Understanding OCD

It's normal to want to keep yourself and others safe, to be a good and responsible person, and to enjoy life without constant worry. These are healthy, human desires.

OCD becomes a problem when the mind tries to find ABSOLUTE CERTAINTY about FEARS, working too hard to guarantee that nothing bad will happen.

This effort often creates a pattern of worry, doubt, and repetitive checking that strengthens over time.

OCD involves:

Obsessional thoughts
(unwanted, repetitive ideas, images, urges, or body sensessions).

+

Compulsive responses
(mental or physical actions to reduce anxiety or feel "sure" or SAFE again).

The BRAIN then begins to:

- Treat normal thoughts as DANGEROUS
- Uses rituals to feel safe

THIS PATTERN TEACHES THE BRAIN THAT

THOUGHTS ARE

KEEPING THE CYCLE GOING

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD: Lean into your fear, manage difficult emotions, and focus on recovery. New Harbinger Publications.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

The OCD Cycle

OCD began the moment you experienced your first Obsession =

- Repetitive
- Intrusive
- Unwanted Thoughts/pictures/videos/ feelings/body sensations/urges

- Can often present as "What If" thought/picture/videos/ feelings/body sensations/urges

Obsession

Raising an Alarm of danger or threat

Anxiety

Resulting in thoughts/urges that communicate "If I don't fix this, something bad/harm might happen."

Compulsions

Actions or mental rituals to try to reduce the "danger," or make things "right" again.

Teaches the brain that the compulsion(s) worked, they lowered the "alarm"/experienced Anxiety. This Results in the obsessions becoming more and more important, strengthening this loop.

Immediate Short-Term Relief

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD: Lean into your fear, manage difficult emotions, and focus on recovery. New Harbinger Publications.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

OCD Review

OCD is a Brain-Based mental health condition that affects how people experience and respond to internal

- Thoughts
- Pictures
- Videos
- Feelings
- Body Sensations
- Urges

Occurring internally in the brain, nervous system, and body

That Involves patterns of

UNWANTED

- Thoughts
- Pictures
- Videos
- Feelings
- Body Sensations
- Urges

= OBSESSIONS

+

Repetitive Actions or Mental Rituals = COMPULSIONS

That are used to REDUCE ANXIETY

Or PREVENT

Something the brain now believes is "Bad/Wrong" from happening.

OCD is NOT ANYONE'S FAULT.

Your obsessions and compulsions are in NO WAY a reflection of your intelligence, worth or strength. Please know that self-criticism only makes the Obsession Compulsion cycle stronger and slows down your recovery.

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD: Lean into your fear, manage difficult emotions, and focus on recovery. New Harbinger Publications.

Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

Understanding OCD Themes

- In this guide, the specific content of an obsession (germs, harm, relationships, identity, etc.) is less important than the pattern it follows.

- Across themes, OCD is defined by a cycle of intrusive, unwanted, and repetitive thoughts, images, sensations, or urges, and the distress and time-consuming efforts to neutralize or escape them.

- This workbook's list of OCD themes is not exhaustive. Research shows that OCD symptoms often cluster into patterns (such as contamination, symmetry/"just right," responsibility for harm, and taboo or unacceptable thoughts), yet these dimensions frequently overlap, blend, and shift over time. Many folx experience more than one theme at once or notice themes change across different stages of life.

- OCD can change across the lifespan. Symptoms may look different in childhood, adolescence, and adulthood, shaped by development, environment, and life circumstances. In short, OCD is not static; it can show up differently at different stages of life, even within the same person(s)/Systems.

- OCD is also highly individual and diverse; there is no single "OCD look." Symptoms, biology, and lived experience vary widely from person(s) to person(s), which is why personalized and flexible approaches are emphasized in current research.

- The more intersections of identity, stress, and adversity folx have experienced, the more uniquely OCD may be expressed, and the more complex the overall picture can become.

- As you(s) explore the different themes, it is common to relate to more than one and to notice that OCD can shift across themes over time. The important part is not the topic of the obsession, but the intrusiveness, repetitiveness, and distress, and the ways OCD pulls you(s) into cycles of checking, avoiding, and trying to feel "just right."

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Common OCD Themes

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything.
What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

This repetitive content can appear in our minds in different forms, not just as thoughts, but also as images, videos, physical sensations, or urges.

1

OCD Theme: **Contamination/Illness**

Persistent fear that contact with germs, bodily fluids, chemicals, or "unclean" things will lead to illness or cause emotional/physical harm to oneself or others. This may include strong feelings of disgust or repulsion.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "What if I get sick from touching this?"
- "I could make someone else sick by not cleaning properly."
- "What if I don't wash my hands enough and contaminate everything?"
- "I feel dirty — I must be infected."

OCD Theme: **Contamination/Tracking OCD**

This theme involves the fear that contamination can spread or be "tracked" from one place or object to another, often by imagining where a contaminant has been and mentally following its path.
It may involve visually tracing where a guest has walked, touched, or sat, or mentally replaying movements to determine what areas are now "contaminated."

This form of OCD can also include fears of insects, animals, or pests bringing contamination or disease into the home. The distress comes not from dislike of animals, but from the fear of spread, invasion, or loss of control.

The distress is not about dirt itself, it's about protecting safety, control, and boundaries.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "What if the contamination from their shoes is now all over my floor?"
- "What if they touched something, and it spread to everything else?"
- "What if I can't ever clean it completely?"
- "What if insects or animals bring in germs or diseases?"
- "What if contamination spreads invisibly and I lose track of it?
- Visualizing footprints, trails, or invisible marks spreading through your home
- Seeing the contaminant "transfer" from one surface to another
- Mentally replaying where a person walked, sat, or placed items
- Visualizing insects crawling and spreading contamination throughout the space
- Feeling of stickiness, residue, or "film" on the skin even after washing
- Tingling or crawling sensations when imagining contaminated areas
- Tightness or pressure in the chest when seeing someone move through "unsafe" spaces
- Sudden heat or tension when recalling areas believed to be contaminated
- Heightened disgust or nausea when contamination feels "visible" in your mind
- Urge to visually or mentally trace where someone has walked or touched
- Urge to clean, disinfect, or block off areas that "feel" contaminated
- Urge to replay or review steps to ensure no cross-contamination
- Urge to avoid certain areas, rooms, or objects believed to be contaminated
- Urge to shower, wash hands, or change clothes after contact
- Urge to move items or restrict others' movement to contain the spread

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Common OCD Themes

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything.
What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

This repetitive content can appear in our minds in different forms, not just as thoughts, but also as images, videos, physical sensations, or urges.

2

OCD Theme: **Harm to self/Others**

Intrusive fears about accidentally or intentionally causing harm to oneself or others, paired with doubt about one's safety, morality, or self-control.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- Video or image of a car running me over.
- Video or image of driving off a cliff.
- Worry that someone will break into the house.
- Worry that something bad will happen to loved ones.
- Worry or image of accidentally running someone over.
- Video of stabbing or pushing someone.
- What if I snap and hurt someone?
- A video-like image of a car running someone over
- Mental replay of driving off a cliff or into oncoming traffic
- Image of accidentally causing someone to fall, get cut, or be injured
- Flash images of a loved one getting hurt because of something you did
- Sudden jolt or adrenaline spike interpreted as "danger"
- Tingling or activation in the hands, misread as a harmful "urge"
- Tightness in the chest or stomach when around sharp objects or edges
- Nausea, fear, or panic when seeing anything that could cause harm
- Urge to avoid knives, scissors, tools, or kitchen items
- Urge to avoid driving or repeatedly check the road for signs of harm
- Urge to monitor your hands or distance from others to ensure safety
- Urge to mentally replay events to "make sure" nothing happened
- Urge to ask others for reassurance that you didn't do something harmful

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Common OCD Themes

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything. What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

This repetitive content can appear in our minds in different forms, not just as thoughts, but also as images, videos, physical sensations, or urges.

3

OCD Theme: **Responsibility/Guilt**

This subtype can involve feeling a heightened sense of responsibility for the thoughts the mind generates, as if having a thought is the same as acting on it (thought-action fusion). There may also be a worry that not responding to the thought could be interpreted as agreement, along with feelings of guilt simply for the mind producing something unwanted, automatic, and not reflective of one's values or identity.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- Fear of being responsible for harm or wrongdoing.
- Fear of being a "bad" or immoral person.
- Compulsion to confess to reduce guilt or reassure oneself.
- Replay of past events, trying to find proof of harm or mistake
- Visualizing someone getting hurt because of something you did or didn't do
- Imagining a scenario where your words or actions caused lasting damage
- Urge to confess, apologize, or explain "just in case"
- Urge to replay conversations or situations to check for harm
- Urge to seek reassurance that you didn't do something wrong
- Urge to make amends for events that may not need repair
- Urge to over-control decisions to prevent possible guilt later
- "If I don't confess, it means I'm dishonest or hiding something."
- "If someone gets hurt, I'll never forgive myself."
- "If I stop worrying, I'll become careless."
- "If I can't fix what happened, I don't deserve peace."
- "If I tell someone, they might think I'm overreacting, but if I don't, I feel like I'm lying."

4

OCD Theme: **Unacceptable or Taboo Intrusive Thoughts**

This subtype involves intrusive thoughts, images, or urges that go against your values, morals, or identity. These thoughts often feel shocking, disturbing, or "wrong." The distress comes not from desire, but from the fear that the thought might mean something about who you are.

These mental images feel disturbing, confusing, and out of nowhere, like your brain is playing a clip you never wanted to see.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- Sexual intrusive thoughts
- Violent intrusive thoughts
- "What if I'm a pedophile?" (POCD)
- "What if I could hurt someone sexually or physically?"
- Random sexual images involving people you would never choose or want to see that way.
- Movie-like flashes of an act that goes against your values.
- Images involving loved ones, children, family members, authority figures, or strangers, where the shock of the image is what causes distress, not interest.
- A sudden jolt, tension, anxiety spike, or sensation in the groin area that the brain mislabels as "interest."
- Nausea or tightness that feels like "proof something is wrong."

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Common OCD Themes

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything. What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

This repetitive content can appear in our minds in different forms, not just as thoughts, but also as images, videos, physical sensations, or urges.

5

OCD Theme: **Symmetry / Exactness / "Just Right" Sensations**

This theme involves a strong need for things to feel balanced, aligned, or "just right." The distress comes not from fear of danger, but from the internal sense that something is off or unfinished.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "This doesn't feel right yet."
- "If I leave it like this, I'll feel unsettled."
- "I won't be able to relax unless I fix it."
- Seeing objects "snap" into perfect alignment in your mind.
- Mentally replaying an action until it feels even or completed.
- Unevenness in the body (left vs right side).
- Restlessness or tension that feels unresolved.
- Urges to rearrange, repeat, tap, or redo tasks until a sense of "rightness" or completion is felt.

6

OCD Theme: **Somatic / Body Sensation Focus**

This theme involves becoming intensely aware of normal bodily sensations (like breathing, blinking, swallowing, or heartbeat), and fearing that this awareness will never turn off.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- Hyperawareness of heartbeat, breathing, swallowing, muscle sensations
- Hyperawareness that my arm feels weak "why is my arm feeling ike this; something is wrong."
- "What if I never stop noticing this?"
- "What if this becomes unbearable?"
- Seeing oneself overwhelmed by the sensation.
- Urge to research or search for answers about why this is happening

7

OCD Theme: **Existential / Identity / "What if nothing is real?"**

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

This theme involves getting stuck on big, unanswerable questions about identity, purpose, the meaning of life, or the nature of reality. Most people have these thoughts sometimes, but this theme becomes distressing when the mind feels an urgent need for certainty and cannot let the questions go. The discomfort comes from the feeling of not knowing, not from the questions themselves.

- What if nothing is real?"
- "What if I don't actually know who I am?"
- "What if life has no meaning and I can't handle that?"
- "What if other people seem real but I'm not?"
- Replay of moments to "prove" identity or meaning
- Urge to think harder to find certainty
- Urge to research philosophy, consciousness, identity, or meaning
- Urge to replay memories to confirm who you are
- Urge to "test" your emotions or sense of reality

TConcepts adapted from:
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Common OCD Themes

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything.
What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

This repetitive content can appear in our minds in different forms, not just as thoughts, but also as images, videos, physical sensations, or urges.

8

OCD Theme: Relationship / Partner Doubt Obsessions

This theme involves doubt and uncertainty about the relationship or your feelings, even when the relationship is caring, supportive, or aligned with your values.
The discomfort comes from the need for certainty, not from evidence of something being wrong.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- Do I love my partner enough?"
- "What if this isn't the right relationship?"
- "What if I'm settling and don't know it?"
- "What if I stay and regret it, or leave and regret it?"
- Imagining leaving the relationship
- Imagining being with someone else and analyzing how it feels
- Mentally replaying past conversations for "clues"
- Emotional numbness or lack of butterflies interpreted as "proof something is wrong"
- Tightness, pressure, or anxiety when thinking about the relationship
- Confusion that feels physically heavy or foggy
- Urge to check your feelings repeatedly ("How do I feel right now?")
- Urge to compare your partner to others
- Urge to ask for reassurance ("Do you think we're good together?")
- Urge to replay memories to "prove" love or compatibility

9

OCD Theme: Fear of Losing Control / "Going Crazy" / Psychosis Fear

This theme involves fear that one's mind might stop working correctly, that one could lose control, "go crazy," or develop psychosis.
The anxiety is not about wanting to act out of control; it is about the fear of losing stability or safety.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- I'm hearing something, that means I'm crazy
- "What if I lose control of my mind?"
- "What if I go crazy suddenly and can't stop it?"
- "What if I develop psychosis or schizophrenia?"
- Imagining yourself having a breakdown or losing touch with reality
- Seeing yourself acting bizarrely or dangerously
- Visualizing others reacting with fear or confusion
- Racing heart or adrenaline rush interpreted as "proof something is wrong"
- Feeling "out of it," foggy, or detached (derealization)
- Heightened awareness of thoughts or internal experience
- Sudden tension or "jolt" in the body that feels alarming
- Urge to monitor your thoughts to see if they are "normal"
- Urge to ask others for reassurance about your behavior
- Urge to research psychosis or mental illness symptoms

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

OCD Themes from Yale Brown Obsessive Compulsive Scale

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything. What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

10

OCD Theme: **Recurrent intrusive sounds**

This subtype involves recurrent, unwanted internal sounds such as: repeating words or syllables, snippets of music, tones, random noises, or nonsensical sound fragments. These experiences originate from the mind, not the external environment, and are typically recognized as internal. The distress comes from feeling unable to stop, control, or "turn down" the sound once it starts.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "What if this sound never stops?"
- "What if this means I'm losing control?"
- "Why can't I stop thinking about this sound?"
- "What if this is a sign of something serious?"
- "What if I can't focus or function because of this?"
- Sound waves or noise patterns repeating.
- A word or syllable repeating in the mind like text scrolling.
- A song lyric looping like a short video replay.
- A speaker, radio, or device on "repeat."
- A "stuck record" or track skipping.
- Mental "pressure" to complete or fix the loop.
- Heightened internal awareness of sound in the mind.
- Feeling like the brain is "locked onto" the audio.
- Restlessness or agitation when the sound won't stop.
- Sensation of needing to "reset" or "clear" the mind.
- Trying to suppress or push away the sound.
- Repeating the sound intentionally to try to achieve a sense of completion or "just right."
- Replacing the sound with another sound to override it.
- Searching for meaning or trying to analyze why the sound is happening.
- Asking others for reassurance:
- "This isn't psychosis, right?"

11

OCD Theme: **The urge to remember random numbers, dates, names, sequences**

This subtype involves an intense, unwanted urge to remember or mentally retain information such as numbers, dates, names, patterns, or sequences. The distress is not about the content itself, but about the feeling of needing to preserve it, "log" it, or not let it go, often without any meaningful reason. Individuals typically recognize the urge as irrational, but the internal pressure to remember feels urgent, important, or necessary for "completeness" or "rightness."

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "I have to remember this."
- "If I forget this number/name/date, something bad could happen."
- "What does this number mean? Does it mean something about me?"
- "What if forgetting it says something about my intelligence?"
- "If I let this go, something will feel incomplete."
- "What if I need this information later and won't have it?"
- Numbers, digits, or dates flashing in the mind repeatedly.
- Names repeating internally like text scrolling.
- Sequences arranged visually in the mind (e.g., grids, lists, timelines).
- "Snapshots" of license plates, clock times, receipts, or patterns.
- Mental replay of where or when the information was seen/heard.
- Feeling of mental urgency or pressure to "store" the information.
- Restlessness when trying to move on from the number/name/sequence.
- Sense of incompleteness or something being "not quite right."
- Tension or discomfort until memory is "secured" or rehearsed.

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

OCD Themes from Yale Brown Obsessive Compulsive Scale

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything. What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

This repetitive content can appear in our minds in different forms, not just as thoughts, but also as images, videos, physical sensations, or urges.

12

OCD Theme: **Fear of forgetting something important without knowing what it is**

This subtype involves a persistent fear that there is something important that must be remembered, but the individual cannot identify what it is. The distress comes from a sense of responsibility to remember, prevent harm, or avoid making a mistake, combined with an ongoing uncertainty about what needs to be remembered. The person is left searching their memory, environment, or internal state for clues.
The fear is not about one specific memory, but about the possibility of forgetting anything that could matter.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "What if I am forgetting something important right now?"
- "What if I make a mistake because I didn't remember something?"
- "What if I miss something urgent and something bad happens?"
- "I should be more aware; I might be overlooking something."
- "What if I regret not remembering this later?"
- Images of a calendar or planner that feels incomplete.
- A task list with a missing item.
- A door left unlocked (without a specific memory of doing so).
- A future scenario where something goes wrong because something was forgotten.
- A blurry memory "just out of reach.
- Internal pressure to search the mind for what is missing.
- Tension or anxiety that does not resolve until checking is completed.
- Mentally scanning or reviewing memories from the entire day.
- Rechecking schedules, emails, texts, or to-do lists repeatedly.
- Replaying conversations to ensure nothing was missed.
- Seeking reassurance:
- "Did I forget something important?"
- "Am I sure everything is taken care of?"
- Creating excessive lists or reminders "just in case."
- Avoiding commitments or tasks to reduce risk of forgetting.

13

OCD Theme: **Scrupulosity or Moral OCD**

This subtype involves intense fear of being immoral, harmful, dishonest, or "bad" in thought, intention, or action. The distress is not about values themselves (many individuals care deeply about integrity), but about unwanted doubts, self-scrutiny, and fear of doing wrong, even when no wrongdoing has occurred. There is often a chronic sense of being on "moral alert," trying to avoid mistakes or harm at all costs. The individual maintains insight that the fears are excessive, but the internal pressure to be certain of being good feels urgent and necessary.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "What if I'm a bad person?"
- "What if I offended someone?"
- "What if my intention wasn't pure enough?"
- "What if something I did caused harm that I'm unaware of?"
- "What if my thoughts say something real about who I am?"
- Mental replay of: Conversations (checking tone, meaning, or "impact").
- Mental replay of past actions (searching for wrongdoing).
- mental replay of facial expressions of others (interpreting disappointment or harm).
- Visual "flashbacks" of moments where the person fears they may have: Been rude,, Misled someone,, Disrespected someone,, Or acted out of alignment with values.
- Persistent sense of guilt without a clear cause.
- Feeling morally "contaminated" or unworthy.
- Tension in chest or stomach when uncertainty arises.
- Feeling compelled to mentally "check" for bad intentions.

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

OCD Themes from Yale Brown Obsessive Compulsive Scale

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything. What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

This repetitive content can appear in our minds in different forms, not just as thoughts, but also as images, videos, physical sensations, or urges.

14

OCD Theme: Emotional Contamination OCD

This theme involves the fear that contact with certain people, memories, or places could transfer unwanted energy, emotions, or traits onto you. The worry isn't about germs or physical dirt, it's about an emotional or psychological sense of "contamination."
This fear can also appear as feeling changed, tainted, or "carrying" something negative after certain experiences.
The distress comes from a wish to stay emotionally safe and authentic, not from judgment of others.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "What if being around them changes who I am?"
- "What if their energy or essence sticks to me?"
- "What if touching this object connects me to something bad?"
- "What if a memory or feeling 'rubs off' on me and I can't remove it?"
- Visualizing energy, color, or emotion spreading from one person or object to another
- Seeing yourself "absorbing" traits or memories you don't want
- Imagining yourself becoming someone else's energy or mood
- Tingling, nausea, or restlessness after contact
- Feeling physically "different" or emotionally unclean
- An inner pressure or discomfort that feels hard to shake
- Urge to avoid certain people, places, or memories that feel "unsafe" or "contaminated"
- Urge to wash, change clothes, or symbolically "cleanse" emotions
- Urge to mentally replay interactions to check if you've absorbed something
- Urge to distance from others until the uncomfortable feeling fades

15

OCD Theme: Obsessing About Obsessing

This theme centers on worrying about the OCD process itself; the fear of never stopping intrusive thoughts, anxiety, or rumination.
It often feels like being "stuck thinking about thinking," or trapped inside your own awareness.
The distress comes from fearing that the anxiety or OCD will never end, not from the original content of the thoughts.
This theme shows how deeply you value clarity, peace of mind, and self-trust, and how your brain is over-protecting those values.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- What if my thoughts never slow down?"
- "What if I'm stuck in this loop forever?"
- "What if my brain can't turn off?"
- "What if this means I'm losing control?"
- "What if therapy doesn't work for me?"
- Visualizing a loop or cycle that repeats endlessly
- Seeing life go by while still trapped in mental rumination
- Imagining the mind spiraling without relief
- Pressure, heaviness, or buzzing in the head
- Exhaustion or mental fatigue from monitoring thoughts
- Tightness or restlessness when thinking about thinking
- Feeling "stuck," overwhelmed, foggy, or mentally overloaded
- Urge to check whether the thought is still present
- Urge to mentally scan or monitor the mind's activity
- Urge to analyze thoughts to confirm whether improvement is happening
- Urge to read, research, or seek reassurance about recovery
- Urge to avoid quiet moments or rest to prevent more thinking

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

OCD Themes from Yale Brown Obsessive Compulsive Scale

Please note that this is not an exhaustive list of OCD subtypes. OCD can be about anything. What makes it OCD is the cycle of intrusiveness, repetitiveness, and discomfort it causes.

This repetitive content can appear in our minds in different forms, not just as thoughts, but also as images, videos, physical sensations, or urges.

16

OCD Theme: Health Anxiety OCD

Health Anxiety OCD involves persistent fear of having or developing a serious illness, even when there is no medical evidence or symptoms are mild or normal.
The distress often comes from the need for certainty about being healthy, and the fear that something important might be missed.
This fear reflects a deep value for safety, life, and wellbeing. Your brain is trying to protect what matters most.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "What if I have a serious illness and no one has found it yet?"
- "What if this small symptom means something dangerous?"
- "What if the doctor missed something?"
- "What if I ignored a sign and it's too late?"
- "What if I'm being careless with my health?"
- Imagining yourself receiving bad medical news
- Seeing a hospital scene or emergency situation play out in your mind
- Replaying a symptom or body scan over and over mentally
- Heightened awareness of normal sensations (heartbeat, pulse, tension, tingling, pain)
- Sensations that intensify when focused on or feared
- Tightness, fatigue, or nausea that triggers more checking
- Physical anxiety symptoms misinterpreted as illness
- Urge to research symptoms or look up medical information online
- Urge to check your body repeatedly (pulse, lumps, temperature, mirror checking)
- Urge to schedule or repeat medical appointments "just to be sure"
- Urge to ask for reassurance from loved ones or healthcare professionals
- Urge to mentally review every physical sensation to find certainty

17

OCD Theme: Perfectionism

This theme involves the fear of making mistakes, being inadequate, or failing to meet internal or external standards.
The distress often comes from the belief that anything less than perfect equals failure, rejection, or loss of control.
Underneath these fears is usually a deep value for integrity, growth, responsibility, or care. The brain tries to protect these values through overcontrol.

Intrusive Thoughts, Images, Sensations, and Urges Related to This Theme:

- "If it's not perfect, it doesn't count."
- "What if I make a mistake and everything falls apart?"
- "What if people see that I'm not as good as they think?"
- "What if I forget something important and it ruins everything?"
- "What if I can't fix what I did wrong?"
- Seeing yourself being judged, criticized, or rejected for an imperfection
- Replaying moments of error or uncertainty in your mind
- Imagining a scenario where one small mistake leads to serious consequences
- Tension, tightness, or heaviness in the chest or shoulders when things feel unfinished
- Restlessness or pressure to "get it right" before relaxing
- Racing heart, shallow breathing, or fatigue from over-focus
- Sense of relief only when something feels 100% complete
- Urge to check, edit, or review work repeatedly until it feels "just right"
- Urge to avoid tasks unless you're certain you can do them perfectly
- Urge to over-prepare or spend excessive time correcting small details
- Urge to seek reassurance or validation that your work or behavior was "good enough"
- Urge to compare yourself to others to measure worth or adequacy

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Let's Get To Know The Obsessions

Obsessions often communicate doubt in the form of "what if" or "could be" statements/pictures/videos/urges/body sensations.

I invite you(s) to write down all of the What If/Could Be Obsessional Doubts you are aware of right now:

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Let's Get To Know The Obsessions

Obsessions often communicate doubt in the form of "what if" or "could be" statements/pictures/videos/urges/body sensations.

I invite you(s) to write down all of the What If/Could Be Obsessional Doubts you are aware of right now:

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Quinlan, K. (2021). The Self-Compassion Workbook for OCD: Lean into your fear, manage difficult emotions, and focus on recovery. New Harbinger Publications.

Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

Rules

I invite you(s) to notice what rules your brain has come up with to keep you "safe."
The rules our brain creates to feel safe from our obsessions often end up feeding more doubt and uncertainty.

Trying to follow the brain's rules about what feels safe or right gives temporary relief, but it strengthens the cycle of doubt.

The mind's efforts to stop the worry only convince it that there's something to worry about.

Take a moment to notice any "rules" your brain has created around your obsessions, such as things you(s) feel you must do, avoid, or think in order to feel safe or certain. There's no need to judge them; just begin to list or name them with curiosity.

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

Rules

Take a moment to notice any "rules" your brain has created around your obsessions, such as things you(s) feel you must do, avoid, or think in order to feel safe or certain. There's no need to judge them; just begin to list or name them with curiosity.

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

False Self Patterns

Sometimes, when we have been hurt, scared, or criticized, our mind creates a False Self, a protective version of us that tries to keep us safe. This False Self often makes up rules about how we should think, feel, or act to avoid pain or rejection, for example, "I must not upset anyone" or "I can't make mistakes."

Over time, these rules can grow into deeper fears or beliefs about who we are, such as "I'm bad," "I'm unlovable," or "I'm not safe." These are called False Self Themes. →

Think of Themes as:

- False Self Patterns
- False Self Story
- False Self Belief
- False Self Fear → Deep worry about what might happen if we don't follow our mind's rules.

When these fears are activated, the brain may produce different kinds of content, such as thoughts, pictures, mental videos, urges, or body sensations as a way of warning or protecting us. These experiences can feel very real and alarming, even though they come from the brain's attempt to prevent harm or discomfort. The False Self reacts by trying to control, fix, or avoid this discomfort, which can strengthen the cycle of fear and self-doubt.

Noticing these patterns helps you(s) return to your true self, the part that can feel fear, stay kind, and move toward what matters most.

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

The Many False Self Patterns

Each person's False Self learns its own ways to try to keep them safe. These patterns often come from moments of fear, criticism, shame, or uncertainty. Over time, the False Self begins to form deep worries or beliefs about what might happen if we are not careful enough, good enough, or in control.

The brain then creates content — thoughts, pictures, mental videos, urges, or body sensations, that match these fears. This is the brain's way of trying to warn or protect us, even when there is no real danger.

When these fears are activated, the brain may produce different kinds of content, such as thoughts, pictures, mental videos, urges, or body sensations as a way of warning or protecting us. These experiences can feel very real and alarming, even though they come from the brain's attempt to prevent harm or discomfort. The False Self reacts by trying to control, fix, or avoid this discomfort, which can strengthen the cycle of fear and self-doubt.

Common False Self Patterns

1

Fear of Being "Bad" or "Immoral"

The False Self may believe, "If I am not perfectly good, I am bad." This pattern can bring strong guilt, shame, or self-criticism, often followed by urges to prove goodness, avoid mistakes, or seek reassurance.

2

Fear of Causing Harm

The False Self may say, "If something goes wrong, it will be my fault." This pattern can lead to checking, mental reviewing, or replaying memories to make sure no harm has occurred. It can show up as thoughts, images, videos, feelings, body sensations, or urges of responsibility for others' safety.

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

Common False Self Patterns (Continued)

3

Fear of Losing Control

The False Self may worry, "If I lose control, something terrible will happen."
This can include urges to monitor thoughts, emotions, or sensations closely. The body may feel tense or restless, as the nervous system stays alert for danger.

4

Fear of Not being Enough

The False Self may whisper, "I have to be perfect, calm, or strong to be worthy."
This pattern can lead to exhaustion, self-pressure, or comparing yourself to others. It often hides a wish to feel safe, accepted, and loved as you are.

5

Fear of Uncertainty

The False Self may believe, "I must know for sure or be certain before I can rest."
This can create loops of doubt and seeking answers, even when no full certainty is possible. The brain keeps searching, trying to end discomfort, but the search only grows stronger.

6

Fear of Disapproval or Rejection

The False Self may believe, "If others don't accept or approve of me, I'm not okay."
This pattern can lead to people-pleasing, overexplaining, or avoiding situations that might cause tension. Deep down, it often reflects a wish to feel seen, accepted, and connected just as you(s) are.

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

Common False Self Patterns (Continued)

7 Fear of Becoming Sick or Fragile

The False Self may believe, "If I'm not careful, I will get sick or something is wrong with my body."
This pattern can lead to monitoring sensations, searching for reassurance, or avoiding activities that feel risky. Deep down, it often reflects a wish to feel safe, strong, and in control of your health.

8 Fear of Having Bad Intentions

The False Self may believe, "What if I secretly want to harm, manipulate, or do something wrong?"
This pattern can bring strong guilt, confusion, or self-doubt, leading to mental checking or reassurance seeking. Deep down, it often reflects a wish to feel good, trustworthy, and aligned with your true values.

9 Fear of Being Doomed or Beyond Help

The False Self may believe, "Something is deeply wrong with me, and nothing can fix it."
This pattern can bring feelings of hopelessness or despair and may lead to searching for proof that things will never get better. Deep down, it often reflects a longing for hope, healing, and the reassurance that change is possible.

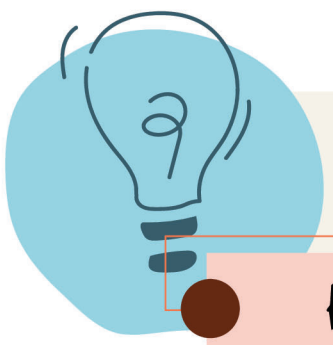
Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

Reflection: Recognizing the False Self

Take a few moments to reflect on which False Selves or patterns feel most familiar to you(s).

- Which ones show up most often when you(s) feel afraid, uncertain, or responsible?
- What "rules" or "warnings" do they tend to repeat?

Moving Forward



Helpful Tip

The next time an obsession appears (in any form), try pausing for a slow breath.

- You(s) can gently tune into your True Self/System, the part that can notice fear without obeying it.
- There is no need to argue, explain, or find reassurance.
- Now you(s) know what this is .
- You(s) can let these obsessions pass, just like junk mail; not personal, not dangerous, just something your brain sent that you(s) don't have to open.

Adapted From:
Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.
Adapted and formatted by:
Melissa Barsotti, LCSW, Mindful Therapy Practice (2025)

Let's Get To Know The Compulsions

Take a moment to gently observe your day or week.

What actions, mental rituals, or habits do you(s) notice yourself/System doing to feel "just right," safe, or certain?

- What situations, feelings, or thoughts tend to bring up these urges?
- If possible, notice how much time these actions take, even a rough guess is enough.

There is no need to judge or change anything right now.

This practice is simply about noticing how the False Self tries to protect you(s), and how much space those patterns may take in your day.

Awareness is the first step toward freedom.

Mental or Physical Compulsion	Approximate Time Spent

Understanding OCD Themes

In this guide, the specific content of an obsession (germs, harm, relationships, identity, etc.) is less important than the pattern it follows.

Across themes, OCD is defined by a cycle of intrusive, unwanted, and repetitive thoughts, images, sensations, or urges, and the distress and time-consuming efforts to neutralize or escape them.

This workbook's list of OCD themes is not exhaustive. Research shows that OCD symptoms often cluster into patterns (such as contamination, symmetry/"just right," responsibility for harm, and taboo or unacceptable thoughts), yet these dimensions frequently overlap, blend, and shift over time. Many folx experience more than one theme at once or notice themes change across different stages of life.

OCD can change across the lifespan. Symptoms may look different in childhood, adolescence, and adulthood, shaped by development, environment, and life circumstances. In short, OCD is not static; it can show up differently at different stages of life, even within the same person(s)/Systems.

OCD is also highly individual and diverse; there is no single "OCD look." Symptoms, biology, and lived experience vary widely from person(s) to person(s), which is why personalized and flexible approaches are emphasized in current research.

The more intersections of identity, stress, and adversity folx have experienced, the more uniquely OCD may be expressed, and the more complex the overall picture can become.

As you(s) explore the different themes, it is common to relate to more than one and to notice that OCD can shift across themes over time. The important part is not the topic of the obsession, but the intrusiveness, repetitiveness, and distress, and the ways OCD pulls you(s) into cycles of checking, avoiding, and trying to feel "just right."

Exercises

List of OCD subtypes:

Journal Prompt:

This is a space to look at the fears/obsessions listed so far and put them into your own language, the way you actually experience them. You may add, remove, or rephrase anything so the list truly reflects your experience.

Example: *OCD Subtype Theme* **Fear of harm happening to me**

Specific Thoughts relating to this theme

- Fear of being poisoned by contaminants (cleaning products, pest control chemicals, residue on surfaces).

How strong is my discomfort when this is present on a scale of ***0*** = no discomfort and ***10***= most discomfort, needing immediate help for crisis.

Example: *OCD Subtype Theme:* **Fear of Overdosing or harming myself accidentally**

Specific Thoughts relating to this theme:

- Fear of being poisoned by contaminants (cleaning products, pest control chemicals, residue on surfaces).

0-10 Distress number

Example: *OCD Subtype Theme:* **Needing to take medication PERFECTLY/EXACTLY**

Specific Thoughts relating to this theme:

- Fear that medication must be taken in a "perfect" way to avoid harm (timing, food amount, environmental context).

0-10 Distress number

Example: *OCD Subtype Theme:* **Fear of Losing control or going crazy**

Specific Thoughts relating to this theme:

- Fear of being hospitalized and not receiving competent medical care.
- Fear of losing control of mind (fear of schizophrenia), especially when experiencing intrusive sensory perceptions, such as hearing random sounds repetitively.

0-10 Distress number

Example: *OCD Subtype Theme:* **Fear of Becoming Physically ill**

Specific Thoughts relating to this theme:

- Fear of getting physically ill from environmental contaminants (sink water, surfaces, items handled by others).

0-10 Distress number

Example: *OCD Subtype Theme:* **Obsessing about Obsessing**

Specific Thoughts relating to this theme:

- Fear that if I attend an OCD support group, I will think i have other symptoms that I don't, and not be able to stop or control my worrying about this.

0-10 Distress number

Exposure and Response Prevention Homework

Facing My Obsessions Using Acceptance and Letting Go, While Practicing Response Prevention
Response Prevention = Not Doing Mental or Physical Safety Behaviors

Instructions:

Today we are learning how to allow the obsession to be present without doing the safety behaviors that try to make the fear go away.
The goal is to practice staying with the discomfort long enough for it to soften on its own.

This is how the brain learns:

"This feels uncomfortable, but it is not dangerous. I can let it be here and continue living."

OCD Subtype Theme **Obsessive thought or fear (in your own words):**

Specific Thoughts relating to this theme

- Fear of being poisoned by contaminants (cleaning products, pest control chemicals, residue on surfaces).

What is something I want to be able to do that OCD tells me is unsafe?

- I want to be able to take my medication and then move on with my day, without it taking up so much mental space or worry.

The above is what the Exposure Practice will be

- I will practice staying with this situation so I can live the life I want.
- Repeating this helps my brain learn:
  - This is uncomfortable, not dangerous.
  - I can handle this experience.
  - I can trust my ability to move through discomfort.

Response Prevention

Safety behaviors (mental or physical) are things I do to feel safer in the moment.
They feel protective, but they actually keep the fear cycle going.

Instructions:

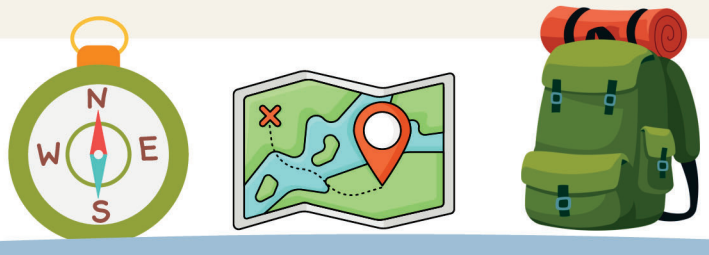
For this practice, I will allow the discomfort to be present
and I will not use the safety behaviors that try to remove or fix the feeling.
I am learning that I can feel discomfort without needing to make it go away.

Distress Rating from 0-10 (10 is most, 0 is least/none)

Post Exposure and Response Prevention Reflection/Journaling:

- What did I learn about myself?
- What is my take-away?

Getting to Know Your True Self Through Values



1. What are your values?

Being human is complicated, busy, chaotic, you name it. When we have our values identified, we can use our values as a compass to how we respond/react to whatever life throws at us.

With this compass, we are more likely to live a life that is aligned with our values and authentic self/system.

Exercise: Take a moment to identify your top 5 values, using the list below. Feel free to include values that may not be listed on the table.

Suggestions for Systems:

Step 1. Kindly invite system members/parts who want to participate into your shared inner place where you/your system gather for collective reflection or problem-solving.

Step 2. Acknowledge every system member, including those who choose not to participate. Remind them they are safe, not in trouble, not being defiant, and that choosing not to join is okay. Let them know the system will still support them in the best way possible.

Step 3. Invite each system member who wishes to participate to share their top value(s). Take time to listen, notice where values overlap or differ, and reflect on how all of these can help guide care for the whole system.

List of Values

Accountability
Achievement
Activism
Adaptability
Adventure
Altruism
Ambition
Authenticity
Autonomy
Balance
Beauty
Career
Caring
Climate-Consciousness
Collaboration
Commitment
Community
Compassion
Competence
Confidence
Connection
Contentment
Contribution
Cooperation
Courage
Creativity
cleanliness
Curiosity
Dignity
Diversity
Efficiency
Eco-Consciousness
Environment
Equality
Ethics
Excellence
Fairness
Faith
Family
Financial Stability
Forgiveness
Freedom
Friendship
Fun
Generosity
Grace
Gratitude
Growth
Harmony
Health
Heritage
Home
Honesty
Hope
Humility
Humor
Inclusion
Independence
Initiative
Integrity
Intuition
Job Security
Joy
Justice
Kindness
Knowledge
Leadership
Learning
Legacy
Leisure
Love
Loyalty
Making a difference
Nature
Openness
Optimism
Order
Organization
parenting

Adapted from Rosenberg, M. B. (2003). Nonviolent communication: A language of life (2nd ed.). Encinitas, CA: PuddleDancer Press.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

List of Values (continued)

Patience
Patriotism
Peace
Perseverance
Personal Fulfillment
Power
Pride
Recognition
Reliability
Resourcefulness
Respect
Responsibility
Risk-taking
Security
Self-Discipline
Self-expression
Self-Respect
Serenity
Service
Simplicity
Spirituality
Stewardship
Success
Sustainability
Teamwork
Thrift
Time
Tradition
Travel
Trust
Truth
Understanding
Uniqueness
Usefulness
Vision
Vulnerability
Wealth
Wellbeing
Wholeheartedness
Wisdom

Adapted from Rosenberg, M. B. (2003). Nonviolent communication: A language of life (2nd ed.). Encinitas, CA: PuddleDancer Press.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

In the Moment: Pause, Anchor, Choose

Helpful Tip

Choosing From the True Self/System

When an obsession or the urge to do a compulsion appears, pause for a slow, steady breath.
Notice what is happening, without judgment.

1 **What Feels Safe Enough Right Now?**

- Identify one of your three chosen anchors (for example, your breath, your feet on the ground, or a calming image).
- Allow that anchor to remind your body that you are here, in this moment.

2 **From my True Self/System, what value(s) do I/We want to act from right now?**

- Which of my chosen values could guide my next step, word, or action?
- What would it look like to let this value, not the obsession or false selves, lead the way?

3 **Take one small action**

Take one small breath that aligns with the values you(s) have chosen above.

- You(s) do not need to engage with the obsession or compulsion.
- You(s) can choose to act from your True Self, guided by what truly matters.

Handout created by Melissa Barsotti, LCSW
Mindful Therapy Practice (2025)

Tips for HOW TO Practice Mindful Observation

Identify 3 Anchors

An Anchor is
something you come
back to,
to help you regain
balance, calm.

What are your Anchors?

_____

_____

_____

_____

_____

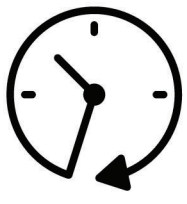
Tips: It is helpful to identify anchors that you(s) will always have easy access to, such as parts of your body that have no negative associations, such as:

- Back
- Breath
- Fingers
- Hands
- Toes
- Feet firmly on the ground
- Clavicle
- Closing of the eyes

Handout created by Melissa Barsotti, LCSW
Mindful Therapy Practice (2025)

Choose a Mindful Attitude to Guide You

Let go of what you cannot control



ACCEPT that the discomfort you feel is temporary

Trust that you(s) have the resources
Trust that you(s) have the tolerance and patience

Embrace NON-JUDGMENT and grant Self/System GRACE and COMPASSION

Notice thoughts, feelings, body sensations, and system members/parts, with gentle curiosity. Approach all like an explorer, open to learning. Even when things feel strange, uncomfortable, or unfamiliar, ask questions without making assumptions, meeting all experiences with openness.

Let Go
Accept
Trust
Non-Judgment
Compassion
Curiosity

This handout adapts concepts from:
Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.
Hershfield, J. (2018). Overcoming Harm OCD. New Harbinger Publications.
Marich, J. (2013). Creative Mindfulness: 20+ Strategies for Wellness & Recovery. Mindful Ohio
Quinlan, K. (2021). The Self-Compassion Workbook for OCD. New Harbinger Publications.
Compiled and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Choose a Mindful Attitude to Guide You Reflection

What will You(s) make efforts to Let Go of?

What will You(s) make efforts to ACCEPT?

What will YOU(s) make efforts to embrace and TRUST?

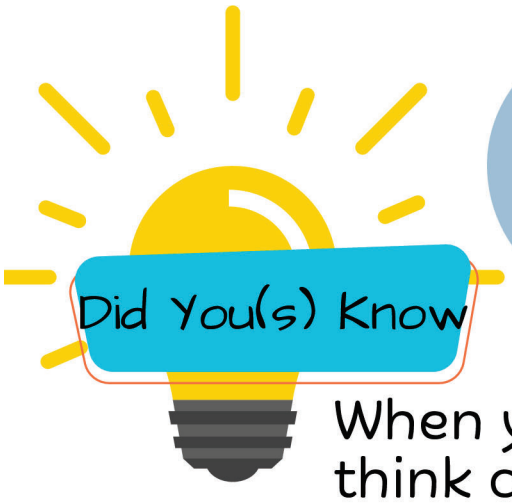
What will You(s) make efforts to NOT JUDGE & Invite Compassion for?

What will You(s) make efforts to be curious about?
What non-judgmental and kind questions can You(s) ask?

Mindful Skills:

- Watch/observe
- Let Go

Self/System Loving Kindness & Compassion



When you/your system notice dysregulation and find it harder to think clearly or complete tasks, gently remind yourselves this is not a personal failing. In these moments, practice offering your self/selves/system kindness and compassion. Research shows that self-compassion can calm the nervous system, reduce shame, and support clearer thinking.

Dr. Kristin Neff, author of Self-Compassion: The Proven Power of Being Kind to Yourself, identifies the following three key components involved in self-compassion:

1. **Self-kindness**: Being gentle and understanding with ourselves, rather than critical and judgmental.

2. **Recognition of our Common Humanity:** Acknowledging that as humans, we are all imperfect. This allows us to feel connected to others, vs isolated with our suffering.

3. **Mindfulness:** Being present and aware of our experience as it is occurring in real time. Acknowledging our suffering, rather than ignoring it or exaggerating it.

Adapted from: Neff, K. (2011). Self-compassion: The proven power of being kind to yourself. William Morrow.
Handout Developed and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Why is Self-Kindness and Self-Compassion absolutely necessary for healing and growth?

Our nervous system must be in a place of safety and connection in order for us to be curious and explore new things.

Imagine teaching a child how to ride a bicycle for the first time, with a harsh tone of voice and messages of criticism?

This critical and judgmental approach is less likely to promote encouragement, joy, curiosity, or exploration.

When learning to ride a bicycle, we are likely to fall a few times. With a kind and compassionate approach, we are more likely to quickly fall & try again.

You(s) are invited to pause with gentle eyes, a gentle heart, and gentle words. Notice what gentle words you would like to gift yourself/selves/system.

Handout Developed and adapted by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Exposure Types

What is an EXPOSURE?

Exposures are structured therapeutic exercises used in Exposure and Response Prevention (ERP), the gold-standard, evidence-based treatment for Obsessive-Compulsive Disorder (OCD).

Exposures involve:

Gently and repeatedly approaching the thoughts, images, urges, situations, or body sensations that trigger OCD-related fear or discomfort WHILE

Intentionally refraining from compulsions or safety behaviors.

The purpose is not to "prove the fear wrong," "get rid of anxiety," or "find certainty," but rather to help the brain and nervous system learn something new:

"I can experience discomfort, uncertainty, or intrusive thoughts, AND I can still choose my actions, values, and direction."

Through repeated practice:

- Anxiety, fear, or disgust generally becomes more manageable.
- OCD loses credibility and control.
- You(s) build trust in yourselves, your(s) values, and your(s) ability to tolerate internal experiences without engaging in compulsions.
- The brain learns that feared experiences do not require escape or ritualizing, which weakens OCD's cycle over time.

Exposures can be done with real-life situations (in vivo), imaginal/scripting, interoceptive/somatic triggers, or any combination that targets the specific OCD cycle.

At their core, exposures are a courageous, collaborative practice of facing what OCD mislabels as "danger," and discovering that you(s) can live meaningfully, even with uncertainty.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Exposure Rules

Purpose of Exposure: To challenge the distorted belief that you are incapable of tolerating uncertainty about your harm-related thoughts and feelings.

1

Don't do exposure in a manner where accidental harm is likely to take place.

- There is no reason Exposure Response Prevention (ERP) should include risk-taking behaviors that fall outside of generally understood safety principles. Example: A therapist will not ask you to run in the middle of the street, or drive blindfolded.
- We do take the risk of driving with a seatbelt, at a reasonable speed, and with our disturbing thoughts, but without compulsions.

2

You don't have to violate your values in the name of ERP.

- Nothing about exposures demands that you violate your personal moral or ethical code.
- Your OCD may make you doubtful about your moral and ethical code and your integrity; however, remember that this is the nature of OCD thoughts. Thoughts are not facts. Having thoughts does not make them reality.
- ERP does not ask you to harm anyone or engage in any particular behavior you believe inherently wrong
- Ask yourself if the feeling of immorality is coming up from your values or from your OCD.
- Example: Allowing yourself to have scary thoughts while holding a knife to cut an apple in the same room as your therapist or a loved one may feel immoral, but is it really? My guess is that holding a knife to cut an apple in someone's presence does not itself go against your values.

3

NO TESTING!

- Testing or checking to be certain about your feelings about the exposure renders the exposure useless.
- Tring to prove that you won't harm yourself or others or trying to prove that you're not a "BAD" person only interferes with your ability to expose yourself to UNCERTAINTY and teaches the brain that your tests are valid assessments of reality. This is a compulsion to receive certainty and reassurance. This is not a treatment strategy.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Exposure Types (not a complete list)

Imaginal exposure (including scripting)

Imaginal exposure (often called "scripting" in OCD work) uses deliberately created mental images or written/audio stories to face feared thoughts and scenarios that cannot be easily or ethically recreated in real life (e.g., "What if I secretly harmed someone and don't remember?" "What if I offended God and can't be forgiven?").

Key elements

- Therapist and client co-create a clear, detailed script of the feared scenario.
- The script ends with uncertainty, meaning we don't finish with a promise that everything will be okay.
  Instead, we practice sitting with the "not knowing."
  This helps your(s) brain learn that it's possible to feel worried or unsure and still be safe enough, and that you(s) don't need a perfect answer to keep going with your life.
- Clients listen to or read the script repeatedly, allowing distress to rise and fall without rituals or safety behaviors.

In Summary:

Imaginal exposure means writing or listening to a story that describes the very thing OCD is most afraid of. Instead of pushing the images away, you(s) stay with them on purpose and practice not doing compulsions

This helps your(s) brain re-learn that thoughts and images, even intense ones, are not dangerous.

In Vivo Exposure

In vivo exposure means directly approaching real-life situations, places, objects, or activities that trigger fear or obsessions, while refraining from compulsions or safety behaviors. For OCD, that might be touching "contaminated" surfaces, leaving items "uneven," or driving on feared routes, and then not washing, checking, confessing, etc.

In OCD guidelines and reviews, in vivo exposure is consistently described as a core element of ERP and one of the most evidence-based interventions for OCD and other anxiety disorders.

Over time, your(s) brain and body learn that you(s) can handle the anxiety and still live in line with your(s) values.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Exposure Types (this is not an exhaustive list)

Interoceptive / somatic exposure

Interoceptive (somatic) exposure means intentionally bringing on feared body sensations—such as a racing heart, dizziness, shortness of breath, or nausea—and then staying with those sensations without escape behaviors (e.g., lying down, checking vitals, seeking reassurance)

Although historically linked with panic disorder, more recent work emphasizes its usefulness in OCD, health anxiety, and anxiety sensitivity, especially when clients misinterpret bodily sensations as proof that something terrible (contamination, losing control, fainting, going "crazy") is about to happen.

Examples:

- Spinning in a chair to create dizziness
- Brief hyperventilation to mimic breathlessness
- Running in place to create a racing heart
- Holding breath or tensing muscles to evoke internal pressure
-

In Summary:

Interoceptive exposure means practicing with uncomfortable body sensations on purpose, so your nervous system learns:

- This feels UNCOMFORTABLE, but it isn't actually dangerous.
- You(s) stay with the sensations without trying to fix them, and over time they become less powerful.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Socratic Questions

Socratic questions are curious questions we ask ourselves to help us look at our thoughts in a calmer, clearer way.

They are not arguments, and they are not debates with OCD.

They are gentle questions that help you(s):

- Understand what your(s) mind is saying
- Slow down the worry
- Notice what is a fact and what is a worry-story
- Remember your(s) values and what matters to you(s)
- Make space for "not knowing" without trying to get perfect certainty

You(s) do not have to find a "right" answer.
The goal is to think in a kinder, more flexible way, not to win a fight with your(s) thoughts.

Why use Socratic Questioning?

Because OCD thoughts often feel:

- Super fast
- Super scary
- Super uncomfortable
- Super convincing
- Like emergencies

Socratic questions help slow things down so you(s) can choose your(s) next step instead of letting OCD choose for you(s).

How Socratic Questions Help:

Socratic questions give you(s) a chance to:

- Step back from the thought
- Notice if the thought is a fact or an OCD worry-story
- Calm down OCD's "emergency language"
- Use cognitive restructuring
  meaning you(s) choose kinder, more factual, more realistic words

- Remember your(s) values (family, kindness, school, health, creativity)
- Make room for "not knowing" without needing perfect certainty

You(s) do not need the perfect answer.
The goal is flexible thinking, not "winning" against OCD.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Examples of Socratic Questions

These questions are meant to feel gentle and curious:

- "What is OCD saying right now?"
- "Is this a fact, or is this my(s) mind trying to protect me(s) too hard?"
- "Is this thought using emergency words like always, never, danger, what if?"
- "What would kinder, more factual language sound like?"
- "If my friend had this thought, what would I(s) tell them?"
- "Can I allow a little 'not knowing' without chasing certainty?"
- "What matters most to me(s) right now, and what small step matches that?"

Cognitive Restructuring

Cognitive restructuring = choosing words that help instead of words that scare you.

OCD uses:

- emergency language
- dramatic language
- extreme "what ifs"
- scary guesses

Instead, You(s) can choose to use:

- calmer words
- factual words
- realistic words
- kinder words

Example:

OCD says: "Something terrible is going to happen right now!"

Instead, You(s) can try:

"I'm feeling uncomfortable, and this is a worry-story my(s) brain is telling. I can take a breath and choose what I want to do next."

This isn't reassurance.
It's kind and realistic, matter of fact thinking.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Identifying Your Fear Story

What is a Fear Story?

A fear story is a story that your(s) brain makes up when you feel scared, uncertain, or uncomfortable. It usually starts with "What if…?" and then jumps straight to the worst possible ending, even if that ending is not likely or not based on facts.

- A fear story is NOT a fact.
- A fear story is NOT a prediction.
- A fear story is NOT a sign that something bad is happening.

A fear story is just your(s) brain trying too hard to protect you(s), like an alarm that goes off even when there is no fire.

What does a Fear Story sound like?

Fear stories often include:

- "What if something terrible happens?"
- "What if this means I'm going crazy?"
- "What if this never stops?"
- "What if this thought means something bad about me(s)?"
- "What if I lose control?"
- "What if I can't trust myself?"
-

Fear stories talk in dramatic, emergency language, even when you(s) are safe enough.

They feel VERY real, but they are not the same as reality.

How To Identify A Fear Story

Here are simple clues your(s) brain is telling a fear story:

1. Starts with "What If..."

OCD loves "what if" questions because they sound like danger.

2. It Jumps straight to the worst ending

The ending is usually big, scary, and extreme.

3. If feels Urgent, Like an Emergency

Fear stories make you(s) feel like you have to "fix it" immediately.

4. It demands 100% certainty

Fear Stories Say:

"You must know for sure nothing bad will happen."

But humans don't get 100% certainty about anything.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Identifying Your Fear Story

How To Identify A Fear Story

Here are simple clues your(s) brain is telling a fear story:

5. It makes you(s) body feel tight, shaky, upset, uncomfortable.
   OCD and the body team up to create a "danger" feeling, even when you(s) are safe enough.

6. The fear feels bigger than the situation

   The reaction doesn't match what's actually happening.

7. It sounds different from your usual voice/tone/energy/personality

   Fear stories often feel louder, harsher, or more dramatic.

Quick list of Questions for the Fear Story Content

Ask yourselves:

- "Is this thought trying to scare me(s)?"
- "Is this a fact or a worry?"
- "Is this my normal voice or my fear voice?"
- "Is this OCD asking for 100% certainty?"
- "Does this story skip steps and go straight to the worst part?"

If you(s) answer yes to any of these…
it's probably a fear story, not a real danger.

DO NOT FIGHT FEAR STORIES

Fear stories are not bad or wrong.
They are just stories, not commands.

We don't fight them, argue with them, or try to prove them wrong.

instead, We:

- Notice them
- Name them
- Let them be there
- And keep choosing our(s) values

Remember What you(s) have learned: A thought is just a thought.
A story is just a story."
Even fear stories.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Homework: Scripting (Imaginal Exposure)

1

Identify what the fear story is

What is your OCD telling you?

2

Remind yourself that You can tolerate Discomfort.

Now Tajke the worst parts of the Fear Story and write a statement that includes:

- I May or May Not...

and

3

Include Cognitive Restructuring Factual, Neutral, Matter of Fact Language.

Tolerating the Fear Story Script		Cognitive Restructuring Language
I May or May Not...hear a bell right now for 5 minutes, 10 minutes, 1 hour, 5 hours. The bell is There.		

This is cognitive Restructuring Language.
It is Simple, concise, matter of Fact, Neutral
Not meant to harm, just Fatual

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Instructions:

Feel free to use the prompts below to help you(s) create a clear, simple fear story.
Focus on the worst parts of the "what if" that OCD is telling you(s).
These pieces will become part of your "I may or may not..." script.
After that, you(s) can add cognitive restructuring—kinder, calmer, more factual language—to balance OCD's emergency story.

Purpose: Help your brain practice hearing the fear-story without trying to fix it.
Practice allowing discomfort + uncertainty while staying safe enough.

Prompts to create a script

When I hear a sound and don't know where it came from:

- OCD says: What if I'm hearing things?"
- "OCD says: What if this means I'm losing control?"
- "OCD says: What if this proves something is wrong with me(s)?"
- "The scary story OCD tells is

The Scary Story OCD tells me is:

Prompts to create a script

When I get scared I'm 'going crazy':

- OCD's story: You can't trust your mind."

"OCD's prediction:

The Part That Feels the Scariest or Most Uncomfortable is:

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Homework: Scripting (Imaginal Exposure)

Purpose: Help your brain practice hearing the fear-story without trying to fix it.
Practice allowing discomfort + uncertainty while staying safe enough.

Prompts to create a script

When I start Obssessing about Obsessing:

- "OCD says: What if I can't stop thinking about this forever?"
- "OCD says: What if thinking about the thought means something bad?"

The Scary Story OCD tells me is:

Prompts to create a script

Example OCD Fear: When the (substitute the annoying sound that is specific to your experience) sound gets stuck in my mind:

- "OCD says: The bell sound means danger."
- "OCD says: You need loud noise to be safe."
- "OCD says: This will never stop unless you drown it out."

"OCD's prediction:

The Part That Feels the Scariest or Most Uncomfortable is:

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Before and After Exposure Exercises:

Before The Exposure: Know Your Values

- "What is the OCD fear today?"
- "Where do I feel it in my(s) body?"
- "What value am I practicing (courage, rest, independence)?"

After The Exposure:

- "What did I notice?"
- "What surprised me(s)?"
- "What am I proud of myself for?"

Feel free to write your reflextions here:

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Homework: Written Exposures

Goal: To notice strange sounds or "what if I go crazy" thoughts and
EXAMPLE: tolerate the discomfort while continuing daily activities.

Dialectical and factual Belief:

"I can feel scared by strange sounds and still keep going with my day."

"I can have the thought 'What if I go crazy' and still choose actions that help me live the life I want."

Important Rule for All Exposures:

Do every exposure alone, without help from anyone.

Having someone guide you, stay with you, or reassure you becomes a behavioral compulsion, which prevents your brain and nervous system from learning that you can tolerate fear, discomfort, and uncertainty on your own.

You are teachign your brain the truth:

- I am capable.
- I am smart.
- I am an adult.
- I can function independently.
- I can feel fear and still do things on my own.

Do not ask anyone to help, check on you, or support you during exposures.

Exposure Practice:

Write this sentence: "I may or may not go crazy" 25 times
Do this 2x/day

Steps:

1. Pick a time: Choose a quiet time when you can focus for a few minutes.

2. Rate your the intensity of your discomfort or fear on 0-10 scale BEFORE you do the exposure.

(0- NO distress or fear, or discomfort, and 10= the worst, most intense fear/discomfot that you cannot tolerate and results in you feeling frozen and/or needing to have someone with you for support).

Before SUD (subjective units of distress 0-10)

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Homework: Written Exposures (continued)

Exposure Practice:

Write this sentence: "I may or may not go crazy" 25 times.
Do this 2x/day

Steps:

3 Write Slowly
Write the sentence: "I may or may not go crazy" 25 times.

4 Notice your thoughts & let them be there.

- When thoughts show up ("This is scary," "What if it's real?"),
- just notice them in the background.
- Do not change them, fix them, neutralize them, or push them away.
- Do not do any mental or physical compulsion.
- Allow all thoughts to be present, even the uncomfortable ones.
- Let them float by like clouds.
- Keep going with your task (writing or saying the exposure).
- At the same time, gently notice neutral things around you—
- colors, shapes, sounds, your feet on the floor.
- You are practicing:

"I can let thoughts be here and not do anything about them."

5 Notice your feelings.

Ask yourself: What am i feeling right now?" Feel free to use the feeling wheel. We are just noticing as we continue writing. We are noticing, tolerating, and letting all just be.

6 Notice your body

(Examples: tight chest, fast heartbeat, warm face, shaky hands, butterflies in stomach.)

- Do nothing to change it.
- Just notice it like you are watching a wave rise and fall.
- Say to yourself:

"This feeling is here because of a false alarm. My body is reacting to a worry story."

- Remember:

Your body can feel uncomfortable and still be safe.

- These feelings cannot hurt you.
- They are just your nervous system reacting to fear thoughts.
- Your job is to let the feeling be there and practice staying with it.
- This is how we teach your brain and body:
- "There is nothing to fix. I can handle this experience/body sensation."

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Homework: Written Exposures (continued)

Exposure Practice EXAMPLE:

Write this sentence: "I may or may not go crazy" 25 times.
Do this 2x/day

7 Rate your distress AFTER the 25 repetitions:

Write :

AFTER SUD (subjective units of distress 0-10)

8 Use a Grounding/Coping Tool Throughout as needed, and definitely after.

- inhale through nose, exhale long and slow out through the mouth; feel free to make the sound of the wind or ocean.
- Press feet into the ground, feeling ground beneath you
- Engage in a gentle stretch (full body) or just arms, shoulder stretch, neck stretch, leg stretch, toe stretch.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Homework: VERBAL Exposures

Exposure Practice EXAMPLE:

Say this sentence: "I may or may not go crazy." 10 times

Do this 2x/day, COMPLETELY ALONE.

Steps:

1 Pick a time: Choose a quiet time when you can focus for a few minutes.

2 Rate your the intensity of your discomfort or fear on 0-10 scale BEFORE you do the exposure.
(0- NO distress or fear, or discomfort, and 10= the worst, most intense fear/discomfot that you cannot tolerate and results in you feeling frozen and/or needing to have someone with you for support).

Before SUD (subjective units of distress 0-10)

3 Say the sentence outloud sloly and clearly: "I may or may not go crazy" 10 times

4 Notice your thoughts & let them be there.

- When thoughts show up ("This is scary," "What if it's real?"),
- just notice them in the background.
- Do not change them, fix them, neutralize them, or push them away.
- Do not do any mental or physical compulsion.
- Allow all thoughts to be present, even the uncomfortable ones.
- Let them float by like clouds.
- Keep going with your task (writing or saying the exposure).
- At the same time, gently notice neutral things around you—
- colors, shapes, sounds, your feet on the floor.
- You are practicing:

"I can let thoughts be here and not do anything about them."

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Homework: VERBAL Exposures

Exposure Practice:

Say this sentence: "I may or may not go crazy." 10 times.
Do this 2x/day

6 Notice your body

(Examples: tight chest, fast heartbeat, warm face, shaky hands, butterflies in stomach.)

- Do nothing to change it.
- Just notice it like you are watching a wave rise and fall.
- Say to yourself:

"This feeling is here because of a false alarm. My body is reacting to a worry story."

- Remember:

Your body can feel uncomfortable and still be safe.

- These feelings cannot hurt you.
- They are just your nervous system reacting to fear thoughts.
- Your job is to let the feeling be there and practice staying with it.
- This is how we teach your brain and body:
- "There is nothing to fix. I can handle this experience/body sensation."

7 Rate your distress AFTER the 10 repetitions:

Write :

AFTER SUD (subjective units of distress 0-10)

8 Use a Grounding/Coping Tool Throughout as needed, and definitely after.

- inhale through nose, exhale long and slow out through the mouth; feel free to make the sound of the wind or ocean.
- Press feet into the ground, feeling ground beneath you
- Engage in a gentle stretch (full body) or just arms, shoulder stretch, neck stretch, leg stretch, toe stretch.

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Identifying a Goal for Each Obsession

A self-guided worksheet for OCD recovery.

OCD brings strong fears, "what if" thoughts, and uncomfortable body feelings.
This handout helps you create one clear goal for each obsession so you can practice ERP (Exposure and Response Prevention) in a focused and empowering way.

For every obsession listed below, there is one goal:

To face the fear, allow the discomfort, and keep living my life.

Use this worksheet to name your own goal for each obsession.

1 Contamination Obsessions:

(Fear of germs, poison, chemicals, illness, dirty items)

Example Goal:

"To touch things I fear are dirty or contaminated and tolerate the uncomfortable feeling while continuing with my day."

You Goal:

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Recommended Exposures:

Recommended Physical Exposures For Contamination Obsessions:

- Touch doorknobs and delay washing for 2–10 minutes
- Touch surfaces considered "dirty" (chair, counter, sink, trash can lid)
- Take a shorter shower by 3–5 minutes
- Reduce scrubbing by 1–2 strokes per area
- Touch areas near insect powder or trash without immediately washing hands
- Pick up items labeled "dirty"
- Sit on the floor briefly or touch the floor and delay washing
- Eat a snack without washing hands right before
- Touch laundry, clothes, or shoes considered "contaminated"

Recommended Mental Exposures for Contamination Obsessions:

Allow the thought "I might get sick" without correcting it
- Imagine touching contaminated items and feeling the discomfort
- Visualize germs or dirt being present and stay with the image
- Write and read scripts about contamination fears ("Maybe I touched poison")

Choose 4 Physical Exposures

Physical exposures are things you do with your body (touching, reducing washing, shortening showers, etc.).
These exposures help your nervous system learn that physical sensations of fear are safe.

Choose 4 physical exposures you are willing to try this week (discuss with therapist):

Physical Exposure #1

Physical Exposure #2

Physical Exposure #3

Physical Exposure #4

Choose 4 Mental Exposures

Mental exposures help you practice staying with OCD thoughts without doing mental rituals, correcting, neutralizing, or reassuring yourself.

Choose 4 Mental exposures for contamination fears you are willing to try this week (discuss with therapist):

Mental Exposure #1

Mental Exposure #2

Mental Exposure #3

Mental Exposure #4

ERP Worksheet: Avoidance Compulsions (Not leaving the Home)

Teaching your brain and body that you can go outside safely and independently.
Avoidance is a compulsion when it keeps you from living the life you want.
This worksheet helps you practice leaving the home in a slow, steady, and structured way, while not doing rituals or asking for reassurance.
You will complete all exercises alone, to teach your brain:

- ✓ "I can feel fear and still take action."
- ✓ "My body can handle discomfort."
- ✓ "Uncertainty is safe."
- ✓ "I can function independently."

1 Obsession/Fear Story

Write down the fear that makes it hard to leave home:

My Fear Story Is:

(Examples: "Something bad will happen," "Someone might follow me," "I won't be safe without my mom," "I won't know what to do.")

2 What Avoidance Looks Like

Check one that fits you:

- □ Staying inside even when I need something
- □ Asking someone else to go out for me
- □ Waiting until someone is home before I step outside
- □ Leaving the house only with another person
- □ Avoiding stores, bus stops, or sidewalks
- □ Avoiding walking to the corner or mailbox
- □ Avoiding taking out the trash
- □ Avoiding going outside when it's dark or quiet
- □ Other: _____

3 ERP Rules for Avoidance

I will leave the home for practiced exposures alone and without reassurance.
This teaches my brain and nervous system:

- ✓ Fear ≠ danger
- ✓ I can handle being outside
- ✓ I don't need someone else to be safe
- ✓ Anxiety rises and falls on its own

ERP Worksheet: Avoidance Compulsions (Not leaving the Home) (continued)

Teaching your brain and body that you can go outside safely and independently.
Avoidance is a compulsion when it keeps you from living the life you want.
This worksheet helps you practice leaving the home in a slow, steady, and structured way, while not doing rituals or asking for reassurance.
You will complete all exercises alone, to teach your brain:

✓ "I can feel fear and still take action."
✓ "My body can handle discomfort."
✓ "Uncertainty is safe."
✓ "I can function independently."

4 Choose a Physical Exposure for Leaving the House:

Pick exposures you are willing to try this week.
Start small. Go slow. Stay steady.

✓ Physical Exposure #1

(Example: open the front door and stand outside for 10–30 seconds.)

Every Day Increase This time by 5 minutes, 10 minutes.

✓ Physical Exposure #2
(Example: walk to the mailbox and back.)

✓ Physical Exposure #3
(Example: walk to the corner of the street alone.)

✓ Physical Exposure #4
(Example: go to a store briefly and buy or look at one small item.) Example: Walk two Blocks.

Steps for Each Exposure:

Before you start, remind yourself:
"My job is not to feel comfortable. My job is to face the fear."

A. Before the Exposure
1. Rate your SUDS (0–10): _____
2. Notice your thoughts.
3. Notice your feelings.
4. Notice your body sensations.
5. (Do not change, fix, or neutralize anything.)

B. During the Exposure
1. **Stay in the situation long enough for the fear to rise and fall.**
2. **Do no safety behaviors (no texting, calling, hiding, rushing, checking).**
3. Let discomfort be there; keep going.

C. After the Exposure
1. Rate your SUDS again: _____
2. Use one grounding tool (slow breathing, 5-senses, feet on floor).
3. Write a brief note:

What I learned:

Supporting My Mind & Body Through Discomfort

Letting Myself Be ME & Living the Life I want and Deserve While My Fears are in the Background

Meeting the Present Moment With Trust, Acceptance, & Non-Judgment

Accept: Accept what you know to be true in this moment.

Allow: Any discomfort I/We feel in our bodies to exist.

Whatever thoughts/pictures present in my/our brain to simply exist.

Allow the tools and resources that I/we have in this moment to be enough.

Let Go: Of the need for Certainty, Cure, or Perfection

In this moment/Today
I/WE Accept:

Invitation to: Identify One Truth in your life that You(s) cannot change in this moment.

In this moment/Today
I/WE Allow:

Invitation to: Identify something internally uncomfortable to exist in this moment.

In this moment/Today
I/WE will Let Go of:

Invitation to Identify something You(s) are willing to let go of, that are outside of your control,.

Meeting the Present Moment With Trust, Acceptance, & Non-Judgment

Accept: Accept what you know to be true in this moment.

Allow: Any discomfort I/We feel in our bodies to exist.

Whatever thoughts/pictures present in my/our brain to simply exist.

Allow the tools and resources that I/we have in this moment to be enough.

Let Go: Of the need for Certainty, Cure, or Perfection

What I am experiencing Right now:

Describe your current experience right now, without judgment, without added values or labels.

I Feel (what emotion exactly?)...

My body is experiencing...

What Automatic Negative thoughts do I have right now?
Example:

"I can't tolerate this."

Identify The Mantra You would Like to Have Instead
Example:

This is uncomrortable, & I am breathing through it.

Holding Two Truths at the Same Time/ Dialectical Language

Formula for Dialectical Language:

Part 1 Say the DIFFICULT or UNCOMFORTABLE thing.

Part 2 Add the word **AND**

Part 3 Say the helpful, mindful action or truth you are practicing

Example:

Part 1 I feel or notice or experience BLANK Difficult thing.

Part 2 **AND**

Part 3 Mindful, Intentional, Positive Action

Example:

Part 1 I FEEL UNCOMFORTABLE

Part 2 **AND**

Part 3 i AM BREATHINGTHROUGH IT.

Part 1 I FEEL/Notice/Experiencce

Part 2 **AND**

Part 3 I am doing the following positive, Mindful, Intentional Action in this moment...

Negative to Positive or Neutral Beliefs List

Negative Beliefs/ Old Learning	Positive or Neutral Beliefs we are actively training our mind to focus on/New Learning
I am Weak	I am Strong. I am Resilient
I can't tolerate a panic attack	I have everything I need. I can tolerate being uncomfortable.
I am going to die.	I am alive in this moment. I have life.
I don't have control	I have power over myself/system
I am not safe	I have all that I need. I am Safe Enough.

Mindful Attitudes to Practice In This Moment

Check What Attitude(s) you will Practice Today

☐ **Patience** Giving myself and my body time to heal or change without rushing or forcing it.

☐ **Trust In Myself** **Trust in God** **Trust in my faith**

Believing that I can handle this moment, that healing takes time, and that I am supported by something bigger than myself (like God, my faith, or my community).

☐ **Non-Judgment of myself, my body, or my feelings**
Not calling my body "bad," "wrong," or "gross." Not blaming myself for how I feel. Just noticing what is happening.

☐ **Acceptance**
Seeing things as they are in this moment, even if I don't like them, and treating myself with care while they are happening.

☐ **Letting Go**
Releasing pressure to heal perfectly, quickly, or "the right way," and allowing things to unfold at their own pace.

☐ **Presence: Being Here and Now**

Bringing my attention to what is happening right now, something that I am grateful for; a blessing that I have. Focusing on what I have vs what I do not have. Focusing on the good, and moving away from what I cannot control or change in an instant in this moment. Letting go of the past or future.

Finding the good, the blessings, the beauty, even with all of the difficulty also happening at the same time.

☐ **Compassion Toward My Body**

Treating my body with kindness, even when it feels uncomfortable, tired, or in pain.

☐ **Gratitude for the Sacredness of my Body**

Recognizing that my body has value, worth, and dignity just as it is right now.

Session 11.20.25

Bringing It All Together

OCD is keeping me from **EXAMPLE**: Showering In Peace, Alone.

Living A Mindful Life Internal Language

The Scary Story OCD tells me is **EXAMPLE** :

If I shower Alone, Something bad will happen to me, like I will Pass out.

My Dialectical Language/Cognitive Restructing is:

Showering Alone Feels Scary **AND** i CAN DO DIFFICULT THINGS.

Showering Alone Feels Scary **AND** i CAN TOLERATE DIFFICULT THINGS.

Showering Alone Feels Scary **AND** i AM A RESILIENT HUMAN.

Script For Exposures

Remind yourself that You can tolerate Discomfort.

Now Tajke the worst parts of the Fear Story and write a statement that includes:

- I May or May Not... *and*

The Fear Statement (Choose ONE or make your own)

Pass out in the Shower
Be injured.

My Script for This Fear: =

I May or May Not
Pass Out in The Shower

Session 11.20.25

Bringing It All Together

You Can Do This For Every Core Fear

OCD is keeping me from:

The Scary Story OCD tells me is:

Living A Mindful Life Internal Language

My Dialectical Language/Cognitive Restructing is:

My Experience/Feeling is:

AND My Resilient Kind Language is:

My Dialectical Language Is

Script For Exposures

Remind yourself that You can tolerate Discomfort.

Now Tajke the worst parts of the Fear Story and write a statement that includes:

- I May or May Not... *and*

The Fear Statement

My Exposure Script Is

Homework: Scripting (Imaginal Exposure)

1

Identify what the fear story is

What is your OCD telling you?

2

Remind yourself that You can tolerate Discomfort.

Now Tajke the worst parts of the Fear Story and write a statement that includes:

- I May or May Not...

and

3

Include Cognitive Restructuring Factual, Neutral, Matter of Fact Language.

Tolerating the Fear Story Script		Cognitive Restructuring Language
I May or May Not...hear a bell right now for 5 minutes, 10 minutes, 1 hour, 5 hours. The bell is There.		

This is cognitive Restructuring Language.
It is Simple, concise, matter of Fact, Neutral
Not meant to harm, just Fatual

Adapted from: Hershfield, J., & Grayson, J. (2018). Overcoming harm OCD: mindfulness and CBT tools for coping with unwanted violent thoughts . New Harbinger Publications.
Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.
Worksheet design and plural-inclusive language adaptation by Melissa Barsotti, LCSW, Mindful Therapy Practice (2025).

Intersection of

OCD and Autism Spectrum

Understanding what Helps me(s)/Us

&

What gets in my way

Instructions for completing this Questionnaire:

Check the Boxes That Fit You

For each line:

- Check the box that feels most true for you
- If something does not fit you, leave it blank

You do not need to check every box.

Answer Based on Real Life

Think about:

- What happens most days
- What happens when you are stressed
- What happens when you are calm

Do not answer how you wish things were.
Answer how things usually are.

Fear-Based Rules & Rituals present with OCD

(These are ways the brain tries to reduce fear, even when you are safe.)

Does NOT interfere with my life	DOES interfere with my life	Does not fit with who i am	Fits with who i am	Question(s)	Helps me feel Safe	Helps me feel calm	Helps me Focus on what I want
				Repeat a Behavior until it feels "Just Right"			
				□ Listen closely for sounds to make sure nothing is wrong □ Stop and check if a noise is "real" or "dangerous" □ Scan my body to see if something feels wrong □ Notice my breathing, heart, head, or stomach again and again □ Check to see if I feel "normal" □ Look around to make sure nothing bad is happening □ Check if I am safe right now □ Check if someone else is safe			
				Following strict rules (how long, how many times, exact order)			
				Asking others for reassurance			
				Avoiding activities (showering, leaving home) because of fear			

Why my brain says I MUST engage in these behaviors:

□ "If I don't check, something bad could happen."
□ "I need to know for sure."
□ "I cannot relax until I check."
□ "This feeling means danger."
□ "I need to fix this right now."
□ "Checking will make this go away."
□ "I will not be safe if I stop."

Important Reminder: OCD Fear-Based Rules & Rituals

- OCD is NOT you.
- OCD is NOT your values.
- OCD is a faulty alarm in the brain.

A faulty alarm:

- Goes off when there is no real danger
- Feels loud and urgent
- Tells you to act right away

🧠 **What OCD Does:**

- OCD tells you:
- "Check again."
- "You must be sure."
- "This feeling means danger."
- "You are not safe yet."
- These messages feel real,
- but they are not facts.

🚨 What OCD Does NOT Mean

- It does not mean something bad is happening
- It does not mean you are unsafe
- It does not mean you must act
- It does not mean you are a bad person

🎯 How ERP Helps

ERP teaches your brain:

- I can hear the alarm and not respond
- I can feel fear and keep going
- The alarm gets quieter when I stop obeying it

You do not turn off OCD by checking.
You turn it off by not feeding it.

Sensory Experiences Many Folx with Autism or Sensory Differences Have

(These are ways the nervous system reacts to the world)

Sound
How sound feels to my ears

- □ Loud or sudden noises feel painful or overwhelming
- □ Background sounds are hard to ignore
- □ Multiple sounds at once feel confusing
- □ Certain sounds cause distress (sirens, alarms, fans)
- □ Need quiet or headphones to feel calm

Light and Seeing
How Light and What I See Feel to My Eyes

- □ Bright lights hurt my eyes
- □ Fluorescent or flickering lights are uncomfortable
- □ Visual clutter feels overwhelming
- □ Moving objects catch my attention too much
- □ Prefer dim or soft lighting

Touch and Texture
How Touch and Textures Feel on My Body

- □ Certain clothes feel itchy, tight, or painful
- □ Seams, tags, or socks bother me
- □ Don't like sticky, greasy, or wet feelings
- □ Avoid certain fabrics or bedding
- □ Prefer loose or very specific clothing

Water and Temperature
How Water and Temperature Feel on My Body

- □ Water on my face feels uncomfortable
- □ Shower pressure feels too strong or too weak
- □ Hot or cold temperatures bother me more than others
- □ Dry skin feels uncomfortable
- □ Lotion or sunscreen feels unpleasant

Smell
How Smells Feel to My Brain and Body

- □ Strong smells feel too much
- □ Some smells make me feel sick or get a headache
- □ I notice smells other people do not
- □ I avoid places because of smells

Taste and Food Texture
How food tastes and feels in my mouth

- □ Some food textures bother me
- □ I like eating the same foods often
- □ I do not like foods mixed together (soft and crunchy)
- □ Strong flavors feel too much

Body Awareness
How I feel things inside my Brain and Body

- □ I do not notice hunger or thirst easily
- □ I do not notice when I am tired
- □ Body feelings feel very strong or very weak
- □ I need movement or pressure to feel calm

Movement and Balance
How movement feels to my body

- □ I feel dizzy easily
- □ I do not like swings or spinning
- □ I like to move (rocking, pacing)
- □ Deep pressure helps me feel calm (tight hugs, weighted items)

Important Reminder:
These sensory experiences

- Are common in autism and sensory differences
- Are not bad or wrong
- Are ways the body tries to feel safe and calm
- Can change when I am tired, stressed, or overwhelmed

Some people avoid sensory input.
Some people seek sensory input.
Many people do both.

Resources for Autism and Sensory Sensitivities

These resources help folx understand autism, sensory needs, and ways to feel more comfortable in daily life.

Autism & Neurodiversity

- Autistic Self Advocacy Network (ASAN)
- https://autisticadvocacy.org
- Autism information written by autistic people.
- Autism Research Institute
- https://www.autism.org
- Education about autism and sensory differences.
- National Autism Society
- https://www.autism.org.uk

Clear explanations of autism traits and sensory experiences.

🌈 Sensory Processing & Support

- STAR Institute for Sensory Processing
- https://sensoryhealth.org

Easy-to-understand information about sensory sensitivities and support tools.

- Understood.org – Sensory Processing
- https://www.understood.org
- Plain language explanations of sensory differences.
- Child Mind Institute – Sensory Issues
- https://childmind.org
- Clear articles for teens and adults on sensory sensitivities.

📚 **Helpful Books**

- Uniquely Human – Barry Prizant
- The Autism Acceptance Book – Ellen Sabin
- Too Loud, Too Bright, Too Fast, Too Tight – Sharon Heller
- I Think I Might Be Autistic – Cynthia Kim
- Women and Girls with Autism Spectrum Disorder – Sarah Hendrickx
- Looking After Your Autistic Self – Niamh Garvey

Resources for OCD

🧠 Resources: OCD & ERP Treatment

⭐ Evidence-Based OCD Support

- International OCD Foundation (IOCDF)
- https://iocdf.org
- Gold-standard information about OCD and ERP treatment.
- IOCDF – Autism & OCD
- https://iocdf.org/autism
- How OCD looks in autistic people and how ERP is adapted.
- NOCD
- https://www.treatmyocd.com
- Education and ERP-focused OCD treatment resources.

📚 Helpful OCD Books

- Freedom from Obsessive Compulsive Disorder – Jonathan Grayson
- Getting Over OCD – Jonathan Abramowitz
- Everyday Mindfulness for OCD – Jon Hershfield & Shala Nicely

References

Abramowitz, J. S. (2018). Getting over OCD: A 10-step workbook for taking back your life (2nd ed.). Guilford Press.

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR). American Psychiatric Publishing.

Goff, B. (2023). I-CBT Workbook: Inference-based Cognitive Behavioral Therapy (for OCD). Zen Psychological Center.

Hershfield, J. (2018). Overcoming harm OCD: Mindfulness and CBT tools for coping with unwanted violent thoughts. New Harbinger Publications.

Marich, J. (2013). Creative mindfulness: 20+ strategies for wellness & recovery (ISBN 978-0615825069). Creative Mindfulness Media.

Mazza, M. T. (2020). The ACT workbook for OCD: Mindfulness, acceptance, and exposure skills to live well with obsessive-compulsive disorder. New Harbinger Publications.

Neff, K. (2011). Self-compassion: The proven power of being kind to yourself. William Morrow.

Quinlan, K. (2021). The self-compassion workbook for OCD: Lean into your fear, manage difficult emotions, and cultivate resilience. New Harbinger Publications.

Rachman, S. (2006). Fear of contamination: Assessment and treatment. Oxford University Press.

Shavitt, R. G., de Mathis, M. E., & do Rosario, M. C. (2022). Obsessive-compulsive disorder across the lifespan: Current diagnostic challenges and personalized treatment. Frontiers in Psychiatry, 13, 927184.