

## Client Worksheet 12

### Knowing and Doing: Moving On and Preventing Relapse

If you have followed the therapy sessions carefully, then you will have made significant inroads into the OCD and you will have noted changes. Now you need to maintain them. Maintaining is a question of continuing to put what you have learned into practice. Effectively, you become your own therapist. If you have already reduced your obsessions and compulsions to a significant level, then there is little chance that you will slide back to where you were at the beginning. You will no longer have OCD. However, depending on where you are in your progress, you could be vulnerable to slips.

The main causes of slips are the following:

1. *Lack of focus or attention*: You are not adequately focused on applying the IBT strategies in all their details. For example, you slip back into giving a doubt a certain credibility. Or you place it on the back burner for later.

2. *A state such as fatigue or excitement*: In fatigue, you simply become too tired... or believe you are too tired to deal with the OCD. However, if this is the case, remember when the OCD had you working overtime, not just for nothing but also to sabotage yourself. Of course, at that point it all seemed natural and you expanded the effort without thinking. Now you don't need to. It's best here to prepare yourself for fatigue by priming or prompting yourself to deal swiftly with any obsession by dismissing it immediately. As you now know, it will then just disappear quickly.

3. Unexpected high risk situations.

A note also about exciting states. You may be caught up in a preoccupying positive state and so not accord enough attention to dealing with obsessional thoughts. Holidays are a good example here. You are enjoying yourself and really don't want to be bothered by dealing with obsessional thoughts. However, OCD can easily ruin a holiday. You get the idea in your head that you are contaminated. Next day, after a night of obsessing, you're on the plane home, forfeiting your luxury holiday.

The more usual reasons for slippage are stress. Stress is of course a 'big word'! In the OCD context, the most common stress may be any event which triggers your insecure OCD self-theme. For example, if your theme is 'I could be a person who makes small errors', pressure to perform an important job could well trigger the insecurity which will trigger the OCD.

In other words, a number of stressors could fit the bill of eliciting the insecurity. Now obviously you may have dealt with some of these trigger situations in the therapy. The problem is that some situations are not foreseeable. In other words, they may jump out at you unannounced. Hence

the benefit of repositioning your self-theme, since obviously the more you are convinced that you are not the self that OCD says you are, the more you will identify with your real self. Don't forget that OCD makes you vigilant and nervy looking out for situations when you are most vulnerable.

Remember that your doubt is created. It does not suddenly appear out of nowhere. So providing you don't create it, it won't appear.

## Inadvertent Slippage

Another caution concerns inadvertently slipping into the OCD by default. It may be a memory of the OCD which gets you thinking of it. Or it may be the OCD trickster's tricks. Saying something like 'OK, now is all right, but how can I be really sure I didn't expose myself to danger in 1996?'

Another point to work on is eliminating all the little safety behaviours you may have maintained. These can be very subtle and include:

1. Keeping a look out.
2. Checking to see if OCD is there.
3. Keeping it on the back burner.
4. Avoiding certain information, thoughts or topics.
5. Subtle cognitive avoidance such as deliberately not thinking of a certain subject.
6. Seeking reassurance or guidance 'to be sure'.
7. Repeating the ritual very quickly or just once or twice.
8. Condensing the ritual into a word. For example, a client who needed to repeat a religious phrase several times when he saw 'bad coincidences' (e.g. 2-3 ambulances going by) condensed the phrase to 'mmm'. The same may apply to a condensed movement.
9. Subtle 'testing behaviour'.