

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 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 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 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 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.

Source: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: 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.

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

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.

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

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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 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

Source: 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.

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



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..

Source: 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.

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



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.

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

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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 8 - Reality Sensing

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..

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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 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.

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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

OCD uses tricks and
cheats to make it appear
that your obsession has
something 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.

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



Module 10 - OCD is a Con Artist

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).

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



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.

Source: 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:

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

Module 12 - Relapse Prevention

Source: 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.

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

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.