Helping Build Resilient Minds

Obsessive Compulsive Disorder Formulation Guide



By Mitchell Osborne

Table of Contents

- What is Obsessive-Compulsive Disorder (OCD)?
- Intrusive Thoughts
- Compulsions
- Safety Behaviours
- Ego-Dystonic Nature of OCD
- The OCD Cycle
- Subtypes of OCD
- Relevant Research
- Treatment Options
- K Formulation: Understanding Your Own OCD
- You Can Recover
- * Tips for Completing Your Formulation
- Begin Your Own OCD Formulation
- Glossary of Terms
- References

Solution: Why Look Back?

Obsessive-Compulsive Disorder (OCD) is a common, but often misunderstood, mental health condition that affects how individuals think, feel, and behave. It involves the presence of recurring, unwanted thoughts (known as obsessions) and repetitive behaviours or mental acts (known as compulsions), which are carried out in an attempt to reduce distress or prevent a feared outcome.

Although almost everyone experiences unusual or intrusive thoughts from time to time, individuals with OCD tend to attach significant meaning to these thoughts. They may believe that having such thoughts implies danger, moral failing, or personal responsibility for potential harm. As a result, they feel compelled to act in ways that provide temporary relief from anxiety or discomfort. Unfortunately, these responses — often in the form of compulsions or safety behaviours — reinforce the belief that the thought was dangerous or meaningful, thereby maintaining the OCD cycle.

Intrusive Thoughts

Intrusive thoughts are a completely normal part of human cognition. Everyone experiences them — whether as fleeting ideas, mental images, sounds, or urges. These thoughts often appear uninvited and can be unsettling in nature. Examples might include:

- "What if I've left the door unlocked?"
- "What if I suddenly pushed someone into the road?"

If you are receiving, or planning to receive, therapy for OCD, it is important to understand from the outset that intrusive thoughts are not a sign of mental illness or disturbance. In fact, they are part of the normal functioning of a healthy brain. A therapist who is experienced in treating OCD will often share examples of their own intrusive thoughts to help you feel less alone. That example — "What if I suddenly pushed someone into the road?" — is one of mine. It sometimes appears during my daily commute.

In many ways, intrusive thoughts can be seen as a reflection of the brain's natural protective mechanisms. The ability to generate hypothetical scenarios and rapidly direct our attention to perceived risks is one of the ways our brains attempt to keep us safe. The

problem is not the presence of the thought itself, but the interpretation we give to it — and the effort we put into trying to neutralise or avoid it.

📌 Examples of intrusions

- "What if I accidentally poisoned my family?"
- "What if I touched something contaminated and spread disease?"
- "What if I'm secretly a bad person?"
- "What if I lose control and harm someone?"

Compulsions

Compulsions are repetitive behaviours or mental acts that an individual feels driven to carry out in response to an obsession, or in accordance with strict, self-imposed rules. These actions are typically performed to prevent a feared event, reduce a sense of threat, neutralise a thought, or relieve emotional discomfort such as anxiety, guilt, or unease.

Unlike habits or routines, compulsions are experienced as compulsory — meaning the person often feels they *must* perform them in order to feel safe or to stop something bad from happening. In many cases, the person recognises that the behaviour is irrational or excessive, but feels unable to resist the urge due to the intense distress it relieves.

Importantly, the compulsion is not always logically connected to the feared outcome. For instance, someone may feel the need to count to a specific number in their head to prevent harm coming to a loved one, even though there is no real-world connection between the act of counting and the feared event.

Some compulsions are visible and behavioural, while others are internal or mental. Both types can be equally distressing and time-consuming, and both function to keep the OCD cycle going.

Examples of common compulsions:

- Repeated handwashing to remove perceived contamination
- Checking doors, windows, appliances, or locks multiple times to prevent imagined danger
- Rearranging items or aligning objects until they feel symmetrical or "just right"
- Repeating actions (such as touching or blinking) a specific number of times
- Seeking reassurance from others (e.g., "Do you think I upset them?")
- Mentally reviewing past events to check for mistakes or inappropriate behaviour
- Repeating certain phrases, words, or prayers in one's head to counteract a bad thought
- Avoiding stepping on cracks or following rigid walking patterns to prevent harm

Compulsions may offer brief relief, but this is only temporary. Over time, the brain learns to associate the compulsion with reduced distress, which strengthens the urge to repeat the behaviour. This can lead to longer rituals, more frequent engagement in compulsions, and increased reliance on them to function day-to-day.

The goal of treatment is not to eliminate distress altogether, but to help individuals tolerate uncertainty and resist compulsions, so that the cycle can weaken and greater freedom can be restored.

Safety Behaviours

Safety behaviours are any actions — whether overt (observable) or covert (mental or subtle) — that a person uses to reduce perceived threat, prevent a feared outcome, or manage distress. While they may not appear as obvious as traditional compulsions, safety behaviours serve a similar function: they temporarily relieve anxiety but ultimately reinforce the belief that the obsession is dangerous, meaningful, or intolerable.

Unlike compulsions, which are often repetitive or ritualised, safety behaviours can appear rational or even adaptive on the surface. However, in the context of OCD, they are driven by fear and avoidance, and they prevent new learning from occurring. By relying on these behaviours, individuals miss the opportunity to learn that the feared outcome is unlikely to happen — or that they could cope even if it did.

Common examples of safety behaviours:

- Avoiding sharp objects or kitchen utensils due to fear of harming oneself or others
- Avoiding being alone with loved ones due to fears of losing control
- Seeking reassurance from others (e.g., "Do you think I'm a bad person for thinking that?")
- Mentally reviewing past events to check for mistakes or inappropriate behaviour
- Avoiding eye contact or certain body parts due to fears of inappropriate thoughts
- · Carrying hand sanitiser everywhere "just in case"
- Avoiding specific places, people, or topics that trigger obsessions
- Distraction techniques used to suppress or push away intrusive thoughts
- Repeatedly checking one's emotional response (e.g., "Did I feel anxious enough?"

Over time, these behaviours can become habitual, limiting, and exhausting. They reduce confidence, increase dependence, and send the brain the message that the threat was real — which strengthens the OCD cycle.

In therapy, we learn to **identify and gradually drop safety behaviours** as part of Exposure and Response Prevention (ERP) or other CBT-based interventions. This creates space for new learning and helps individuals build trust in their ability to tolerate uncertainty and discomfort.

Ego-Dystonic Nature of OCD

One of the most defining — and misunderstood — features of Obsessive-Compulsive Disorder is that the thoughts, images, or urges it produces are **ego-dystonic**. This means that they are experienced as **intrusive**, **unwanted**, **and completely out of alignment with the person's values, morals, beliefs, or sense of identity**.

Far from enjoying or endorsing the thoughts, individuals with OCD are often **deeply distressed by them**. The very fact that the thought causes anxiety, disgust, guilt, or shame is a strong indication that it clashes with who they are as a person. It is this mismatch — between what the person values and what the thought suggests — that makes the experience so painful.

In fact, many people with OCD worry more about the **implications of having the thought** than the actual content itself. They may believe that the thought means they are immoral, dangerous, broken, or somehow defective. This can lead to intense self-monitoring, avoidance, or attempts to neutralise the thought through compulsions or reassurance-seeking.

Examples of ego-dystonic thoughts:

- A caring parent who has an intrusive image of harming their child, and feels horrified and ashamed
- A religious person who experiences blasphemous thoughts and fears they are committing a sin
- A person in a loving relationship who suddenly doubts their feelings and panics that this must mean they are leading someone on
- A kind, empathetic individual who has violent or sexually inappropriate thoughts and fears they are secretly a bad person

Why This Matters

Understanding the **ego-dystonic** nature of OCD is crucial because it challenges one of OCD's most manipulative lies: "If you had that thought, it must mean something about you."

In truth, having a thought is not the same as wanting, believing, or endorsing it. Research shows that nearly everyone has random, intrusive thoughts — but people without OCD are more likely to dismiss them as meaningless. People with OCD, however, become trapped in a cycle of over-interpreting the thought, questioning what it means, and trying to neutralise it.

The **intensity of your distress is not evidence of danger**—**it is evidence of your values**. Often, the content of OCD targets what matters most to you.

In therapy, a key goal is to help you shift from "Why did I think that?" to "That was just a thought — and I don't need to engage with it."

The OCD Cycle

OCD is maintained through a vicious cycle:

- 1. Intrusive thought →
- 2. Appraisal (e.g., "This thought means something terrible will happen or I'm a bad person") →
- 3. **Emotional distress** (e.g., anxiety, shame, guilt) →
- 4. Compulsion or safety behaviour (e.g., checking, avoiding, seeking reassurance) →
- 5. Short-term relief but long-term reinforcement of the belief that the thought is dangerous or important

Over time, this cycle becomes stronger and more automatic, reducing confidence and increasing dependency on compulsions.

Subtypes of OCD

OCD can present in many different ways. While the underlying process is similar, the content of obsessions and compulsions varies:

Subtype	Themes
Contamination OCD	Fear of germs, illness, or contamination
Checking OCD	Fear of harm due to negligence or mistakes
Just Right OCD	Need for symmetry, completeness, or correct sensations
Pure-O	Distressing thoughts without visible compulsions (e.g., sexual, violent, or moral obsessions)
Relationship OCD (ROCD) Obsessive doubts about partner or relationship
Scrupulosity	Religious, moral, or ethical fears

Health OCD Fear of illness despite reassurance or medical evidence

Existential OCD Obsessive rumination about death, reality, or identity

Many people have more than one subtype at once, and themes can **shift over time**. That's normal. What connects all OCD types is the cycle of threat \rightarrow misinterpretation \rightarrow compulsive response.

Relevant Research

- Rachman (1997) highlighted how intrusive thoughts are *universally experienced*, but it is the **appraisal** of these thoughts that distinguishes OCD.
- Salkovskis (1985, 1999) proposed that compulsions are used to neutralise perceived threat, reinforcing the obsession in the long term.
- Abramowitz et al. (2009) emphasised the transdiagnostic nature of obsessive intrusions across cultures and the importance of cognitive-behavioural models in effective treatment.
- **CBT and ERP** remain the most evidence-based treatments for OCD, with numerous randomised controlled trials supporting their effectiveness.

Treatment Options

The most effective psychological treatment for OCD is **Cognitive Behavioural Therapy (CBT)**, specifically a technique called **Exposure** and **Response Prevention (ERP)**.

- ERP involves gradually facing feared thoughts or situations while resisting the urge to engage in compulsions.
- Over time, this helps the brain learn that anxiety can pass on its own and that the feared consequences are unlikely to happen.

Other helpful treatments include:

- Acceptance and Commitment Therapy (ACT) focusing on willingness, defusion, and values-based action.
- Selective Serotonin Reuptake Inhibitors (SSRIs) prescribed medications that can reduce OCD symptoms, particularly in moderate to severe cases.
- Mindfulness-based interventions to support awareness and disengagement from thought-action fusion

K Formulation: Understanding Your Own OCD

This workbook is designed to help you make sense of your own experience with OCD — to identify what triggers your distress, how you interpret it, and how your responses may be unintentionally keeping the cycle going. You'll be supported in building a **personalised map** of your OCD, which is often a vital first step in the recovery process.

As you begin to reflect, you may notice that:

- You experience more than one OCD theme
- Your compulsions may be mental, physical, or subtle
- Your patterns follow a similar structure, even when the content of your thoughts changes

This workbook provides real-world examples, clear diagrams, and space for your own reflections. As you read through the example formulations, observe not only how similar the subtypes can be, but also how your unique experience of OCD manifests. It's okay if you don't fit neatly into one category — many people don't.

By exploring your patterns, you'll begin to build **insight**, reduce self-judgement, and develop the foundation for meaningful change.

You Can Recover

OCD can feel overwhelming, frightening, and at times even hopeless — but evidence-based treatment works. With the right support, it is entirely possible to **break the cycle** and regain control of your life.

People with OCD are often thoughtful, conscientious, and deeply empathic — the very qualities that OCD latches onto and distorts. Your distress does not reflect danger — it reflects how much you care. You are **not** your thoughts. You are **not** your compulsions. You can learn to live with uncertainty, build confidence in your ability to cope, and reclaim your freedom.

Let's begin.

* Tips for Completing Your Formulation

Filling in your own OCD formulation can feel challenging at first — especially when the thoughts or behaviours are distressing or hard to describe. That's okay. This is not a test. It's a space for reflection, discovery, and self-compassion. Here are some tips to help you get the most out of the process:

✓ 1. Be curious, not critical

Try to approach your thoughts and behaviours with **gentle curiosity**, rather than judgement. The goal is to understand your patterns, not to shame yourself for them.

2. Use the examples to guide you

If you're not sure how to begin, look back at the examples from earlier in the workbook. You don't need to copy them — just notice the structure and how each element fits together.

🚣 3. Use your own language

You don't need to write in "therapy" language. Use your own words, phrases, or even drawings if that helps you express what's going on.

4. Focus on the cycle, not just individual thoughts

OCD is maintained by **patterns** — not just by having intrusive thoughts. Try to reflect on what happens *before*, *during*, and *after* a thought or urge.

5. It's okay if you don't remember the exact thought

Sometimes compulsions become so automatic that the original thought feels blurry or forgotten. That's normal. You can start with the behaviour and work backwards: What were you feeling? What were you trying to prevent?

🔅 6. One formulation doesn't have to explain everything

You may have more than one OCD theme or type — that's completely normal. You can complete multiple formulations if you like, or start with just one and add more over time.

7. Expect discomfort — but know it's safe

Looking at your OCD patterns might bring up anxiety or self-doubt. That's part of the process. Remind yourself: *This is for understanding, not for judgment.*

🔭 8. You don't have to do it all at once

You can take breaks, return to it later, and revise your answers as your insight grows. Formulation is a living, evolving tool — not a finished product.

When in doubt, bring your formulation into therapy and discuss it with your therapist. They can help you explore it further, highlight patterns you may have missed, and support you in turning insight into action.

Example: Habitual OCD

Physical Sensations

What did you notice in your body? Example:

Racing heart, tight chest

"Internal pressure, muscle tightness, agitation, shallow breathing"

Consequences: Physical tension fuels the compulsion as a means of relief.

Emotional Response

What emotions did you feel when the thought occurred? Rate intensity (0–100%). Example: Anxiety (85%), Guilt (60%)

"Irritation (85%), Anxiety (70%), Inner tension (90%)"

Consequences: Emotional discomfort persists even without a clear narrative—it's the urge for resolution that dominates

This example illustrates how OCD can be maintained even when the original intrusive thought is no longer clearly experienced. The **compulsions have become habitual** and automatic, driven by discomfort or a vague sense of something being wrong. Sometimes the thought becomes so **automatic or suppressed** that the **compulsion takes over** as the dominant feature



Having the urge or need to perform a ritual or compulsion which may or may not be linked to any clear intrusive thoughts

" If I don't do the ritual, something will feel wrong all day—or something bad might happen, even if I don't know what."

Consequences: There may be a vague, unarticulated sense of threat or incompleteness driving the behaviour.



Compulsions / Safety Behaviours

What did you do to reduce the anxiety or prevent the feared outcome? * Example: Repeatedly checked the oven, asked for reassurance, avoided leaving the house

"Repeating phrases, tapping, checking, or arranging items in a specific way without knowing why

Consequences: These rituals are performed to relieve distress, even without a clear belief or fear attached.

Avoidance

What situations, places, or triggers did you avoid as a result? Example: Avoided cooking, avoided being alone at home

"Avoided unfamiliar environments or tasks that interrupt rituals"

Consequences: Avoidance of disruption prevents learning that nothing bad happens when the rituals are resisted.

.

Attention and Bias

Did your attention become narrowly focused on threat, danger, or evidence of harm? Fexample:

Scanned for smells of smoke, watched the news for fire reports

"Hyper-focus on internal sensations or environmental 'cues' that trigger the urge

Consequences: Heightened sensitivity to 'offness' or incomplete sensations drives repetitive behaviour..

Example: Just Right OCD

Physical Sensations

"Restlessness, bodily tension, urge to act, inability to relax"

Consequences: Physical discomfort drives the compulsion to act until relief is felt.

Emotional Response

What emotions did you feel when the thought occurred? Rate intensity (0–100%). *Example*: Anxiety (85%), Guilt (60%)

"Tension (95%), Irritation (85%), Anxiety (80%)"

Consequences: Strong internal distress arises from the sense that something is off or not aligned properly.

Intrusions

What is the distressing or unwanted thought, image, or impulse that entered your mind?

Example: "What if I left the oven on and the house burns down?"

"If I don't straighten the picture frame perfectly, I'll feel unbearably tense all day.""



Meaning of the Thought (Appraisal)
What did the thought mean to you at the time? What did you believe might happen, or what it said about you? Fxample: "If I don't check, something terrible will happen and it will be my fault."

"Things have to be even or symmetrical or I won't be able to focus or function."

Consequences: The thought is interpreted as a command or warning, often tied to the need for control or relief.



Compulsions / Safety Behaviours

What did you do to reduce the anxiety or prevent the feared outcome? * Example: Repeatedly checked the oven, asked for reassurance, avoided leaving the house

"Repeating actions until they feel 'just right'—touching, arranging, re-reading, rewriting"

Consequences: The compulsions are often repeated not due to fear of harm, but to resolve an inner sense of incompleteness.

Avoidance

What situations, places, or triggers did you avoid as a result? Example: Avoided cooking, avoided being alone at home

"Avoided writing by hand, creative work, or tasks that might trigger imperfection"

Consequences: Avoidance helps prevent discomfort, but reinforces fear of not being able to tolerate it.

Attention and Bias

Did your attention become narrowly focused on threat, danger, or evidence of harm?
Example: Scanned for smells of smoke, watched the news for fire reports

"Hyper-focus on symmetry, order, and how things feel internally"

Consequences: Biased attention keeps the person locked into detecting 'offness' or imbalance.

Example: Relationship OCD

Physical Sensations

"Stomach tension, restlessness, heart pounding"

Consequences: Physical symptoms reinforce the belief that something is wrong and needs resolving.

Emotional Response

What emotions did you feel when the thought occurred? Rate intensity (0–100%). *Example*: Anxiety (85%), Guilt (60%)

"Example: Anxiety (90%), Guilt (75%), Fear (80%)"

Consequences: Emotions arise from the perceived risk of making the 'wrong' life choice or hurting the partner.

Intrusions

What is the distressing or unwanted thought, image, or impulse that entered your mind?

Example: "What if I left the oven on and the house burns down?"

"What if I don't really love my partner? What if I'm making a mistake being with them?"



Meaning of the Thought (Appraisal)
What did the thought mean to you at the time? What did you believe might happen, or what it said about you?
Example: "If I don't check, something terrible will happen and it will be my fault."

"If I stay in this relationship and I'm not truly in love, I'll ruin both our lives"

Consequences: The thought is seen as evidence of a serious moral or emotional failing, creating urgency to resolve it.



Compulsions / Safety Behaviours

What did you do to reduce the anxiety or prevent the feared outcome? * Example: Repeatedly checked the oven, asked for reassurance, avoided leaving the house

"Mentally reviewing past moments for signs of love or doubt, comparing to others' relationships, asking friends if the partner is 'good enough'"

Consequences: These mental rituals and reassurance-seeking aim to reduce doubt but keep the focus on the perceived problem.

Avoidance

What situations, places, or triggers did you avoid as a result? Example: Avoided cooking, avoided being alone at home

"Avoided romantic gestures, conversations about the future, or spending time together when feeling unsure"

Consequences: Avoidance prevents real-world experiences that could disconfirm the fear.



Did your attention become narrowly focused on threat, danger, or evidence of harm? Example: Scanned for smells of smoke, watched the news for fire reports

"Hyper-focus on partner's flaws or behaviour, scanning for signs of disconnection or incompatibility"

Consequences: Biased attention increases perceived evidence that something is wrong.

15. Copyright © Mitchell Osborne.. All rights reserved

Example: Pure-O OCD

Physical Sensations

"Sweaty palms, nausea, racing heart"

Consequences: These symptoms can be misinterpreted as 'proof' of danger or arousal, increasing obsession.

Emotional Response

What emotions did you feel when the thought occurred? Rate intensity (0–100%). Example: Anxiety (85%), Guilt (60%)

"Anxiety (95%), Disgust (80%), Guilt (60%)"

Consequences: These feelings arise due to perceived personal responsibility and fear of contamination. Emotions are powerful but are not facts and mislead us.

Intrusions

What is the distressing or unwanted thought, image, or impulse that entered your mind? Example: "What if I left the oven on and the house burns down?"

"I 'What if I'm secretly a paedophile and don't know it?'"



Meaning of the Thought (Appraisal)
What did the thought mean to you at the time? What did you believe might happen, or what it said about you?
Example: "If I don't check, something terrible will happen and it will be my fault."

"Having that thought must mean something is wrong with me—maybe I'm dangerous or immoral"

Consequences: The thought is interpreted as meaningful, creating a fear that the thought represents the true self.



Compulsions / Safety Behaviours

What did you do to reduce the anxiety or prevent the feared outcome? * Example: Repeatedly checked the oven, asked for reassurance, avoided leaving the house

"Mentally reviewed past interactions, avoided children, searched online for proof
I'm not a danger"

Consequences: Mental rituals and avoidance provide short-term relief but reinforce the fear.

Avoidance

What situations, places, or triggers did you avoid as a result? Example: Avoided cooking, avoided being alone at home

"Avoided children, parenting conversations, social situations, eye contact with young people"

Consequences: Avoidance reinforces the idea that the thought and perceived risk are dangerous..

Attention and Bias

Did your attention become narrowly focused on threat, danger, or evidence of harm? Example: Scanned for smells of smoke, watched the news for fire reports

""Hyper-awareness of physical sensations, mental scanning for arousal cues, checking reactions to children"

Consequences: Attention is drawn to 'evidence' of threat, increasing the salience of intrusive thoughts.

Example: Contamination OCD

Physical Sensations

"Sweaty palms, nausea, racing heart"

Consequences: The body responds as if real danger is present, reinforcing the belief that the thought is urgent and important.

Emotional Response

What emotions did you feel when the thought occurred? Rate intensity (0–100%). Example: Anxiety (85%), Guilt (60%)

"Anxiety (95%), Disgust (80%), Guilt (60%)"

Consequences: These feelings arise due to perceived personal responsibility and fear of contamination. Emotions are powerful but are not facts and mislead us.

Intrusions

What is the distressing or unwanted thought, image, or impulse that entered your mind?

Example: "What if I left the oven on and the house burns down?"

"I had the thought that I touched the door handle, and now I might be contaminated with a dangerous virus.



Meaning of the Thought (Appraisal)
What did the thought mean to you at the time? What did you believe might happen, or what it said about you?
Example: "If I don't check, something terrible will happen and it will be my fault."

"If I don't wash my hands immediately, I could get sick or spread illness to others, I would be irresponsible and a bad person to do this"

Consequences: The thought is interpreted as a serious danger, giving it urgency and emotional weight, leading to more distress"



Compulsions / Safety Behaviours

What did you do to reduce the anxiety or prevent the feared outcome? * Example: Repeatedly checked the oven, asked for reassurance, avoided leaving the house

"Washing hands repeatedly, sanitising objects, avoiding touching anything else"

Consequences: These behaviours reduce distress short-term but reinforce the belief that contamination is dangerous maintaining distress long-term.

Avoidance

What situations, places, or triggers did you avoid as a result? Example: Avoided cooking, avoided being alone at home

"Avoided public spaces, touching shared surfaces, or physical contact with others"

Consequences: Avoidance limits exposure and blocks opportunities to disconfirm feared outcomes, it also reinforces the interpretation that danger is real and accurate.

Attention and Bias

Did your attention become narrowly focused on threat, danger, or evidence of harm? Fexample:

Scanned for smells of smoke, watched the news for fire reports

"Constantly scanning for signs of dirt, germs, or illness cues"

Consequences: Selective attention keeps us hyperaware of perceived threats, strengthening the OCD loop.

Example: Harm based OCD

Physical Sensations

"Tight chest, heart racing, feeling hot and dizzy"

Consequences: The body responds as if real danger is present, reinforcing the belief that the thought is urgent and important.

Emotional Response

What emotions did you feel when the thought occurred? Rate intensity (0–100%). Example: Anxiety (85%), Guilt (60%)

"Anxiety (90%), Guilt (80%), Shame (70%)"

Consequences: These emotions are driven by the appraised danger and perceived moral failure. They make us motivate to act to neutralise or undo the thought, making it feel like our interpretation is valid and needs correcting. Emotions are powerful but are not facts and mislead us.

Intrusions

What is the distressing or unwanted thought, image, or impulse that entered your mind? Example: "What if I left the oven on and the house burns down?"

"I had the thought that I might have run someone over with my car without noticing"



Meaning of the Thought (Appraisal)

What did the thought mean to you at the time? What did you believe might happen, or what it said about you?
Example: "If I don't check, something terrible will happen and it will be my fault."

"If I don't go back and check, I might seriously harm someone and be a terrible person"

Consequences: This interprets the thought as a real threat and a reflection morality. This interpretation gives the thought meaning and power, leading to more distress, probably because it is the opposite of your values



Compulsions / Safety Behaviours

What did you do to reduce the anxiety or prevent the feared outcome? *Example:* Repeatedly checked the oven, asked for reassurance, avoided leaving the house

"Driving back to check the road, asking others if I'm a good person, mentally replaying the drive in my head"

Consequences: These actions reduce anxiety in the short term but maintain OCD by preventing disconfirmation of the feared outcome and reinforcing reliance on compulsions.

Avoidance

What situations, places, or triggers did you avoid as a result? Example: Avoided cooking, avoided being alone at home

"Avoided driving alone, avoided routes near schools or busy pedestrian areas"

Consequences: Avoidance prevents us from learning that their feared outcomes won't happen, which maintains anxiety and reduces confidence.

Attention and Bias

Did your attention become narrowly focused on threat, danger, or evidence of harm? Fexample:

Scanned for smells of smoke, watched the news for fire reports

"Hyper-focused on bumps in the road or people near crossings; scanning the news for hit-and-run reports"

Consequences: Selective attention to threatrelated cues maintains fear and increases the perceived likelihood that something bad has happened.

Begin Your Own OCD Formulation

Now that you've read through examples of how OCD can be understood and broken down, it's time to begin mapping out your own experience.

Formulating your OCD means exploring how your intrusive thoughts, interpretations, emotions, behaviours, and longer-term consequences all connect and reinforce one another. This process is not about judgement — it's about curiosity, clarity, and selfunderstanding.

You might recognise yourself in just one of the examples, or in several. Many people experience overlap between OCD subtypes, and your thoughts or behaviours may not fit neatly into just one category — that's completely normal.

Use the prompts on the next page to reflect on your own experiences. You can refer back to the examples for inspiration, but don't worry about writing perfect answers. This is your space to make sense of your own patterns — and that understanding is a powerful step towards change.

Take your time, be honest, and remember: intrusive thoughts are normal, and recovery is possible.

Blank OCD Formulation

Physical Sensations

What did you notice in your body?

Racing heart, tight chest

Emotional Response

What emotions did you feel when the thought occurred? Rate intensity (0–100%). Example: Anxiety (85%), Guilt (60%)

Intrusions

What is the distressing or unwanted thought, image, or impulse that entered your mind? Fxample: "What if I left the oven on and the house burns down?"



Meaning of the Thought (Appraisal)

What did the thought mean to you at the time? What did you believe might happen, or what it said about you? Example: "If I don't check, something terrible will happen and it will be my fault."



Compulsions / Safety Behaviours

What did you do to reduce the anxiety or prevent the feared outcome? / Example:
Repeatedly checked the oven, asked for reassurance, avoided leaving the house

Avoidance

What situations, places, or triggers did you avoid as a result? Example: Avoided cooking, avoided being alone at home

Attention and Bias

Did your attention become narrowly focused on threat, danger, or evidence of harm? Fexample: Scanned for smells of smoke, watched the news for fire reports

20. Copyright © Mitchell Osborne.. All rights reserved

Blank OCD Formulation

Physical Sensations

What did you notice in your body?

Racing heart, tight chest

Emotional Response

What emotions did you feel when the thought occurred? Rate intensity (0–100%). Example: Anxiety (85%), Guilt (60%)

Intrusions

What is the distressing or unwanted thought, image, or impulse that entered your mind? Fxample: "What if I left the oven on and the house burns down?"



Meaning of the Thought (Appraisal)

What did the thought mean to you at the time? What did you believe might happen, or what it said about you? Example: "If I don't check, something terrible will happen and it will be my fault."



Compulsions / Safety Behaviours

What did you do to reduce the anxiety or prevent the feared outcome? / Example:
Repeatedly checked the oven, asked for reassurance, avoided leaving the house

Avoidance

What situations, places, or triggers did you avoid as a result? Example: Avoided cooking, avoided being alone at home

Attention and Bias

Did your attention become narrowly focused on threat, danger, or evidence of harm?
Example: Scanned for smells of smoke, watched the news for fire reports

Glossary of Terms

Obsessions

Intrusive, unwanted thoughts, images, urges, or doubts that cause distress. Obsessions often involve fears of harm, contamination, doing something immoral, or being responsible for something terrible happening.

Compulsions

Repetitive behaviours or mental acts performed in response to an obsession, or according to rigid self-imposed rules. Compulsions aim to reduce anxiety, prevent a feared event, or make things feel "just right", but they often reinforce the OCD cycle.

Safety Behaviours

Subtle or overt actions used to reduce perceived threat or anxiety. These can include avoidance, distraction, or reassurance-seeking. Though they may seem helpful, safety behaviours prevent new learning and keep the OCD cycle going.

Intrusive Thoughts

Unwanted and distressing thoughts, images, or impulses that "pop" into the mind. Everyone experiences them, but people with OCD tend to assign them greater meaning or threat, leading to anxiety and compulsions.

* Formulation

A psychological map that helps make sense of your thoughts, feelings, behaviours, and how they interact. In CBT, formulation is used to understand what maintains a problem and to guide change.

The OCD Cycle

The recurring pattern of obsession \rightarrow interpretation \rightarrow anxiety \rightarrow compulsion \rightarrow short-term relief \rightarrow reinforcement. This cycle explains how OCD is maintained over time and why symptoms persist without intervention.

▲ Thought-Action Fusion

A cognitive distortion common in OCD where a person believes that thinking about something (e.g., harming someone) is morally equivalent to doing it, or makes it more likely to happen.

Ego-Dystonic

Describes thoughts or behaviours that feel inconsistent with a person's values, morals, or identity. In OCD, obsessions are typically egodystonic — people find them distressing because they go against who they are.

👃 ERP (Exposure and Response Prevention)

The gold-standard behavioural treatment for OCD. It involves gradually facing feared situations or thoughts (exposure) without performing compulsions (response prevention), allowing anxiety to reduce naturally over time.

Cognitive Appraisal

The personal meaning or interpretation given to an intrusive thought or situation. In OCD, the problem often lies not in the thought itself, but in how it is interpreted (e.g., "Having this thought means I'm dangerous").

Habituation

The natural reduction of anxiety over time when you face a fear without avoiding or neutralising it. ERP relies on this principle to help retrain the brain and reduce the need for compulsions.

References

Abramowitz, J. S., McKay, D., & Taylor, S. (2009). Obsessive-compulsive disorder: Subtypes and spectrum conditions. Elsevier.

Rachman, S. (1997). A cognitive theory of obsessions. Behaviour Research and Therapy, 35(9), 793–802.

Salkovskis, P. M. (1985). Obsessional–compulsive problems: A cognitive–behavioural analysis. Behaviour Research and Therapy, 23(5), 571–583.

Salkovskis, P. M. (1999). Understanding and treating obsessive–compulsive disorder. Behaviour Research and Therapy, 37(Suppl 1), S29–S52.

National Institute for Health and Care Excellence (NICE). (2005). Obsessive-compulsive disorder and body dysmorphic disorder: Treatment. NICE Clinical Guideline [CG31].