

Breaking the OCD Cycle

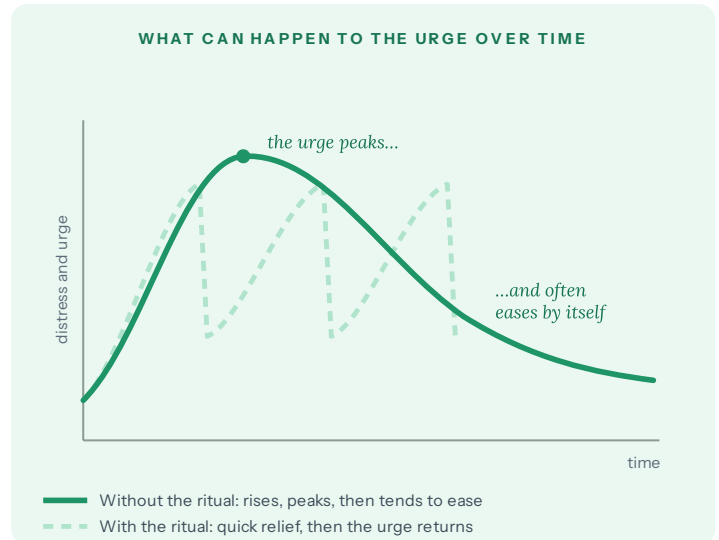
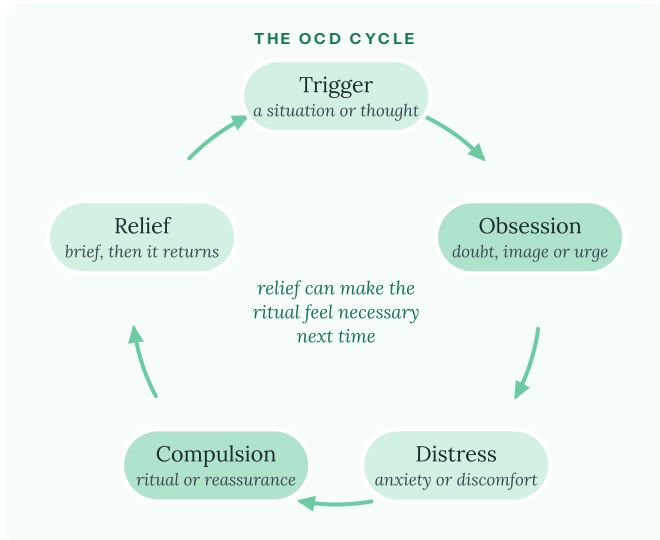
EXPOSURE AND RESPONSE PREVENTION · DROPPING THE COMPULSION

What can happen when you face the fear without the ritual, checking or reassurance

OCD often works as a cycle. An intrusive thought or doubt brings distress, and a compulsion brings relief, but that relief can make the next ritual feel even more necessary. Response prevention means facing the trigger while choosing not to perform the ritual, check or seek reassurance, so that the brain has a chance to learn something new.

01 How the cycle keeps going, and how it can loosen

a simplified picture



Original diagram, simplified for illustration. Real patterns vary, and the urge does not always ease within a single practice.

02 Compulsions come in many forms

all can be part of response prevention

Visible rituals

- Washing or cleaning
- Checking locks, switches or appliances
- Ordering, arranging or repeating
- Touching or tapping until it feels "right"
- Re-reading or re-doing tasks

Mental rituals

- Reviewing or replaying events
- Counting, praying or repeating phrases to neutralise
- Replacing a "bad" thought with a "good" one
- Analysing what a thought "means"

Reassurance and avoidance

- Asking others if everything is okay
- Searching online for answers
- Confessing or seeking forgiveness
- Avoiding triggers altogether
- Checking feelings or the body for signs

03 Principles of response prevention

planned with your psychologist

1

Start where it is manageable

Practices usually begin with less difficult triggers and build gradually, in a planned way.

2

Delay, reduce, then drop

For some rituals, delaying or shortening them can be a first step towards letting them go.

3

Allow the uncertainty

Rather than trying to feel sure, the aim is to let the doubt be there without acting on it.

4

Notice what you learn

Compare what OCD predicted with what actually happened, and how you coped.

What the research suggests

EVIDENCE NOTE

Cognitive behavioural therapy that includes exposure and response prevention is a recommended psychological treatment for OCD (NICE, 2005). A meta-analysis of 37 randomised trials found large improvements compared with waiting-list and placebo conditions (Öst et al., 2015). Cognitive models suggest compulsions and neutralising can keep fears going by preventing new learning (Salkovskis, 1985). Newer thinking suggests the key is what is learned, rather than how quickly anxiety falls in any one practice (Craske et al., 2014). Not everyone responds fully, and ERP is best planned with a trained clinician. This worksheet is informed by these approaches but is not a treatment in itself.

Breaking the OCD Cycle

PRACTICE RECORD · FACING THE FEAR WITHOUT THE RITUAL

Recording one practice, and what you learned from it

Use this page for a practice you have planned with your psychologist. Short notes are fine.

i Before you begin: choose a practice that feels challenging but manageable, not your most difficult trigger, and only one that is genuinely safe. If distress becomes overwhelming, you can pause, ground yourself, and return to it later or with your psychologist.

04 My practice

1 The trigger I will face

Situation, thought or image: _____

Date and time: _____

Planned with my psychologist?

☐ Yes

☐ Not yet

2 What OCD tells me will happen

Write it as a prediction, which may or may not turn out to be true

How strongly do I believe this now?

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

0 = not at all · 10 = completely

3 The compulsion I will resist

Tick any that apply, including quieter ones

☐ Checking

☐ Washing

☐ Asking for reassurance

☐ Searching online

☐ Mental reviewing

☐ Neutralising

☐ Avoiding

☐ Other

4 Distress and urge over time

Rate each from 0 to 10. It is fine to stop recording once the practice ends

0 = none · 10 = most	Start	5 min	10 min	20 min	30 min	45 min	60 min
Distress							
Urge to do the ritual							

5 What happened?

What I expected

What actually happened

What I learned about the fear, the urge, or my ability to cope: _____

How strongly do I believe OCD's prediction now?

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

0 = not at all · 10 = completely

If I did do the ritual, what did I notice, and what might help next time?

To bring to my next session

Doing the ritual sometimes is a common part of learning, not a failure. Each practice can still teach you something.

GO AT YOUR OWN PACE

Facing feared situations can bring up strong emotions. You can pause, stop, choose a smaller step, or return to the practice later. If you become significantly distressed, consider speaking with your psychologist or another appropriate professional.

SOURCES

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, 58, 10–23. <https://doi.org/10.1016/j.brat.2014.04.006>

National Institute for Health and Care Excellence. (2005). *Obsessive-compulsive disorder and body dysmorphic disorder: Treatment* (NICE Clinical Guideline CG31). <https://www.nice.org.uk/guidance/cg31>

Öst, L.-G., Havnen, A., Hansen, B., & Kvale, G. (2015). Cognitive behavioral treatments of obsessive-compulsive disorder: A systematic review and meta-analysis of studies published 1993–2014. *Clinical Psychology Review* 40, 156–169. <https://doi.org/10.1016/j.cpr.2015.06.003>

Salkovskis, P. M. (1985). Obsessional-compulsive problems: A cognitive-behavioural analysis. *Behaviour Research and Therapy*, 23(5), 571–583. [https://doi.org/10.1016/0005-7967\(85\)90105-6](https://doi.org/10.1016/0005-7967(85)90105-6)