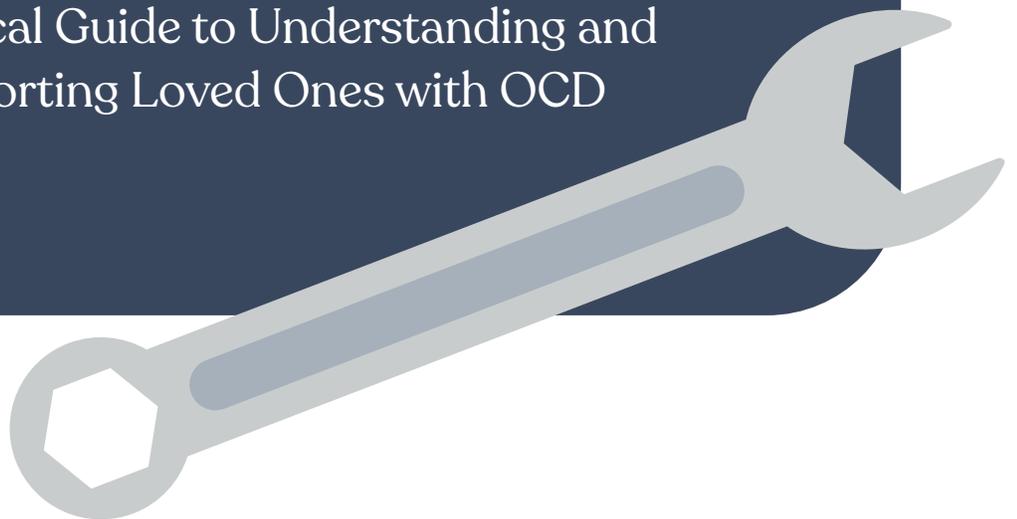


# The OCD Family Tool Kit™

A Practical Guide to Understanding and  
Supporting Loved Ones with OCD



# Introduction

The purpose of this OCD Family Tool Kit™ is to provide a comprehensive booklet of helpful information and resources to assist family members in understanding and helping their loved ones with OCD. We appreciate that the diagnosis of OCD can be both difficult and confusing for those in their support circle. Our goal is to provide information and tools to help family members remain compassionate and confident as they support their loved ones in reducing OCD symptoms.

For more straightforward navigation through the toolkit be sure to use the Table of Contents. Likewise, the URLs listed are hyperlinked to their associated website. We have also included QR codes to helpful videos and information throughout the toolkit, which can be accessed by scanning or clicking them.

*Disclaimer: This tool kit contains information from various resources, which can be found at the end of the booklet. The toolkit is intended to supplement –not replace –the direction and guidance from a licensed professional.*

*This tool kit was created by and is property of Cosette Young RN, BSN, in coordination with Alyson Diehl and Mindset Family Therapy.*

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# What Is Obsessive Compulsive Disorder (OCD)?

OCD is a mental health condition that involves two main parts: obsessions and compulsions.<sup>1</sup>

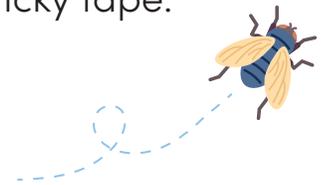
**Obsessions** are unwanted, upsetting thoughts, images, or urges that keep coming back. They often cause a lot of anxiety or distress.<sup>1</sup>

**Compulsions** are repetitive behaviors or mental actions someone feels they must do to try to ease the anxiety or stop something bad from happening—usually linked to the obsessive thought.<sup>1</sup>

# Why Do These Thoughts Feel So Sticky?

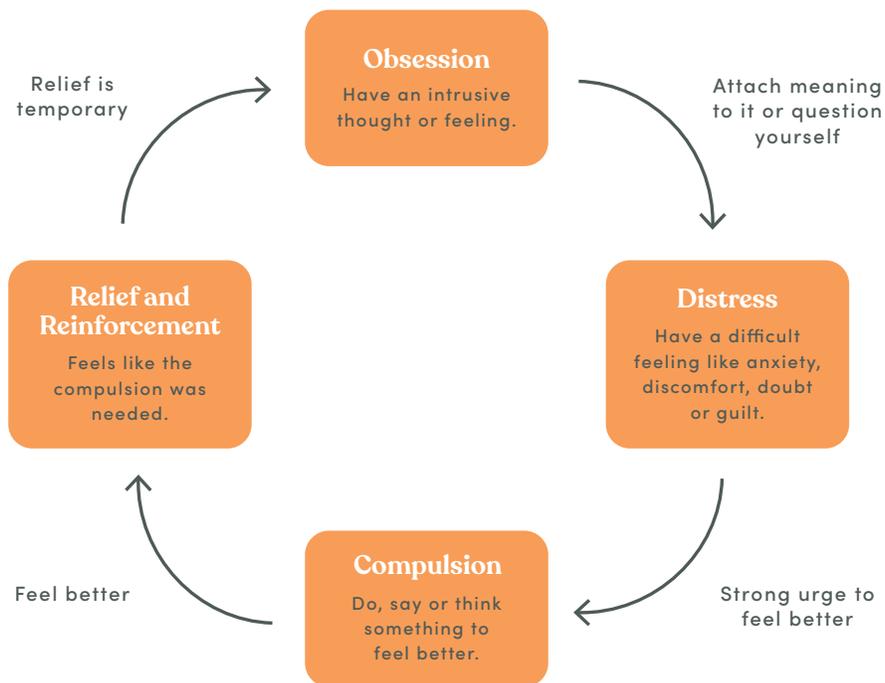
Everyone gets unwanted or intrusive thoughts. Usually, our brain notices these thoughts as unhelpful and lets them pass without much trouble.

However, for someone with OCD, these intrusive thoughts get “stuck” and don’t go away easily—kind of like a fly caught on sticky tape.



# Why Do Compulsions Happen?

People with OCD perform compulsions because they believe these actions will reduce their worry or prevent something bad from happening. While the compulsion may ease the anxiety for a little while, it actually reinforces the fear and causes more obsessions, compulsions, and distress in the long run.<sup>1</sup>



Recreated from Mind (2023)<sup>2</sup>

# How Did We Get Here?

OCD develops due to a combination of factors from the environment, brain function, and genetics.

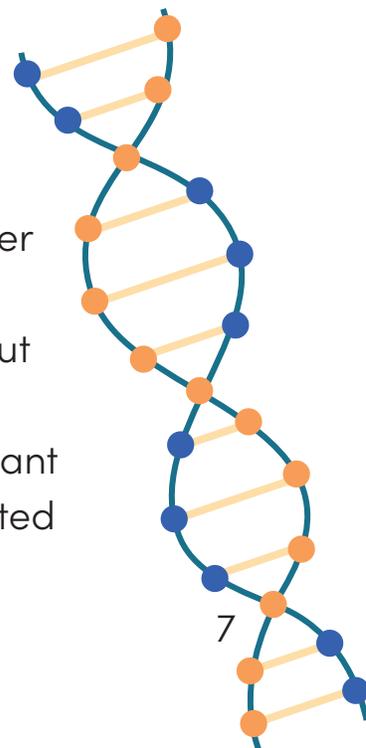
## Environmental Factors

According to the DSM-5, several environmental influences can play a role in the development of OCD:<sup>1</sup>

- Difficulties around birth, like adverse perinatal events or premature birth
- Culture-related expectations or pressures
- Maternal tobacco use during pregnancy
- Childhood experiences of physical or sexual abuse
- Stressful or traumatic life events
- Certain infections, such as Pediatric Autoimmune Neuropsychiatric Disorders Associated with streptococcal infections (PANDAS)
- Post-infection autoimmune syndromes

## Genetic Factors

The chance of having OCD is higher if a close family member (like a parent or sibling) has it, and this risk decreases with more distant relatives. Genetics are believed to explain about half the risk for developing OCD, according to studies of families and twins. Because OCD runs in families, it's important to be aware that other family members might also be affected and could benefit from support and treatment.<sup>3</sup>



# Brain Chemistry

Obsessive-Compulsive Disorder (OCD) is linked to differences in how certain parts of the brain work. These differences can help explain why people with OCD experience persistent thoughts and feel the urge to do certain behaviors repeatedly.<sup>1</sup>



## **Orbitofrontal Cortex:**

This area signals the brain about possible dangers or harm. Normally, it balances signals using two pathways—one that excites (alerts) and one that inhibits (calms). In OCD, the excitatory pathway is stronger, causing the brain to be stuck on alert for danger and threats.<sup>4</sup>

## **Anterior Cingulate Cortex:**

This part helps evaluate tricky situations and notice mistakes. Brain scans show it is more active in people with OCD compared to those without.<sup>4</sup>

## **Cortico-striato-thalamo-cortical (CSTC) Loop:**

The CSTC loop is a neural circuit that connects several key brain regions involved in decision-making, emotional regulation, and behavioral control.<sup>5,6</sup>

It's like a feedback loop that helps us:



- Assess and respond to situations
- Filter out irrelevant thoughts
- Suppress unhelpful or repetitive behaviors

In OCD, this loop **malfunctions**, leading to **persistent intrusive thoughts** (obsessions) and **repetitive behaviors** (compulsions).<sup>5,6</sup>



For more information, check out the following articles from the International OCD Foundation: [\*\*IOCF: What Causes OCD?\*\*](#) / [\*\*IOCDF: Who Gets OCD?\*\*](#)

## Common Conditions That Can Occur Alongside OCD

Many people with OCD also experience other mental health challenges, including<sup>1</sup>:

- Depression
- Anxiety
- Panic Attacks
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Social Anxiety
- Trauma-related symptoms
- OCD-related challenges that may appear in Autism
- Bipolar



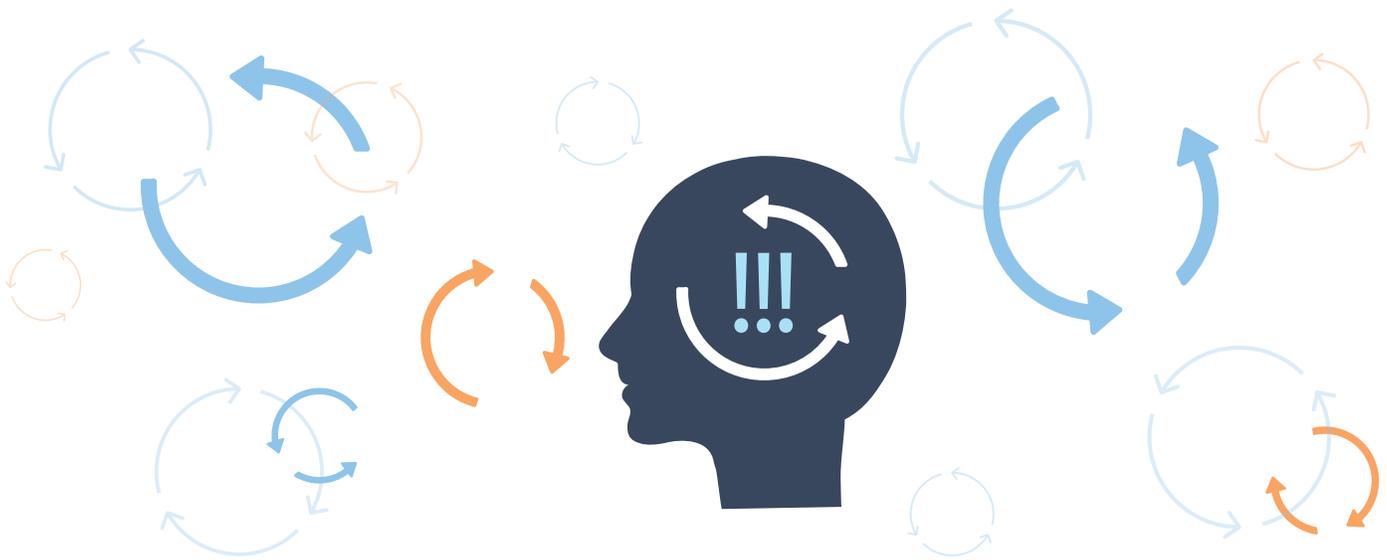
## What OCD Is **NOT** and What It **IS**

OCD is **NOT**:

- Attention seeking
- A lack of values
- A lack of faith
- A lack of logic
- A personal flaw
- Something self-inflicted

OCD **IS**<sup>1</sup>:

- Intrusive
- Unwanted
- Anxiety-provoking



## Common Compulsions in OCD

Compulsions are repetitive behaviors or mental acts that someone feels driven to do to ease the anxiety caused by their obsessive thoughts.<sup>1</sup> They can be:

### Overt Compulsions (Visible Behaviors)

These are actions you can see. For example:

- Washing hands frequently
- Checking doors or locks repeatedly
- Adjusting or touching the body in specific ways

### Covert Compulsions (Mental or Hidden)

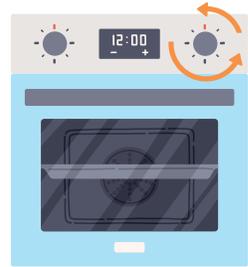
These happen inside the mind and aren't visible. For example:

- Rumination (repeating thoughts over and over)
- Mental checking (going over things in the head)
- Praying or repeating phrases silently

## Both Overt and Covert Compulsions

Some compulsions can be both seen and unseen. For example:

- Seeking reassurance from others
- Following ritualistic patterns or routines
- Avoiding certain people, places, or situations
- Checking (can be mental or physical)
- Behavioral outbursts or reactions



## What Patterns Might Show When OCD Symptoms Are Getting Worse?

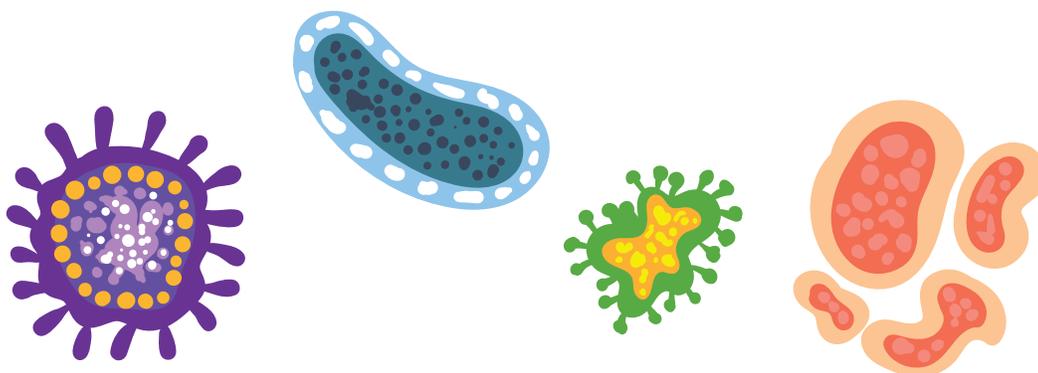
You might notice some of these signs in your loved one if their OCD symptoms are increasing:

- Avoiding people, places, or situations
- Frequently asking for reassurance
- Seeming “distant” or not fully present
- Difficulty connecting or relating to others
- Acting in extreme or unusual ways
- Making repetitive or unusual demands
- Following strict, repeated routines or rituals
- Trouble sleeping
- Difficulty focusing or concentrating

**It is important to recognize that obsessions and compulsions:**

Are not connected in a rational or realistic way, are excessive and rigid, and are **ego-dystonic** (meaning they go against the individual’s morals and how they see themselves).<sup>7</sup>

# Common Themes in OCD



## Contamination<sup>8</sup>

This theme involves obsessive fears about getting sick or spreading illness through germs, dirt, chemicals, or other contaminants. These fears lead to compulsions aimed at preventing harm.

**Event:** Filling up the gas tank.

**Obsession:** “What if I get sick from touching the gas pump? What if I die from it?”

**Compulsion:** Avoiding getting gas altogether, wearing gloves at the gas station, using excessive hand sanitizer afterward.



### Helpful Links:

[IOCDF: Obsessive Compulsive Contamination Fears](#)

[Intrusive Thoughts: Living with Contamination OCD](#)

[OCD and Anxiety: What Contamination OCD Actually Looks Like](#)



## Relationship<sup>8</sup>

This theme involves obsessive doubts and fears about the quality or reality of relationships. The person may worry excessively about whether their partner loves them or if they made the “right” choice.

**Event:** Spouse didn’t hug after coming home from work.

**Obsession:** “Does he not love me? Did I do something wrong? What if I married the wrong person?”

**Compulsion:** Frequently asking their partner for reassurance of love, replaying happy memories to convince themselves that things are okay, mentally reviewing levels of physical affection over and over.



### Helpful Links:

[IOCDF Article: Relationship OCD](#)

[Intrusive Thoughts: Living with Relationship OCD](#)

[OCD and Anxiety: What is Relationship OCD \(ROCD\)?](#)



## Emotional Contamination<sup>9</sup>

This theme involves obsessive fears that touching certain people, objects, or places—especially while having a particular thought or emotion—could lead to **moral harm, identity confusion, or unwanted personal consequences**. The person may fear that the object or place has been “contaminated” by a negative feeling, memory, or thought.<sup>9</sup>

**Event:** Touching a pair of pants while having an "immoral" thought.

**Obsession:** “These pants are full of sin. If I touch them, does that mean I want to sin? What does that say about my morals or who I am?”

**Compulsion:** Avoiding the pants altogether, excessive hand washing after touching the pants, washing the pants repeatedly in the laundry.



### Helpful Links:

[\*IOCDF: Emotional Contamination\*](#)

[\*NOCD: What is Emotional Contamination OCD and How Do You Treat It?\*](#)

[\*OCD and Anxiety: Emotional Contamination OCD- How to Do Treatment\*](#)



## “Just Right” / Perfectionism<sup>10</sup>

This theme involves obsessive feelings that things must be **exact, even, or done the "right" way**—not because something bad will happen, but because it just feels wrong or incomplete. The compulsions are aimed at getting things to feel “just right.”

**Event:** Washing hair in the shower.

**Obsession:** “Why does this feel wrong? Something feels off. I didn’t do the shampoo right.”

**Compulsion:** Rewashing hair multiple times until it feels “just right”, following a strict, repetitive hair-washing routine, starting over if the routine is interrupted or doesn’t feel perfect.



**Helpful Links:**

[\*IOCDF Handout: “Just Right” OCD Symptoms\*](#)

[\*OCD and Anxiety: Just Right OCD- A Feeling of Incomplete\*](#)



## Scrupulosity / Moral and Religious<sup>8</sup>

This theme involves obsessive fears and doubts about being “good enough” according to personal morals or religious beliefs. The person may worry about sinning, not being forgiven, or not following rules perfectly.

**Event:** Learning about repentance during church.

**Obsession:** “What if I’m not good enough? What if I’m not repenting enough? What if I forgot to repent for something I did?”

**Compulsion:** Mentally replaying reasons why they are “good enough”, confessing repeatedly to a clergyman, excessive prayer or rituals aimed at making up for perceived moral mistakes.



### Helpful Links:

[\*IOCDF Handout: Scrupulosity\*](#)

[\*Intrusive Thoughts: Living with Religious OCD \(Scrupulosity\)\*](#)

[\*OCD and Anxiety: Scrupulosity: What is Religious OCD?\*](#)

[\*Faith and OCD Resource Center\*](#)



## Sexual Orientation<sup>8</sup>

This theme involves obsessive doubts and fears about one's sexual orientation. The person may worry that normal experiences or feelings mean something about their identity, even if those fears don't match reality.

**Event:** Walking on campus and noticing a girl's long, beautiful hair.

**Obsession:** "What if I'm sexually attracted to her? What if I just felt aroused? What does this mean about my sexuality?"

**Compulsion:** Adjusting clothing to reduce anxiety, checking their body for signs of arousal, looking at men to "test" their attraction and reassure themselves.



### Helpful Links:

[\*IOCDF Article: How Do I Know I'm Not Really Gay/Straight?\*](#)

[\*Intrusive Thoughts: Living with Sexual Orientation OCD\*](#)

[\*OCD and Anxiety: HOCD: Intrusive Thoughts About Being Gay\*](#)



## Harm<sup>8</sup>

This theme involves obsessive fears about hurting oneself or others—even when the person has no real desire or intention to harm. These fears are distressing and unwanted.

**Event:** Making dinner with a sharp knife.

**Obsession:** “What if I want to stab my husband with this knife? Does that mean I actually want to? What if I kill him right now?”

**Compulsion:** Avoid using knives altogether, staying away from places where knives are kept, asking their partner to leave the room to feel safer.



### Helpful Links:

[IOCDF Handout: Violent and Sexual Obsessions](#)

[Intrusive Thoughts: Living with Harm OCD](#)

[OCD and Anxiety: What is Harm OCD? Can I trust myself?](#)



## Pedophilia<sup>8</sup>

This theme involves obsessive and distressing fears about having inappropriate sexual thoughts related to children. These thoughts are unwanted and cause great anxiety, even though the person does not want to act on them.

**Event:** Changing a child's diaper.

**Obsession:** "What if I liked touching the baby's private parts? Was I sexually aroused?"

**Compulsion:** Avoiding diaper changes altogether, excessive hand washing to "clean" the thought away, repeatedly checking and mentally analyzing the experience.



### Helpful Links:

[\*IOCDF Article: Am I a Monster? An Overview of Common Features, Typical Course, Shame and Treatment of Pedophilia OCD \(pOCD\)\*](#)

[\*Intrusive Thoughts: Living with Pedophilia OCD\*](#)

[\*OCD and Anxiety: What is Pedophile OCD? POCD: Intrusive Thoughts\*](#)



## Sensorimotor<sup>8</sup>

This theme involves obsessions and compulsions related to physical sensations or bodily processes. The person may fixate on normal body feelings and find it hard to stop thinking about them.

**Event:** Trying to fall asleep and noticing the heartbeat.

**Obsession:** “What if I never stop thinking about my heart beating? What if this is all I can focus on?”

**Compulsion:** Trying hard to distract the mind from the heartbeat, playing music loudly to drown out the sound of the heartbeat, adjusting body position repeatedly to avoid feeling the heartbeat, excessive rumination and worry that they will always feel their heart rate.

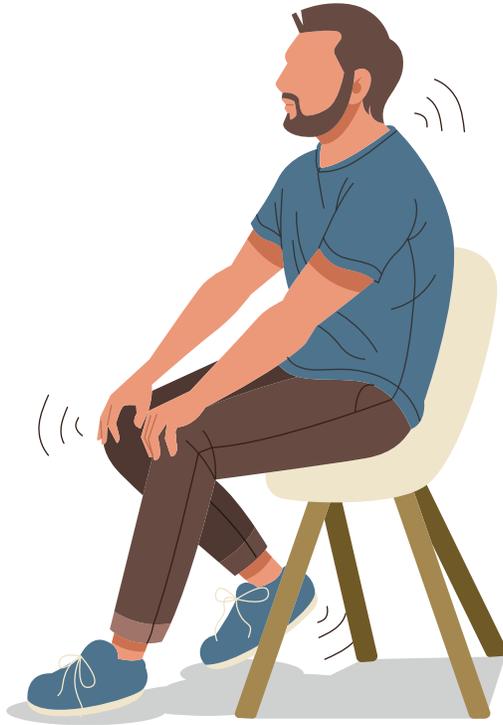


### Helpful Links:

[\*IOCDF Article: When Automatic Bodily Processes Become Conscious: How to Disengage from “Sensorimotor Obsessions”\*](#)

[\*Intrusive Thoughts: Living with Somatic OCD\*](#)

[\*OCD and Anxiety: What is Sensorimotor OCD? How To Stop Noticing Sensations!\*](#)



## Tourettic<sup>11</sup>

This theme involves obsessions and compulsions related to repetitive body movements driven by uncomfortable physical sensations.

**Event:** Sitting down

**Obsession:** The obsession comes from feeling a physical sensation that drives the person to perform repetitive body movements.<sup>11</sup>

**Compulsion:** Making slight repetitive movements of the legs until sensation is satisfied



### Helpful Links:

[\*IOCDF Article: Tics, OCD, and Tourettic OCD: Making Sense of Your Experience\*](#)

[\*OCD and Anxiety: What is Tourettic OCD?\*](#)

# Therapy Modalities / Treatment

## First-Line Treatment<sup>12</sup>

### Exposure and Response Prevention (ERP) Therapy

A form of Cognitive Behavioral Therapy (CBT) comprised of two core elements:

- **Exposure:** Intentional exposure to unwanted thoughts, avoided actions, anxiety-provoking environments, or extreme obsessions related to OCD.
- **Response Prevention:** Through the application of learned therapeutic skills, clients resist performing compulsive behaviors. This helps rewire the brain to reduce the perceived threat of obsessions.<sup>12</sup>

#### Why a pool?

Check out this video about what ERP may look like



Check out this video regarding SSRIs and the proper dosages



## First-Line Treatment<sup>12</sup>

### Psychiatric Medications

#### Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs block serotonin reuptake at the presynaptic neuron, increasing serotonin levels in the synaptic cleft. This can decrease symptoms of anxiety and depression, and is effective in managing OCD symptoms, including intrusive thoughts and associated distress.

FDA-Approved SSRIs for OCD:

- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Sertraline (Zoloft)

#### Tricyclic Antidepressant (TCA): Clomipramine

Clomipramine is the most established TCA for OCD treatment. Due to a higher side effect profile compared to SSRIs, TCAs are rarely used and should be reserved for treatment-resistant cases.<sup>12</sup>

# Adjunctive and Second-Line Treatments<sup>12</sup>

## Psychotherapeutic Approaches

### Acceptance and Commitment Therapy (ACT)

Focuses on accepting intrusive thoughts without reacting to them and committing to personal values despite anxiety and the urge to perform compulsions.

### Inference-Based Cognitive Therapy (I-CBT)

Targets how individuals infer or assume the validity of obsessive thoughts, rather than challenging the thoughts themselves.

### Dialectical Behavior Therapy (DBT)

While not OCD-specific, DBT can help individuals manage emotional dysregulation, particularly in comorbid conditions.

### Cognitive Therapy (CT)

Focuses on identifying and restructuring patterns of thinking that aren't realistic or helpful.



# Adjunctive and Second-Line Treatments<sup>12</sup>

## Adjunctive Medications

Used in treatment-resistant OCD or when first-line medications are only partially effective.

- Atypical antipsychotics (e.g., risperidone, aripiprazole)
- Glutamate modulators (e.g., memantine, riluzole)
- Anticonvulsants (e.g., topiramate, lamotrigine)

## Second-Line Medications

- Selective Norepinephrine Reuptake Inhibitors (SNRIs):  
*Occasionally used if SSRIs are ineffective or poorly tolerated.*
- Tetracyclic Antidepressant (TCA): Mirtazapine

## Children's Treatment



[Supportive Parenting for Anxious Childhood Emotions \(SPACE\)](#)

[Spacetreatment.net](#)

[Anxiety in the Classroom - International OCD Foundation](#)

[Complete Guide to OCD - Child Mind Institute](#)

# Questions to ask the medication provider when starting a new psychiatric medication...

How does it work in my body?

Is this a short-term or long-term treatment? /

How long should I plan on taking this medication?

What dose am I starting at, and can it change over time? And when should I plan on increasing or decreasing?

How and when should I take it (with food, in the morning, at night)?

What should I do if I miss a dose?

Are there foods, drinks, or supplements I should avoid?

What are the most common side effects?

Which side effects are minor, and which ones should I call you about right away?

Are there long-term risks with this medication?

How will I know if the medication is working?

Could this interact with any other medications or supplements I take?

Is it safe with alcohol or caffeine?

Will it affect my ability to drive, work, or exercise?

Is it safe during pregnancy or breastfeeding (if relevant)?

Do I need lab work or check-ins while on this medication?

How long before I notice improvement?

What's the plan if this medication doesn't help?

How will I taper off safely if I need to stop?



# Family Accommodation: What It Is and Why It Matters

**Family accommodation** happens when family members help a loved one complete their OCD compulsions or rituals. While it's natural to want to help, this can make OCD symptoms worse over time and increase stress for everyone involved.<sup>13</sup>

## What Does Family Accommodation Look Like?<sup>13</sup>

### **Example: Guilt and Reassurance Seeking**

Your family member feels guilty about possibly hurting a friend and keeps asking you for reassurance throughout the day, even after you've already talked about it once.

**Family Accommodation:** You keep answering their texts, reassuring them repeatedly, and discussing the situation again and again.

**What to do instead:** Have one clear conversation to acknowledge their feelings. After that, validate their emotions when they bring it up again, but avoid engaging in the reassurance or analyzing the situation. This helps stop the OCD "loop" from continuing.

### **Why This Helps**

By avoiding accommodation, you're helping your family member safely face their fears and learn that they can manage discomfort without needing compulsions or reassurance. It also reduces stress for you and helps break the cycle of OCD.



# So, What Can You Do to Help?



## **Ask Your Family Member: “What Does OCD Feel Like to You?”**

Encourage your family member to describe their experience of OCD using a metaphor or image. This helps you better understand their pain and perspective, which can build your compassion and patience.

### **Try suggesting a prompt like:**

*“My OCD feels like...”*

### **For example:**

*“My OCD feels like a bully is living in my head who constantly tells me I’m not good enough and points out everything I do wrong.”*

## **Invite Them to Live According to Their Values**

Encourage your loved one to focus on what truly matters to them, even when OCD is present.

### **Try suggesting a prompt like:**

*“If you weren’t feeling OCD right now, what would you want to be doing?”*

*“What’s most important to you in this moment?”*

*“Remember, this isn’t who you are—this is OCD.”*

## Non-Engagement Responses

Non-Engagement Responses<sup>14</sup> are a way to support a family member without getting caught up in the thoughts. When someone with OCD feels anxious or upset, it's important to **validate their feelings**—let them know you hear and understand—but without getting pulled into the stressful thoughts themselves. The goal isn't to avoid the feelings, but to **allow those feelings and the uncertainty** that comes with the thoughts, without reacting to or trying to fix the thoughts.

The International OCD Foundation describes four helpful ways to respond:<sup>14</sup>

**1. Affirm the Anxiety:** Show you notice their feelings of anxiety.

You can say:

*"I can tell you're feeling really anxious."*

*"This must feel really hard for you."*

They might say:

*"I'm feeling extremely anxious right now!"*

*"My anxiety is making me want to \_\_\_\_."*

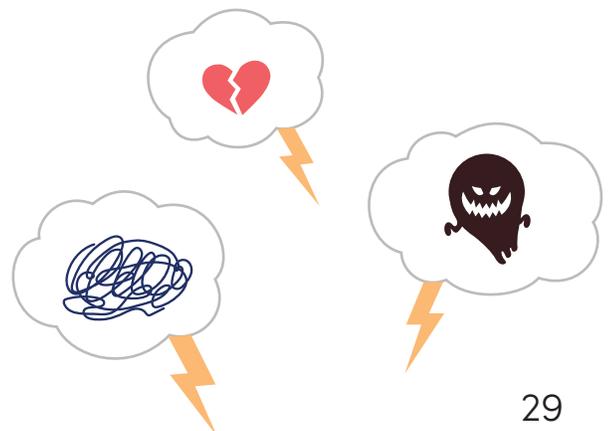
**2. Affirm the Uncertainty:** Acknowledge that some things just can't be known for sure.

You can say:

*"We can't know that for sure."*

They might say:

*"I can't know \_\_\_\_ for sure!"*



## Non-Engagement Responses

**3. Affirm the Possibility:** Accept that something might happen, even if it's unlikely.

You can say:

*"Maybe you did \_\_\_\_\_, it's possible."*

They might say:

*"Anything is possible!"*

**4. Affirm the Difficulty:** Recognize that what they're going through is tough.

You can say:

*"I can tell this is really hard for you."*

They might say:

*"This is really hard and scary."*

*"This is really difficult for me."*

### Why This Helps

When you respond this way, you're saying, "I hear you, and it's okay to feel this way." But you're not trying to argue or fix their worries, which can sometimes make OCD worse. This approach creates space for your loved one to sit with their feelings without getting stuck in the cycle of anxiety or compulsions.<sup>14</sup>



## Thought Defusion

Thought defusion changes how we see our thoughts. When someone has OCD, it's common to feel like their thoughts are dangerous, scary, or completely true.<sup>15</sup> But here's an important idea: **The goal isn't to get rid of the thought—it's to see it differently.** This is where thought defusion comes in.

Thought defusion teaches us that:

- A thought is just a thought—not a fact, not a command, and not a threat.
- Thoughts are simply words or pictures in our minds.
- They only have as much power as we give them.

Here are some helpful thought defusion techniques you can use or encourage your loved one to try:<sup>16</sup>



### Thoughts in the Clouds

Imagine your thought sitting on a cloud, floating away in the sky. You don't have to chase it or fix it—just watch it drift by.



### Thought Filing Cabinet

Picture taking the thought and filing it into a mental folder. Label it, close the drawer, and walk away. It's there if you need it—but you don't have to deal with it now.

# Thought Defusion



## Press Your 'X' Button

Just like closing a tab on your computer, imagine clicking the "X" on the thought. You're not deleting your mind—you're just choosing not to keep that tab open right now.



## Title Your Story

Give the recurring thought a title—like "The I'm Not Safe Story" or "The Something Bad Might Happen Story." Next time it pops up, just say, "Oh, there's that story again."



## "I'm having the thought that..."<sup>16</sup>

This small change adds space between you and the thought. Instead of "I'm a terrible person," try: "I'm having the thought that I'm a terrible person."

Now it's just a thought—not a truth.



## Say it Silly

Try saying the thought in a cartoon or robot voice. It helps remind you that it's just noise—not something to fear or obey.

# Thought Defusion



## Movie Director

Pretend you're a movie director. Watch your thoughts like a film, from a distance. You can see the whole scene—not just the scariest part.



## Step Back

When a thought feels huge, take a step back. Imagine zooming out, like you would on your phone or a map. This helps you see the bigger picture, not just the scary moment.



## Like Sushi?

Check out this video for a thought defusion metaphor.

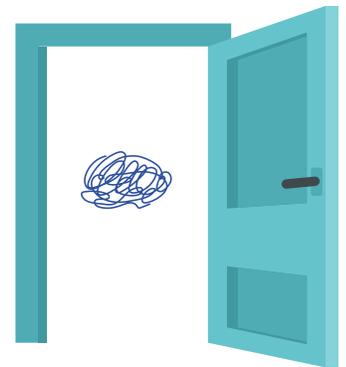
# Recognizing Unhelpful Thinking Patterns in OCD

Sometimes, people with OCD get stuck in patterns of thinking that aren't realistic or helpful. These patterns are called **cognitive distortions**. Recognizing these can help your loved one better understand their thoughts and take steps toward managing them.

You might gently ask:

*"Do you notice any patterns in the way you think during your OCD episodes? What flawed thinking patterns are you recognizing in your thoughts right now?"*

This can help open the door to recognizing these unhelpful thought habits.



## Common think traps to look out for:

These cognitive distortion titles are directly quoted from Think CBT.<sup>17</sup>

**Catastrophizing** – Always imagining the worst-case scenario.

**Black-and-white thinking** – Seeing things as all good or all bad, with no in-between.

**Overgeneralizing** – Believing that one bad event means everything will go wrong.

**Negative filter** – Only focusing on what went wrong and ignoring what went well.

## Common think traps to look out for: <sup>17</sup>

**Jumping to conclusions** – Making assumptions without knowing all of the facts.

**Mind reading** – Thinking you know what others are thinking (usually something bad), without proof.

**Emotional reasoning** – Believing that because you feel something, it must be true.

**"Should" statements** – Telling yourself things must be a certain way, which can create pressure or guilt.

**Labeling** – Defining yourself or others with harsh labels, like "I'm a failure."

**Blaming** – Putting all the blame on yourself or others, even when it's not that simple.

**Perfectionism** – Believing anything less than perfect is a failure.

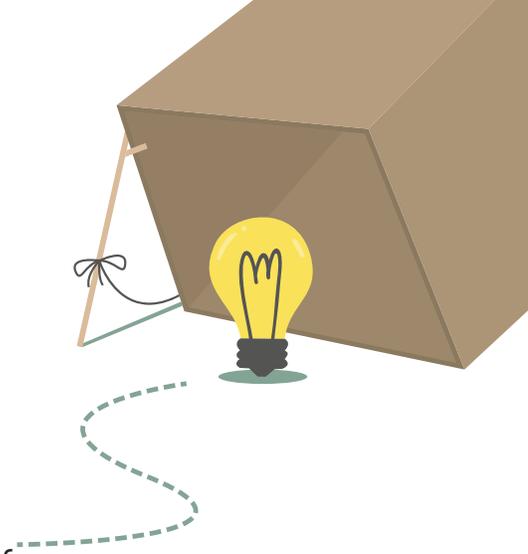
**Comparing** – Constantly measuring yourself against others and feeling "less than."

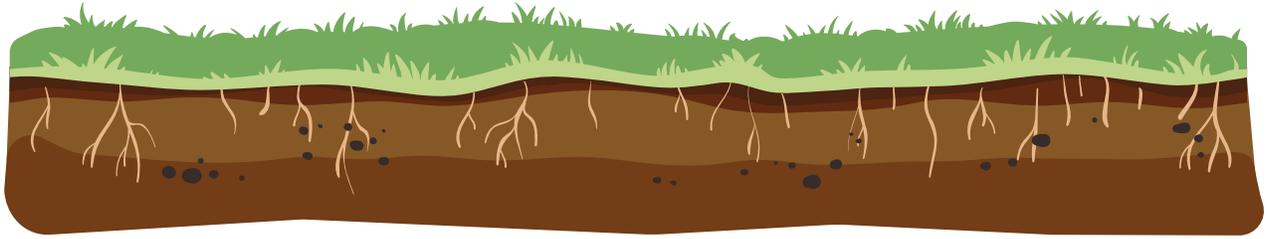
**Change fallacy** – Thinking that things must change to make you happy.

**Control fallacy** – Feeling helpless if you're not fully in control.

**Fairness fallacy** – Expecting life to always be fair and feeling angry or upset when it's not.

**Reward fallacy** – Believing that if you sacrifice or do everything "right," you should get a reward—and feeling frustrated when that doesn't happen.<sup>17</sup>





# Grounding Techniques for High Anxiety

When anxiety feels overwhelming, grounding techniques can help bring your loved one **out of their head and back into the present** moment by focusing on their senses. This helps them step away from scary thoughts and reconnect with what's real right now.

Here are some simple grounding ideas to try:



## Ice Cubes

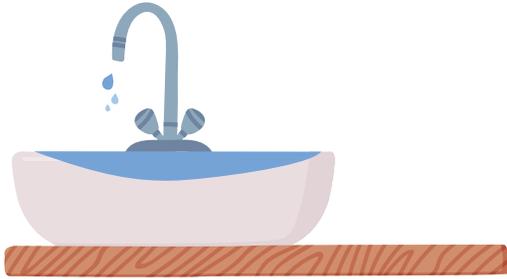
Hold ice cubes in their hands to feel the cold and focus on the sensation.



## Run!

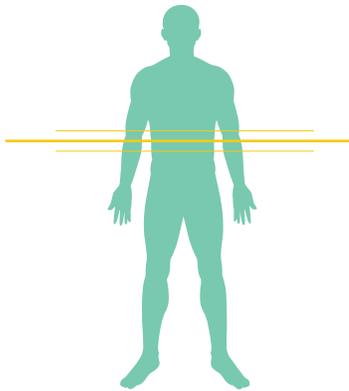
Sprint or run as fast as they can for a short burst to release nervous energy.

# Grounding Techniques



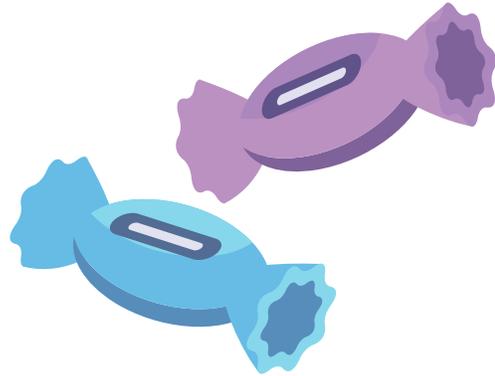
## Face Dunk

Have them dunk their face in ice-cold water for 3 seconds to reset the body's response.



## Body Scan

Try a Mindfulness Body Scan: Slowly focus attention on different parts of the body, noticing sensations without judgment.



## Sour Candy

Eat a sour candy to activate the senses and distract the mind.



## 5-4-3-2-1 Method

Name 5 things you see, 4 things you can touch, 3 things you hear, 2 things you smell, and 1 thing you taste. This helps anchor attention to the present.

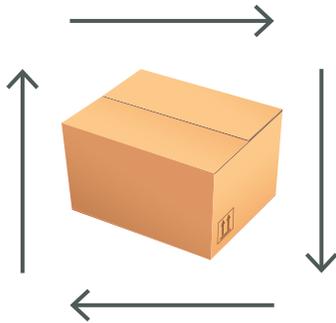


[Mindfulness Exercise: Body Scan](#)



[The 5-4-3-2-1 Method: A Grounding Exercise to Manage Anxiety](#)

# Grounding Techniques



## Box Breathing

Imagine tracing a box with your finger.

**Inhale** for 4 seconds.

**Hold** for 4 seconds.

**Exhale** for 4 seconds.



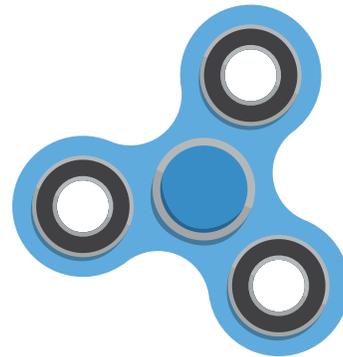
## Set a “Turn Off” Timer

Set a timer for 5 or 10 minutes. This is worry time. Tell yourself: *“My brain is allowed to worry until the timer goes off.”* Once the timer ends, stop talking about your anxious thoughts and do something else.



## Thank You, But...

Say to your OCD: “Thank you for trying to help me, but I don’t need you right now. I am going to turn you off because I am safe. I do not need your help.”



## Fidget Toy

Get your favorite fidget toy (fidget spinner, stress ball, poppers, etc.) Focus your attention on how it feels in your hands. Describe it outloud if needed.

# Parent Support

## Supportive Parenting for Anxious Children (SPACE)<sup>18</sup>

The following steps are adapted and quoted from the program, Supportive Parenting for Anxious Childhood Emotions (SPACE) by Dr. Eli Lebowitz, PhD.<sup>18</sup> This program is specifically designed for parents of children with extreme anxiety and OCD. It follows a step-by-step process to decrease accommodative behaviors and in turn teach the child they can tolerate anxiety on their own and accept that it is okay to feel anxiety. The SPACE steps are as follows:

### 1. Write down any accommodations you participate in.

SPACE suggests the following questions to ask yourself:

- *Is this something I do because of my child's anxiety? \**
- *Does my child become more anxious if I don't do it? \**
- *Do I do the same for my other children, or would I do it for another child? \**
- *Do I feel as though I have no choice but to do this? \**
- *Do most people do this for their children at this age? \**
- *Have I tried to stop it? \**
- *When do I do this accommodation? Who is involved?  
How frequent am I performing this behavior?*
- *What do I not do due to my child's anxiety? <sup>18</sup>*

# Parental Guidance Program – SPACE<sup>18</sup>

## 2. Increase Support

Reducing accommodative behaviors will be difficult for both you and your child as you both learn to navigate the new norm. Your role is to increase support as your child learns to tolerate anxiety without your enabling behaviors. **“Support means accepting that your child is terrified—but knowing she can cope.”**<sup>18</sup> Support has two parts.



Examples:

*“I can tell you feel anxious, but you are strong and can do this”*

*“This sounds so difficult to go through, but I know in you can do it.”*

*“I know this feels overwhelming, but you are going to get through this.”*

Support is NOT:

**Demanding** or expecting a different feeling or reaction to the anxiety.

**Protecting** by trying to take away, minimize, or caudle the fear.<sup>18</sup>



# Parental Guidance Program – SPACE

## 3. Choose one accommodative behavior to reduce first.

Removing all accommodative behaviors at once would be highly distressing to your child and isn't realistic or manageable. Choosing one goal will help you be more consistent in not accommodating. When selecting what accommodative behavior SPACE gives us 4 things to focus on:

- “Pick Something that Happens Frequently
- Pick Something You Can Control
- Pick Something That Bothers You
- Do Both Parents Agree?”<sup>18</sup>



## 4. Plan to reduce the accommodation:

Just as achieving any goal requires a detailed plan, you must create a specific outline for how you will reduce accommodative behaviors to stay consistent and uphold your plan. To help you make your plan, ask yourself the following questions:

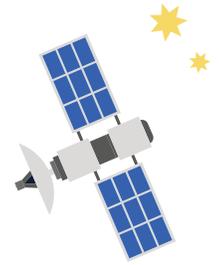
- What accommodation do you intend to reduce or stop?
- When will you change the accommodation?
- Who will be involved in the change?
- How will you apply the change and how much?
- What will you do instead? \*
- What will make this hard? \*



## 5. Tell your child about the plan.

Because reducing your accommodative behaviors will directly affect your child, it is essential to explain the plan in detail to your child so you can both work together in a common goal. During a calm moment, explain the plan in detail to your child.<sup>18</sup>

# Parental Guidance Program – SPACE



## 5. Tell your child about the plan. (continued)

- Keep it brief.
- Explain the “why, when, who, how, and how much.” \*
- Invite their suggestions and discuss the plan together.

When explaining the plan, it is important to remind them that your goal is to help them while taking responsibility for your accommodating in the past.

## 6. Start your accommodation reduction plan.

- Keep a log of when you didn’t accommodate and what changes you may need to make to your plan.
- Expect your child’s anxiety to increase as they are learning to cope with their anxiety independently.
- Stay Supportive (Acceptance + Confidence= Support) \*

## 7. Once you feel successful at stopping the chosen behavior, follow the steps to stop your next selected accommodative behavior.

How will you know you are successful in keeping your plan? Success for you means you didn’t accommodate. Success for your child means getting through it.<sup>18</sup>

**For a more comprehensive explanation of the SPACE program use the following resources:**



<https://www.spacetreatment.net/>



<https://iocdf.org/ocd-treatment-guide/space/>

### Books on SPACE:

*Breaking free of child anxiety and OCD: a scientifically proven program for parents.* – Eli R. Lebowitz, PhD

*Treating Childhood and Adolescent Anxiety: A Guide for Caregivers* – Eli R. Lebowitz and Haim Omer

*ABCT Clinical Practice Series: Addressing Parental Accommodation When Treating Anxiety in Children* – Eli R. Lebowitz PhD

# Child Parent Relationship Therapy (CPRT)



The following are some parenting tips from the Child Parent Relationship Therapy (CPRT) Treatment Manual.<sup>19</sup> These skills were made specifically for the purpose of navigating the child-parent relationship in mental health.

## **“Focus on the doughnut, not the hole.” \***

Remember to focus on the positive aspects of your loved one. Just as your imperfections are only a part of you, OCD is only a part of them.

## **“Thermostat, not thermometer.” \***

If your loved one comes to you in a state of high emotion rather than reacting, set a more grounded emotional tone to de-escalate the situation.

## **“Encourage Effort Rather Than Praising the Product.” \***

Remember, decreasing OCD severity is a process that requires a lot of hard work. Applaud your loved one’s efforts and diligence.

## **“Never do for a child that which he can do for himself.” \***

This principle will help reduce accommodation, increase their confidence, and encourage autonomy.

## **“Don’t try to change everything at once!” \***

Choose one accommodation to eliminate at a time. Be patient, as change is a process that takes time.

## **“You cannot give away what you do not possess.” \***

Take care of and address your own mental health so you are healthy and can best support your child.

## **“When a child is drowning, don’t try to teach her to swim.” \***

When your child is extremely overwhelmed, focus on grounding techniques rather than educating them.<sup>19</sup>

**Most Importantly...**

Take Care of Yourself  
and Practice Self-Compassion



## EMERGENCIES

### Emergency or Crisis

If your loved one is at risk for harm to self or others, **call 988**.

In the case of a mental health crisis, you can **call 988** and ask for the **Stabilization and Mobile Response Team (SMR Team)**, who will send a licensed therapist and support team to your home to help de-escalate the situation.

### Ways to Encourage Them to Get Therapy or Treatment

- Normalize heroes, celebrities, with similar challenges.
- Validate them - emphasize how painful the reality of suffering with OCD is and the role it plays in their life.
- Offer to help find resources or attend the first appointment.
- Normalize mental health care by comparing it to prioritizing physical health care.
- Time the conversation appropriately for a low-stress, non-confrontational moment.

# Real Life Experiences with OCD



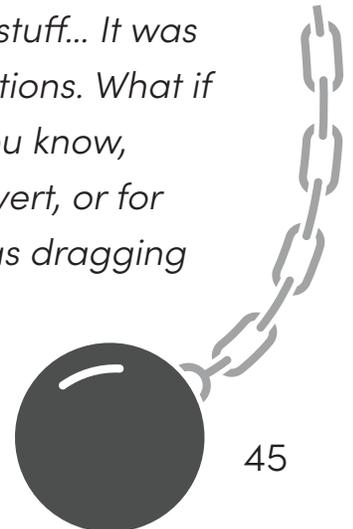
## **How I Overcame my OCD: Julia Cook: TEDx-SSE<sup>20</sup>**

*"... Finishing a horror movie, I often feel inexplicably seen and comfortable...They speak to a part of my existence that very few other forms of art or media have touched...Between the ages of about six and eleven, living in my brain was a little bit like being the reluctant star of a horror movie that I don't remember auditioning for. I would foresee things that were horrific, and they were always implausible and often impossible...It doesn't really have to make sense for the fear to be real... I pulled into myself, not because I disliked the outside world, but because I was simply incompatible."*



## **Being Diagnosed as OCD Doesn't Make the Doubt Go Away: Listen Up: ABC Science—Martin<sup>21</sup>**

*"I knew that something was wrong. I wasn't able to work. I wasn't creating anything. And a lot of these obsessions I was having were sexually themed. You don't want to tell anybody this stuff. You have no choice but to suffer in secret. For me, it was sexual stuff... It was questions about who I am. Usually, like, negative questions. What if I am dangerous? What if I've been born with some, you know, something wrong with my brain that makes me a pervert, or for lack of a better word, evil?... I had this weight that I was dragging around everywhere... The washing of the hands compulsion is exactly the same as the rumination compulsion. It's just... it's all happening invisibly..."*





## Scrupulosity: The Obsessive Fear of Not Being Good Enough—BBC Reel: BBC Global<sup>22</sup>

*"I thought I was going crazy, to be completely honest with you... I just couldn't tolerate, or I felt I couldn't tolerate...And so, I started having panic attacks...I stopped sleeping, I stopped eating."*

*"...it feels like a pebble in your shoe, but in this case, [it] is a pebble that is within you and you cannot get rid of it... It's not your religious beliefs and how religious you are because there are very religious people who don't have OCD. You have to put in the anxiety component. The anxiety component comes in when they have a belief that they're not doing it right. OCD targets their morals, their moral values... But the OCD is so powerful that it can kind of overcome that, that reasonable, rational voice and say, 'No, this isn't nonsense!... There's a set group of people, a population, that really struggle with this. What they're trying to do is to really not make any mistakes at all in what they consider right and wrong..."*



# Additional Resources

## Helpful Websites



[International OCD Foundation \(IOCDF\)](#)

[Intrusive Thoughts](#)

[Child Mind Institute](#)



## Podcasts

### **What's The Scoop on Scrup?!**

*Episode 10: Annabella Hagen, LCSW – Faith and Values on the OCD Journey*

Description: Annabella Hagen, a licensed clinical social worker and author, discusses how faith and personal values play a critical role in managing scrupulosity and OCD.

### **Psychiatry and Psychotherapy**

*Episode 228: Comprehensive Obsessive-Compulsive Disorder (OCD) Treatment Guide: Evidence-Based ERP Approaches and Best Practice for Clinicians*

Description: A detailed expert guide to evidence-based OCD treatments, focusing on Exposure and Response Prevention (ERP) therapy and best clinical practices.

## Podcasts

### **OCD Stories**

*Hosted by Stuart Ralph*

Description: Features personal stories from people living with OCD and interviews with clinicians to provide education and hope.

### **OCD Family Podcast**

*Hosted by Dr. Craig Surman*

Description: Offers support and guidance for family members of those with OCD, addressing challenges like scrupulosity and treatment engagement.

### **Bossing Up: Overcoming OCD**

*Hosted by clinical experts*

Description: Shares practical advice and treatment options for religious OCD and scrupulosity, with actionable steps for recovery.



## Books

### **Imperfectly Good: Navigating Religious and Moral Anxiety to Release Fear and Find Peace**

*Author: Annabella Hagen, LCSW*

Description: A compassionate guide to understanding and managing scrupulosity and moral anxiety within faith contexts.

### **Freedom from Scrupulosity: Reclaiming Your Religious Experience from Anxiety and OCD**

*Author: Dr. Deborah Theobald McClendon*

Description: Practical tools and strategies for overcoming scrupulosity while maintaining a meaningful religious life.

## Books

### **When a Family Member Has OCD: Mindfulness and Cognitive Behavioral Skills to Help Families Affected by Obsessive-Compulsive Disorder**

*Authors: Jon Hershfield, MFT & Jeff Bell*

Description: Provides families with mindfulness and CBT skills to support loved ones with OCD effectively.

### **The Family Guide to Getting Over OCD: Reclaim Your Life and Help Your Loved One**

*Author: Jonathan S. Abramowitz, PhD*

Description: A comprehensive guide for families supporting someone with OCD, emphasizing practical and emotional support.

### **The Happiness Trap: How to Stop Struggling and Start Living — A Guide to ACT**

*Author: Russ Harris*

Description: An accessible introduction to Acceptance and Commitment Therapy (ACT), beneficial for OCD and anxiety management.

### **A Liberated Mind: How to Pivot Toward What Matters**

*Author: Steven C. Hayes, PhD*

Description: A deeper dive into ACT principles, focusing on living a values-driven life despite OCD and anxiety symptoms.



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\*Anything with an asterisk in this document is directly quoted from its corresponding reference.

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