The Checking Trap

ANXIETY, OCD & CERTAINTY

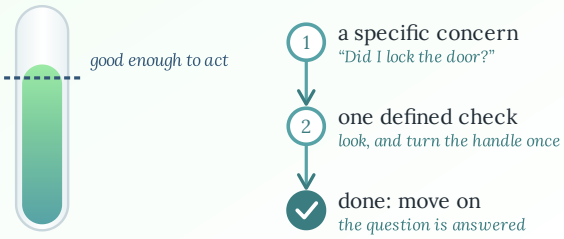
When checking stops providing useful information and starts feeding doubt

Most of us check things: the door, the oven, an email before we send it. Checking is useful when it answers a question. It can become a trap when we keep checking after a reasonable check, because the answer still doesn't *feel* certain. This worksheet helps you tell the two apart.

USEFUL CHECKING

"Enough" is a level you can reach

a defined action, a clear purpose, an endpoint

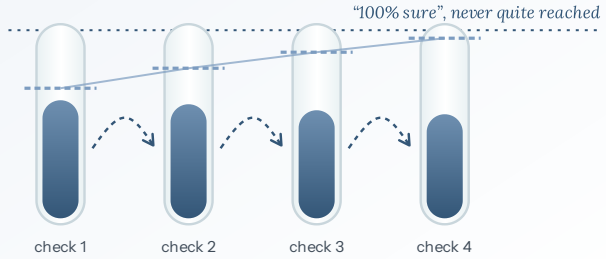


The check adds information, and the answer is accepted.

THE CHECKING TRAP

"Enough" keeps moving

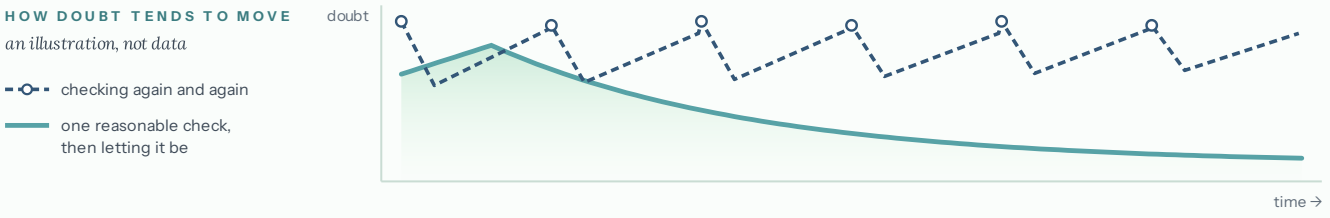
checking again after a reasonable check



Each check brings brief relief; then the bar for "enough" rises.

HOW DOUBT TENDS TO MOVE

an illustration, not data



01 Not all checking is a problem

a matter of purpose and endpoint

Everyday checking

A quick check with a clear reason is ordinary and often sensible. Once it's done, you can usually move on.

When it tips over

Checking may become a problem when it repeats after a reasonable check, takes up a lot of time, or feels driven by needing to feel completely sure.

Checking in OCD

In obsessive-compulsive disorder, checking can become a compulsion. OCD is a recognised, treatable condition: CBT that includes exposure and response prevention is a recommended treatment (NICE, 2005).

02 Why more checking can mean more doubt

what the research suggests

In experiments, repeated checking made people's memories feel less vivid and less trustworthy, even though their memory was no less accurate (van den Hout & Kindt, 2003). Checking can also increase when we feel strongly responsible for preventing harm, or when harm feels likely or serious (Rachman, 2002).

IF YOU HAVE OCD

This worksheet is meant to complement treatment, not replace it. Please don't make sudden, unsupported changes to long-standing or complex compulsions; plan any steps gradually with your clinician.

03 Checking takes many forms

some are easy to miss

Physical checks
locks, switches, appliances, plugs, windows

Reviewing
re-reading emails, forms or work again and again

Mental checking
replaying events, retracing steps in your mind

Reassurance seeking
asking others to confirm; sometimes called checking by proxy (Rachman, 2002)

Searching online
looking things up to settle a doubt

Body checking
repeatedly examining sensations or appearance

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04 Slowing one check down

choose one checking situation

1 What am I checking?
and roughly how often, or for how long

- ○ once or twice
- ○ several times
- ○ many times
- ○ for a long time

2 What am I afraid might happen if I don't check?
the feared outcome, in a few words

3 What would count as enough checking for this situation?
decide the endpoint before you start

4 Have I already completed a reasonable check?
what someone else would see as enough

- ○ yes
- ○ partly
- ○ no
- ○ not sure

5 What makes me doubt the result?
what keeps the question open

- ○ it didn't feel right
- ○ I can't picture it clearly
- ○ what if I missed something?
- ○ I was distracted

6 Does checking give lasting resolution, or only temporary relief?
how long does the calm last?

- ○ it settles the question
- ○ a few minutes
- ○ a few seconds
- ○ it makes the doubt stronger

7 What response would be proportionate to the actual situation?
what would fit the real level of risk, rather than the feeling of doubt?

05 Useful checking or the checking trap?

tick what fits this time

LOOKS LIKE USEFUL CHECKING

- ○ a defined action
- ○ a clear purpose
- ○ a natural endpoint
- ○ I accepted the result

LOOKS LIKE THE CHECKING TRAP

- ○ repeating after a reasonable check
- ○ waiting for it to feel right
- ○ relief that fades quickly
- ○ doubt growing with each check

06 A small, planned step

everyday checking, or as agreed with your clinician

My planned check
what I will do once, with full attention, and then stop

How I'll handle the urge to check again
e.g. notice it, name it as doubt, return to what I was doing

How strong was the doubt afterwards? 0–10

straight away	after 15 minutes	after an hour

What did I notice or learn?

SOURCES

National Institute for Health and Care Excellence. (2005). *Obsessive-compulsive disorder and body dysmorphic disorder: Treatment* (Clinical guideline CG31). NICE.
Rachman, S. (2002). A cognitive theory of compulsive checking. *Behaviour Research and Therapy, 40*(6), 625–639.
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