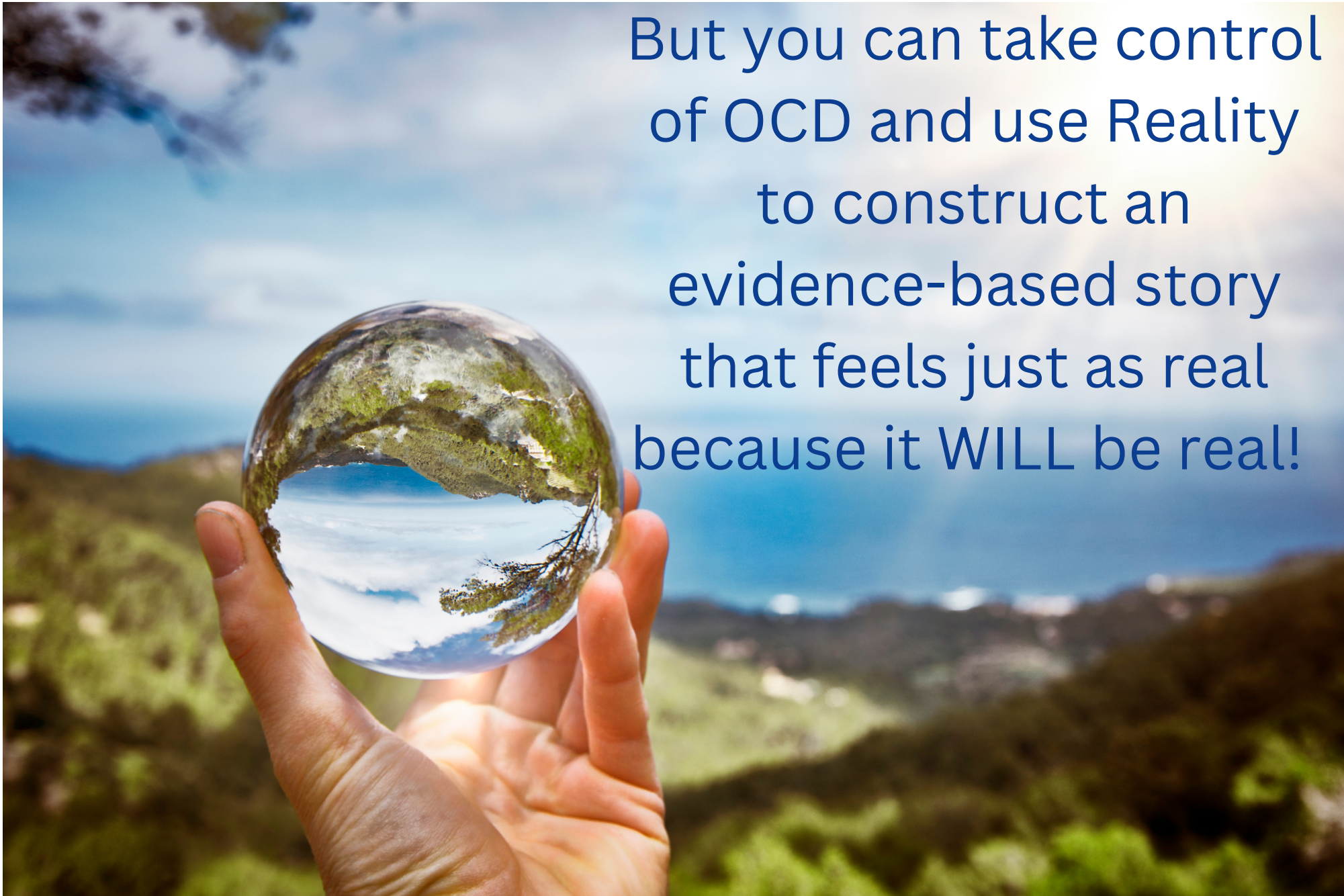
What's
your
Story?





**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

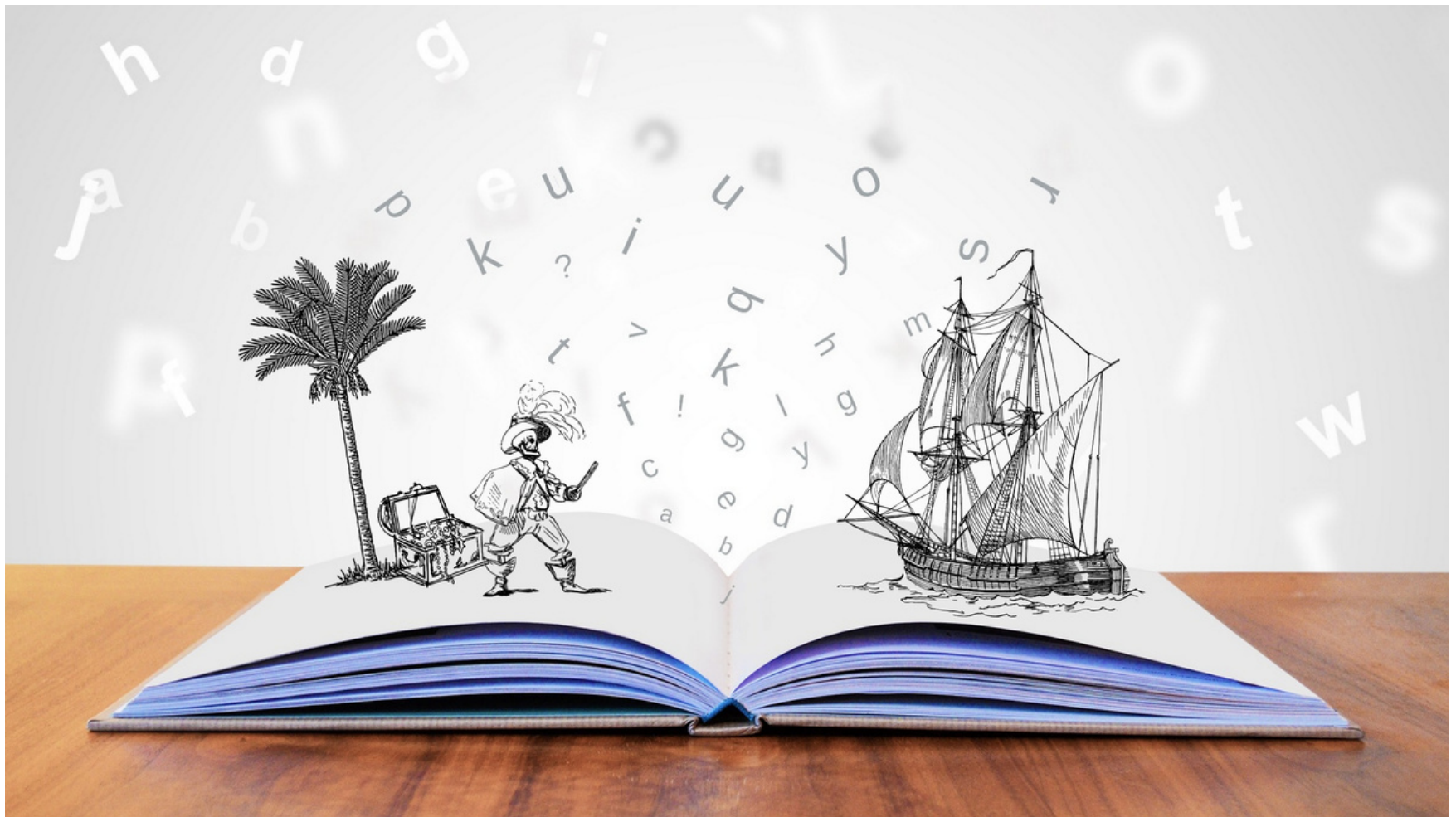
Suppose I pick up a pen and try to convince you the pen is really a secret camera. I could just state this pen is a camera and discuss the make and type of camera. This statement on its own might not be too convincing. But, suppose I relate a story about it being built in the same factory as James Bond's 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 isn't 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...

Our goal here isn't to CONVINC you of another story. It is to have you NOTICE the **REAL** story.



List the situation

Use why you can believe the OPPOSITE of OCD

"I know I'm safe for children to be around because..."

"I know my hands are clean because..."

List sense data

"What about my senses gives me evidence."

List even more details

"What about my actions, what others see in me, my beliefs and my values" Bring in as many details as you can think of!

You've Got Your Story!



You can write this story by noticing what the real story is OUTSIDE of your OCD. That's what we want to capture here.

Example:

I know I locked the door. I turned the lock, and heard 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 9 - Alternative Story

We all create stories about our lives
and ourselves.

These stories are convincing and rich in
detail the more they are lived in.

Stories can transport our feelings and
beliefs.

Stories define who we are and where
we are going.

Changing our stories changes how we
live in our world.

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



Module 9 Practice:

- Be more and more aware when you are telling and relying on stories.
- In particular, it's important to be aware of stories about the self - some of which may not be factual and therefore not true.
- If the OCD story comes along, catch it as it leaves reality, wind it back to the start and change its details point by point by replacing the OCD argument with an opposite counter-point.
- Reinforce your alternative arguments with a fact or observation derived from reality.
- If necessary expand on the alternative story by adding bits which lead to an alternative conclusion.
- Finally, rehearse the alternative story . . . as a story. Measure the effect the story has on the credibility of the OCD story and how much you believe it is a story, not a fact.

Monitoring Story Credibility

After you've rehearsed your alternative story, please note the following scores:

I believe my OCD story is a fact.

Not at all 0 _____ 10 Definitely

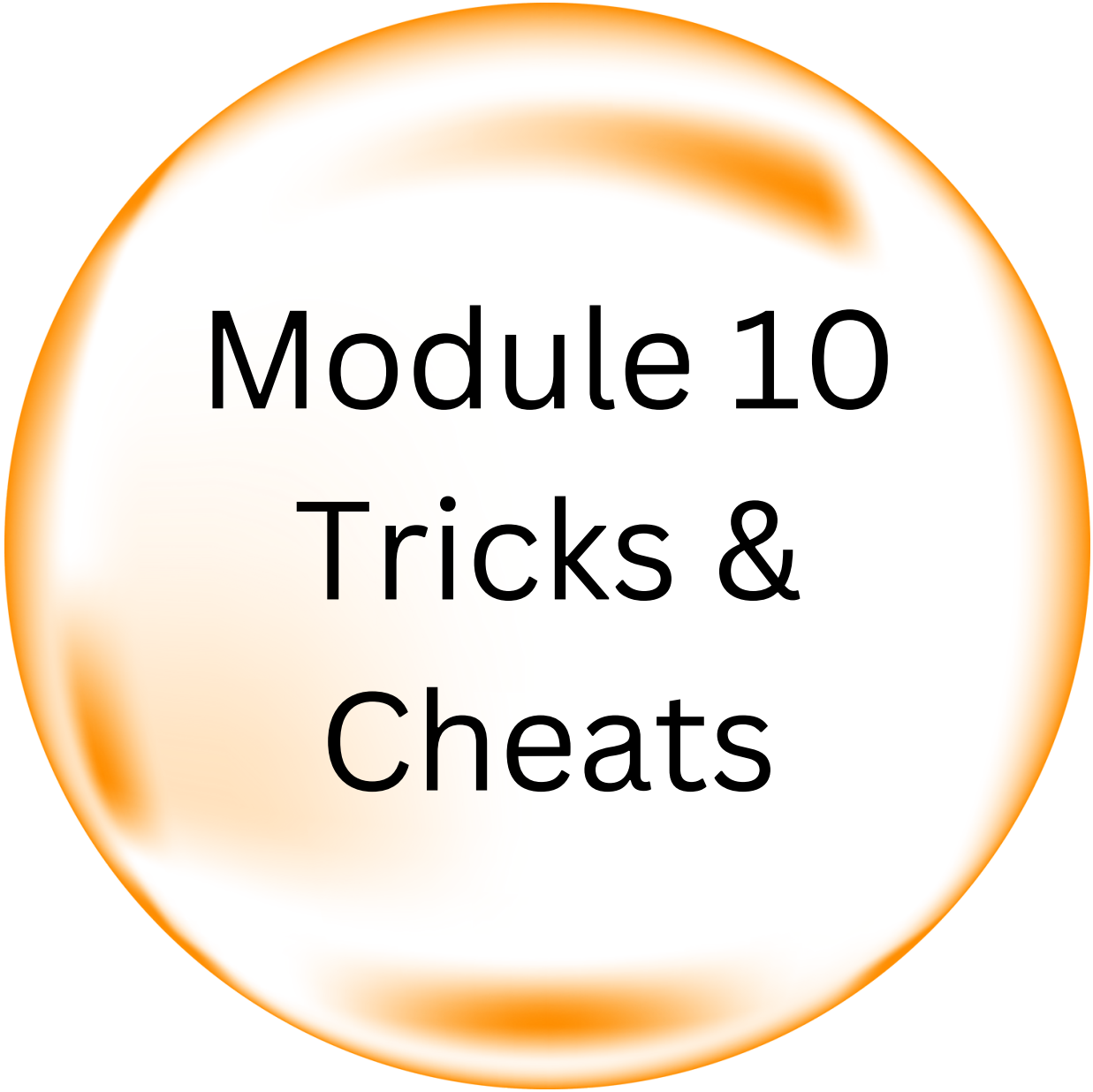
I believe in spite of all these exercises that my OCD story is the most credible story.

Not at all 0 _____ 10 Definitely

I realize my OCD story is just a story like any other.

Not at all 0 _____ 10 Definitely

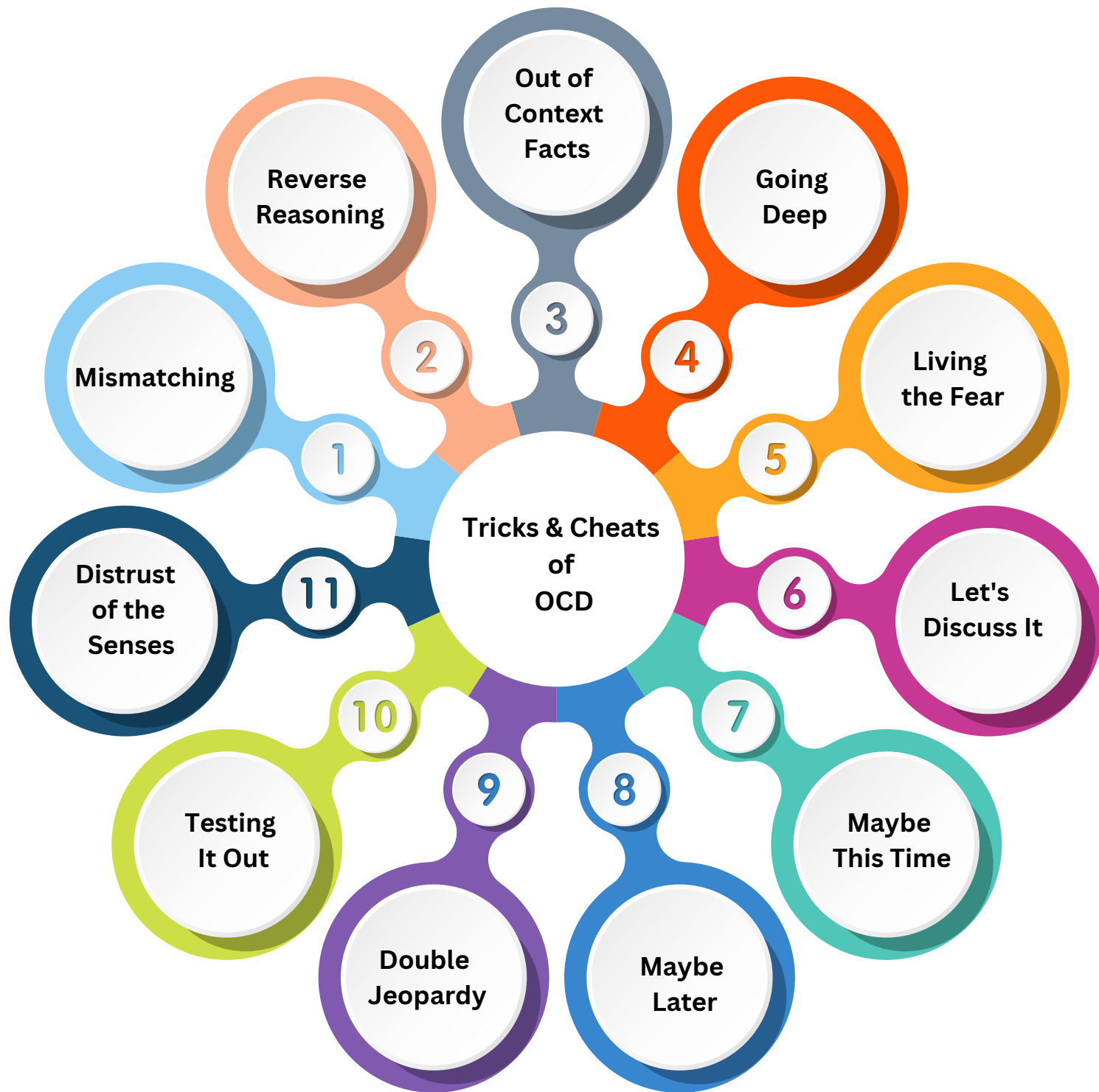
Module 9 on icbt.online



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.



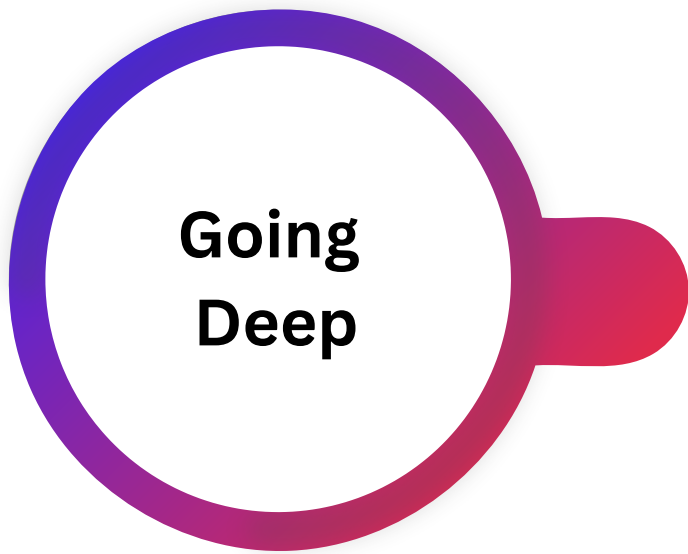
**Out of
Context
Facts**

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.

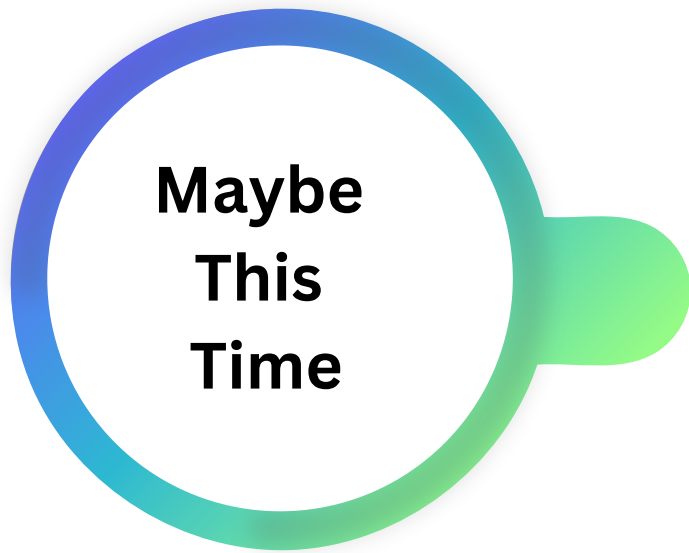


**Let's
Discuss
It**

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.

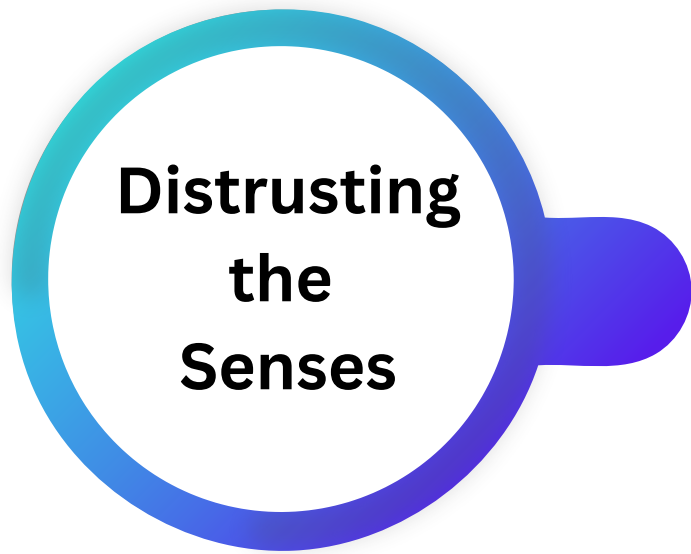


Testing
It
Out

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!"



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!



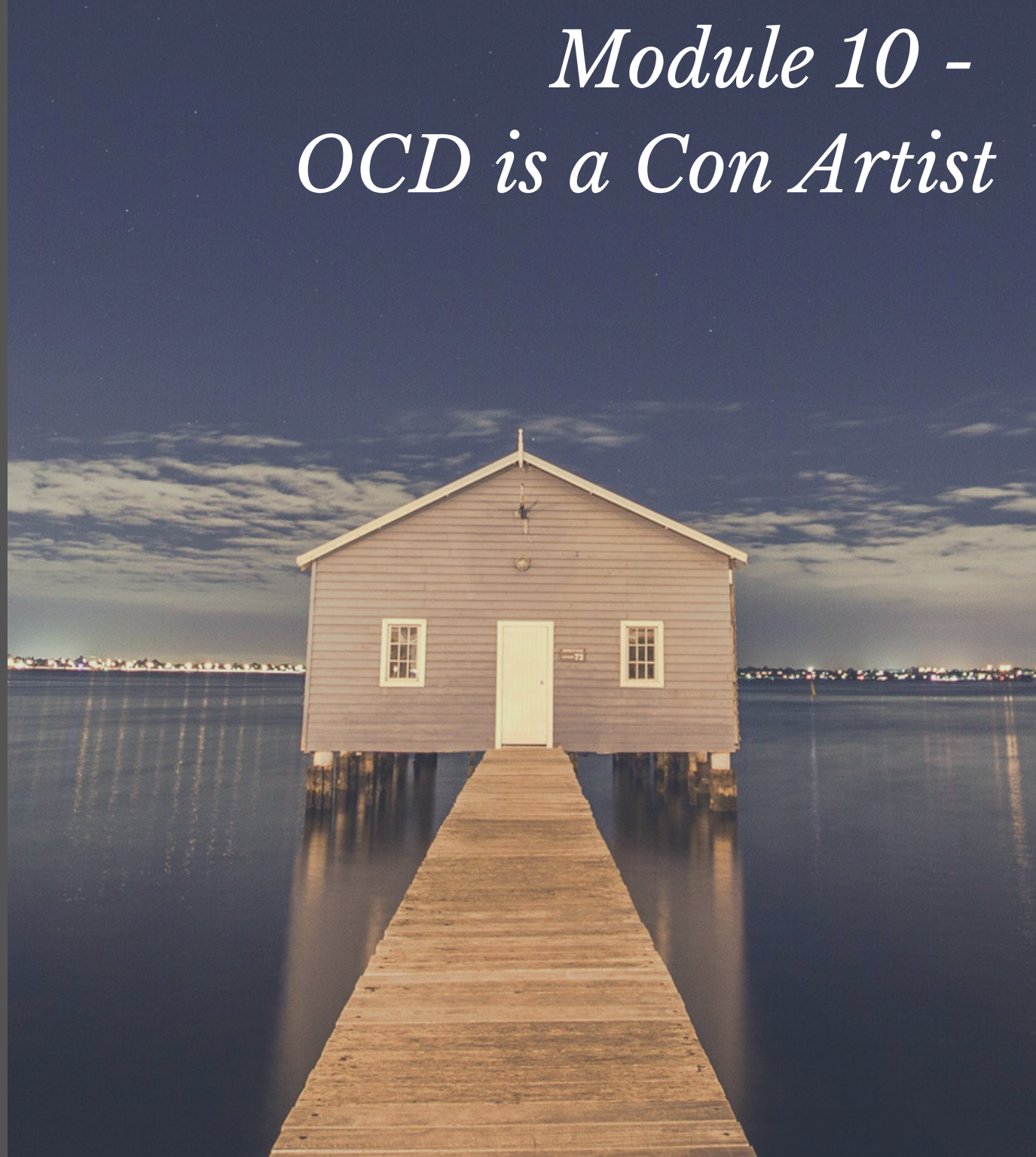
Module 10 - OCD is a Con Artist

OCD uses tricks and cheats to make it appear that your obsession has something to do with reality while it only takes you further away from reality.

Your non-obsessional story brings you closer to what is really there since it is in accord with reality.

Seeing through the tricks and cheats of the OCD con artist will make the OCD disappear.

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




Module 10 Practice:

- **Each time an obsessional doubt occurs, identify the specific trick and cheat that gave rise to the doubt.**
- **Realize how this trick makes the doubt false and irrelevant.**
- **Imagine vividly how the situation would feel like if the non-OCD story applies.**
- **Let go of the obsessional doubt after you recounted the non-OCD story. It is the only thing that is real.**

The tricks and cheats of the OCD include: mismatching, living the fear, out of context facts, reverse reasoning, double jeopardy, testing it out, going deep, and a distrust of the senses (or self).

Module 10 on icbt.online



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.)

Ask friends and others to tell you about what they notice about you.

Do those traits sound like your OCD feared self?

At home, work, school, or social situations, what are things people thank or congratulate you for?

What positive qualities does that tell you that you have?

Fill in the following:

My life's goal's are...

My values are...

Principles I try to live by are...

What does that say about you? What are your strong points?

Fill in the following:

I fill these roles...
Which ones make you proud of yourself?

I have overcome these challenges due to my abilities...

I see myself attaining these wishes in the future:

So, who is your REAL SELF?



Have fun getting to know the real you!



Module 11 - The Real Self

Your OCD self is the opposite of your real self.

Focusing your actions and intentions around your real self grounds you in your real resources.

The OCD self hid who you really are behind a mask that scared you into believing you might be something different.


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

Module 11 Practice:

- **Whenever you carry out an activity or receive a compliment, ask yourself, "What does this say about me, my real authentic self"?**
- **It may say you are competent or resourceful or at least capable. By contrast, the OCD said you were the opposite.**
- **So now compare your true attributes as you and others visibly recognize them with your old OCD theme.**
- **Note here the contradictions:**

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therapy. Chichester: Wiley-Blackwell.

Module 11 on icbt.online



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 "AFTER 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.



How much improvement have you shown since starting I-CBT?

What have you learned about your OCD and what about I-CBT has been particularly helpful to you?

Preventing Relapse

1. Identify future possible high-risk situations.
2. Run through the sequence so you can see what might happen
3. Walk through stopping before you cross the bridge
4. You know the doubt is obsessional - therefore it isn't valid.
5. Remember that your VST is going to make you prone to doubt in those areas. Think about situations that may make that more likely.
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 you have a slip up...

1. Don't panic. You haven't relapsed. You just need to reposition yourself to your I-CBT skills.
2. Identify how you got looped back into an OCD sequence. What was the cross-over point?
3. Identify what was going on for you at the time. Stressed? Tired?
4. Identify the reasons you think OCD was able to hijack your imagination.
5. (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.

If you have a slip up...

1. Identify situations that may be similar so you can prepare for them.
2. How confident are you that you can deal with a similar situation in the future? If less than 80% go back to the first slide and repeat the steps in #5.

80%

A large, 3D-rendered number '80%' in a gold color. The characters are thick and have a slight shadow underneath, giving them a three-dimensional appearance. The percentage sign is also rendered in the same style, with a diagonal slash and a small '0' at the bottom right.

What about the little bits of OCD that you **THINK** may be floating around?

1. The quicker you catch OCD, the faster it disappears.
2. We noted the importance of filling up the void left by OCD with your goals and activities at the forefront.
3. Think of activities which will give you more emotional strength as a person.
4. You may decide to begin new activities or make changes to your lifestyle which will allow you to explore more of your potential.

**Resolution is Possible -
And there will be DIRECT EVIDENCE!!!!!!
You will know you are there when:**

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

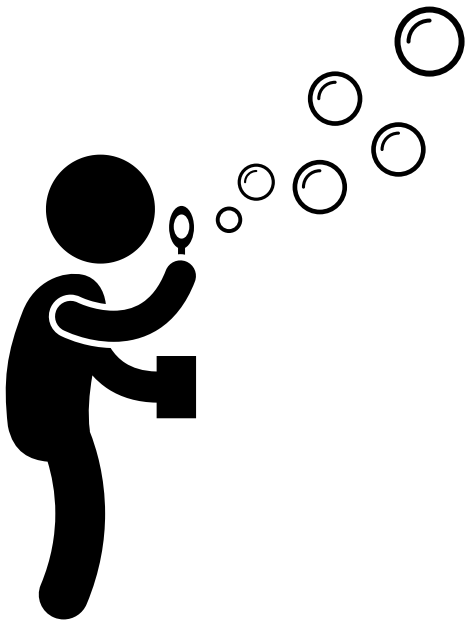


Homework this week includes writing down what we just went over. It will help you think through what you've learned and things to think about as you move forward.

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!



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.



- Becoming non-OCD is a question of continuing to put I-CBT 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 section of the exercises.
- If you managed to deal with OCD throughout the program, you are capable of dealing with it for good.
- The insights of the program should bring you to eventual complete resolution.

Module 12 Practice:

- **Foresee stresses which might affect your insecurity.**
- **Plan ahead for any life events or occurrences likely to touch your sensitive theme.**
- **Carry on with the repositioning exercises which are a work in progress.**
- **Try to initiate non-OCD activities which give you feedback on your real self.**
- **Consider yourself non-OCD, and build your life and activities around your real self. How much of you is non-OCD? ____% If it is less than 80%, you may profit from repeating the program steps to see where you are still caught up in OCD.**

Module 12 on icbt.online