Understanding OCD

For patients and the people who support them

OCD isn't about being tidy or particular — it's a cycle of unwanted, intrusive thoughts (obsessions) and behaviors done to reduce the distress they cause (compulsions). The relief compulsions bring is real, but temporary, and it quietly strengthens the cycle. This toolkit offers ways to understand and interrupt it.

OCD, Quick Facts

Intrusive thoughts are common: Having a disturbing or unwanted thought doesn't reflect your character or your intentions.

Compulsions aren't always visible: Washing and checking are compulsions — but so are mental reviewing, counting, or asking for reassurance.

Common themes: Contamination, harm or safety, symmetry and order, taboo thoughts, and moral or religious scrupulosity, among others.

Relief is temporary: Compulsions lower anxiety briefly, which teaches the brain the fear was real — and the cycle repeats.

Effective treatment exists: ERP (exposure & response prevention) and certain medications are well-supported, effective treatments.

How to use this toolkit

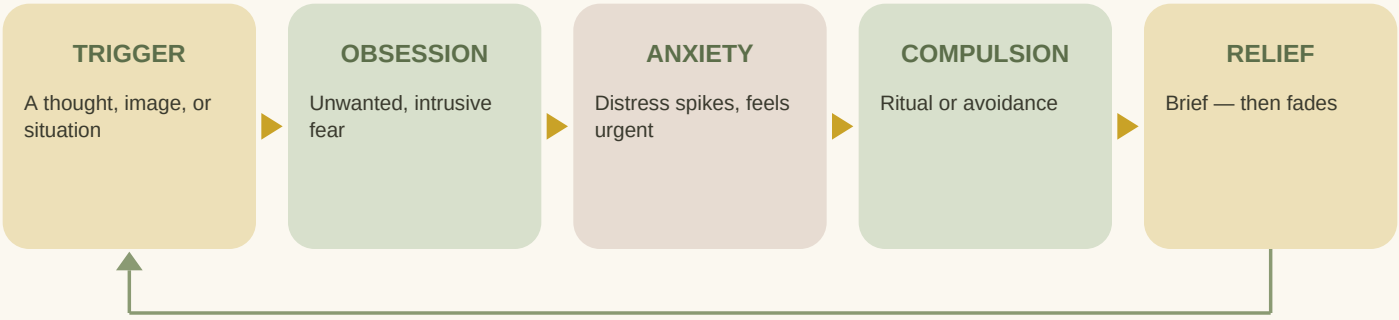
Pages 2–3 explain the OCD cycle and offer in-the-moment tools. Page 4 is for family and support people. Page 5 is a worksheet. This toolkit supports — but doesn't replace — ERP-based treatment.

If this feels like a crisis, call or text 988 (Suicide & Crisis Lifeline) — available 24/7.

The OCD Cycle

Understanding how obsessions and compulsions reinforce each other

OCD tends to run in a predictable loop. Seeing each step clearly is the first move toward interrupting it.



The cycle repeats — and can strengthen — each time a compulsion follows an obsession.

Why Compulsions Keep the Cycle Going

Doing the ritual lowers anxiety in the moment, which feels like proof it was necessary. That short-term relief is exactly what teaches the brain to treat the obsession as a real threat — so the urge comes back, often stronger, next time.

The Goal of Treatment

ERP (exposure & response prevention) works by helping you face the trigger and sit with the anxiety, without doing the compulsion, until your brain learns the feared outcome doesn't happen and the anxiety fades on its own. This is done gradually, and safely, with a trained provider.

In-the-Moment Tools

For when an obsession or urge to do a compulsion feels overwhelming

1 Name It

- Silently label it: “This is my OCD talking, not reality.”
- Naming the thought creates a small but important distance between you and it.

2 Delay the Compulsion

- Anxiety rises, peaks, and falls on its own — even without a compulsion, like a wave.
- Try delaying the ritual by even a few minutes. The urge often fades faster than it feels like it will.

3 Ground Yourself Through the Wave

- Use a brief grounding tool — slow breathing, or naming 5 things you can see — to stay present.
- The goal isn't to erase the anxiety, just to ride it out without acting on the urge.

4 Don't Chase Certainty

- OCD often asks “but what if?” — certainty isn't something anyone can fully have.
- Seeking reassurance, from others or yourself, tends to strengthen the cycle rather than settle it.

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For Family & Support People

Reducing accommodation, gently and as a team

1 What Accommodation Looks Like

- Taking part in rituals, answering repeated reassurance questions, or helping avoid triggers.
- It's a natural, loving response — and it can also unintentionally feed the cycle.

2 Why Stepping Back Helps

- Accommodation brings short-term relief for everyone, but it confirms OCD's message that the fear is real and dangerous.
- Reducing it, gradually and gently, helps the cycle lose its grip over time.

3 What to Say Instead

- Try: “I love you, and I believe you can handle this feeling,” rather than answering the reassurance question.
- Agree ahead of time on a phrase that signals “I'm not going to answer that, but I'm here with you.”

4 Make Changes as a Team

- Coordinate any changes to accommodation with the person's treatment provider — sudden changes without a plan can feel destabilizing.
- Progress isn't linear. Consistency and warmth matter more than doing it perfectly.

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My OCD Toolkit Worksheet

Fill this out when you feel steady, so it's ready when you need it

Triggers I notice most:

Themes my OCD tends to focus on (general themes only — no need to detail every thought):

Compulsions I'm working on reducing:

A phrase that helps me tolerate uncertainty:

People supporting me:

1.

2.

My therapist or psychiatric provider:

If you're in crisis, you don't have to wait for an appointment

988 Suicide & Crisis Lifeline — call or text 988, available 24/7

Crisis Text Line — text HOME to 741741

Or contact your provider, or go to your nearest emergency room.