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Caring for Someone with OCD Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

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Assessment

The following are common signs your loved one might be struggling with OCD. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. “They perform certain routines repeatedly and become very anxious if they are unable to complete them.”	1-2-3-4-5
2. “They have persistent, unwanted thoughts, images, or urges that cause significant distress or anxiety.”	1-2-3-4-5
3. “They engage in repetitive behaviors or mental acts in response to an obsession or according to rules that must be applied rigidly.”	1-2-3-4-5
4. “They require frequent reassurances and worry that they said or did something to hurt others.”	1-2-3-4-5
5. “They avoid places, situations, or objects that trigger their obsessions or compulsions.”	1-2-3-4-5
6. “They adopt ritualized patterns of behavior around everyday tasks like eating, sleeping, and leaving the house.”	1-2-3-4-5
7. “They may show signs of excessive doubt and require constant validation for decisions they've made.”	1-2-3-4-5
8. “They spend an excessive amount of time each day on these thoughts and rituals, which significantly interferes with their daily activities.”	1-2-3-4-5

AUTHOR-CREATED CAREGIVER REFLECTION: This is not an OCD diagnostic instrument and does not diagnose caregiver pathology. Do not total or apply cutoffs.

OCD Facts vs. Myths

Below are statements about OCD. Fill in the blanks with either "Fact" if you believe the statement is true or "Myth" if you believe it is false.

1. _____: People with OCD just need to relax and stop worrying.
2. _____: OCD only involves cleanliness and orderliness.
3. _____: Individuals with OCD realize that their obsessions are not rational.
4. _____: Having occasional obsessive thoughts or compulsive behaviors means you have OCD.
5. _____: OCD can affect anyone regardless of age, gender, or socioeconomic status.
6. _____: Stress causes OCD.
7. _____: People with OCD can just stop their behaviors if they really want to.
8. _____: Having a preference for symmetry and organization is the same as having OCD.

Once you have filled in the blanks, review the explanations provided to check your answers:

1. This is a myth. OCD is a chronic mental health condition that usually requires professional treatment, including therapy and medication, not just relaxation techniques.

2. This is a myth. OCD can manifest in various forms beyond excessive cleaning or arranging, including intrusive thoughts, repeated checking, and complex rituals.
3. This is a fact. Many people with OCD are aware that their obsessive thoughts are irrational, but they still feel compelled to perform compulsive behaviors.
4. This is a myth. It's normal to have occasional repetitive thoughts or habits. OCD is diagnosed when these obsessions and compulsions consume significant time and cause distress or impairment.
5. This is a fact. OCD is a condition that can impact anyone, although its onset is typically observed in adolescence or early adulthood.
6. This is a myth. While stress can exacerbate symptoms of OCD, it is not considered a direct cause. The exact cause of OCD is unknown but likely involves a combination of genetic, neurological, behavioral, cognitive, and environmental factors.
7. This is a myth. Stopping the compulsions is quite difficult for people with OCD without proper treatment, as the behaviors are driven by intense anxiety and distress.
8. This is a myth. Preferences for symmetry and organization do not equate to OCD unless they are linked to significant anxiety, time consumption, and interference with daily functioning.

Compulsions and Obsessions

Obsessions are intrusive and unwanted thoughts, images, or urges that cause distress or anxiety. the following are some examples:

- **Contamination fears:** Fear of germs, dirt, or becoming contaminated by other people or the environment.
- **Harm fears:** Fearing that one might harm oneself or others, either accidentally or on purpose.
- **Symmetry and order:** A strong need for things to be perfectly ordered or symmetrical.
- **Unwanted sexual thoughts:** Disturbing sexual images or thoughts, including fears about one's sexual orientation or intrusive thoughts involving aggression.
- **Religious or moral fears:** Excessive concerns about morality, sin, or blasphemy.
- **Fear of illness or disease:** A preoccupation with having or catching a serious illness, despite medical reassurance.
- **Fear of losing important items:** Worry about discarding something that could be necessary or valuable.

Compulsions are the behaviors or mental acts that a person feels compelled to perform in response to an obsession or according to rules that must be applied rigidly to reduce anxiety or prevent some dreaded event or situation. the following are some examples:

- **Washing and cleaning:** Excessive hand washing, showering, or cleaning of objects to remove germs or contamination.

- **Checking:** Repeatedly checking locks, appliances, or switches to ensure safety or prevent harm.
- **Counting:** Counting items or actions to a certain number, often believed to ward off bad things from happening.
- **Ordering and arranging:** Placing objects in a specific order or pattern to reduce discomfort.
- **Repeating routines:** Going in and out of doors multiple times, rereading or rewriting words, or needing to perform activities a certain number of times until it feels "just right."
- **Mental rituals:** Silently repeating words, counting, or praying to reduce anxiety or prevent a dreaded event.
- **Hoarding:** Collecting and keeping items with no apparent value, often due to fears that throwing them away will result in something bad happening.

Fill out the following chart with any obsessions or compulsions you've observed in your loved one:

Obsession (Describe the Intrusive Thought)	Compulsion (Describe the Behaviors or Mental Acts)	Impact on Daily Life

Obsession (Describe the Intrusive Thought)	Compulsion (Describe the Behaviors or Mental Acts)	Impact on Daily Life

Triggers

A "trigger" is anything that brings on symptoms of OCD or increases their severity. It could be a specific situation, a physical item, a certain thought, or even an emotion. The following are some common triggers. Check off the ones that are relevant to or add more to the list:

- ☐ Unclean or disorganized environments
- ☐ Changes in routine
- ☐ Media reports about diseases, violence, or disasters
- ☐ Personal health issues or those of close ones
- ☐ Social interactions (e.g., fear of saying the wrong thing or acting inappropriately)
- ☐ Shaking hands or touching doorknobs
- ☐ Media or conversations with sexual themes
- ☐ Participation in or discussions about religious activities
- ☐ Work or academic pressures (e.g., deadlines, exams, or performance evaluations)
- ☐ Seeing items out of place
- ☐ Certain numbers or colors
- ☐ Being in crowded or public spaces
- ☐ Arguments or disagreements
- ☐ Physical sensations (e.g., feeling dirty or sensations on the skin)
- ☐ Lack of sleep
- ☐ Seeing others being untidy or unhygienic
- ☐ _____
- ☐ _____
- ☐ _____

Trigger (Describe the Situation)	Observed Reactions/Behavior Changes	Coping Strategies Used	How Effective (1-10)
e.g., having to shake hands with several people at a social event.	After shaking hands, they became visibly anxious and distressed. They quickly excused themselves to wash their hands thoroughly.	Hand washing multiple times	5

Support vs. Enabling

1. Identifying Enabling Behaviors:

Support involves helping your loved one develop coping skills and independence, while enabling can unintentionally reinforce OCD behaviors. The following are some examples of enabling behaviors. Check off the ones you tend to engage in or add more to the list:

- ☐ Reassuring repeatedly about the person's fears or doubts.
- ☐ Participating in rituals, such as checking locks or appliances together.
- ☐ Providing items used in compulsions, like excessive cleaning supplies.
- ☐ Answering OCD-related questions multiple times.
- ☐ Modifying family routines to accommodate the person's OCD rituals.
- ☐ Delaying events or outings due to the person's ritualistic behavior.
- ☐ Assisting with cleanliness rituals by cleaning excessively or in a specific way.
- ☐ Taking over responsibilities the person has avoided due to OCD.
- ☐ Lying or covering up for the person's OCD behaviors in social situations.
- ☐ Neglecting your own needs and boundaries in an effort to help.
- ☐ Allowing OCD to dictate family decisions, like vacation plans.
- ☐ Sacrificing personal time or activities to be available for reassurance or participation in compulsions.
- ☐ Dismissing the need for therapy or delaying treatment.
- ☐ _____
- ☐ _____

For each enabling behavior, reflect on the short-term and long-term consequences:

Enabling behavior	Short-term consequences	Long-term consequences
e.g., Participating in Rituals	It reduced their anxiety momentarily.	It's increasing the frequency and complexity of rituals over time.

2. Identifying Supportive Behaviors

List any behaviors you engage in that could be considered enabling. Next to each, describe an alternative approach that would be more supportive:

Enabling Behavior	Alternative Supportive Behavior
e.g., Offering repeated reassurances to a person with contamination fears by affirming that the environment is clean or germ-free.	Gently encourage the person to confront their fear by slowly reducing cleaning behaviors, in line with therapeutic guidance, acknowledging their anxiety but not supporting avoidance.

3. Action Plan for Change

Create a concise action plan for implementing the strategies you've identified:

What will you continue doing?	
What will you stop doing?	
What will you start doing?	

Validating Statements

Validating someone with OCD is about acknowledging their feelings and experiences without reinforcing the disorder's narratives or compulsions. The following are some examples of validating statements. Check off the ones you think will be helpful or add more to the list:

- ☐ "I see this is really tough for you right now."
- ☐ "It sounds like you're dealing with a lot of stress, and that makes sense given what you're facing."
- ☐ "You're not alone in this; I'm here with you."
- ☐ "It's okay to feel upset about this; it doesn't make you weak."
- ☐ "I can tell how hard you're trying, and I'm proud of you for that effort."
- ☐ "It must be exhausting to have these thoughts so frequently."
- ☐ "You're showing a lot of courage by facing these challenges every day."
- ☐ "Facing your fears takes a lot of bravery, and I can see that bravery in you."
- ☐ "Everyone's struggles look different; yours are just as important and real."
- ☐ "I understand that what you're going through isn't a choice, and I recognize how hard you're working to manage these thoughts."
- ☐ "Your worth is not defined by your OCD; you are valued for who you are."
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Tracking and Challenging Intrusive Thoughts

1. Tracking Intrusive Thoughts

Ask your loved one to share their intrusive thoughts as they occur, without judgment. Record these thoughts over a period to identify patterns and triggers. If they prefer to write them down themselves, respect their privacy and offer to review the thoughts together.

Intrusive Thought	Trigger	Emotion (1-10)	Compulsive Response
e.g., "If I don't tap the door handle three times, something terrible will happen to my family."	Touching a door handle when leaving or entering a room.	Anxiety and fear concerning the safety of loved ones. (8)	Tapping the door

Intrusive Thought	Trigger	Emotion (1-10)	Compulsive Response

3. Challenging Intrusive Thoughts

Work with your loved one to challenge the validity and power of these intrusive thoughts using cognitive-behavioral techniques.

Thought: _____

Ask Clarifying Questions:

- What evidence supports this thought?

- What evidence contradicts this thought?

Reframe the Thought:

- What would you say to a friend who had this thought?

Decatastrophize:

- What is the worst that could happen, and how likely is it?

- If the worst happens, how might they cope or handle it?

4. Mindfulness and Acceptance:

Can they observe the thought without engaging with it? The following is a simple practice they can use:

- Find a quiet space. Close your eyes if it feels comfortable, or lower your gaze.
- Focus on your breath. Take a deep breath in through your nose, feeling your lungs expand. Exhale slowly through your mouth. Repeat this a few times to ground yourself in the present moment.
- Notice your body. Bring awareness to the sensations in your body. Observe any areas of tension or relaxation without judgment, simply noting them as they are.

- Bring awareness to your thoughts. Shift your attention to your thoughts. As an OCD thought arises, acknowledge its presence. Imagine it's a leaf floating down a stream - you see it, but you don't have to pick it up; you just let it drift by.
- Do not react or judge. If you find yourself starting to react to the thought or getting tangled in it, gently remind yourself that thoughts are not facts and they do not control your actions. Bring your focus back to your breath each time you notice a thought pulling you away.
- Label the thought. Silently say to yourself something like, "This is just an OCD thought." This labeling helps create distance between you and the intrusive thought.
- Return to the present. After a few moments, guide your attention back to the physical sensations of breathing. Notice the rise and fall of your chest, the air entering and leaving your nostrils, the feeling of being grounded in your seat or lying down.

Relaxation Exercises

1. Breathing Techniques

Deep breathing exercises can activate the body's relaxation response and are often the foundation of many relaxation practices.

- Diaphragmatic Breathing:

Place one hand on your chest and the other on your abdomen. Take a slow, deep breath in through your nose, ensuring that your abdomen is rising (not your chest). Pause for a moment, then exhale slowly through your mouth.

Repeat for several minutes.

- 4-7-8 Breathing:

Breathe in silently through your nose for 4 seconds, hold your breath for a count of 7 seconds, and exhale through your mouth making a whoosh sound for 8 seconds.

Repeat this cycle four times.

2. Progressive Muscle Relaxation (PMR)

PMR involves tensing and then relaxing different muscle groups throughout the body to reduce physical tension.

- Start at your feet and work your way up to your face, or vice versa.
- Tense each muscle group for about five seconds, then relax for 30 seconds, and move to the next group.

- Notice the difference between the tension and relaxation.

3. Guided Imagery

Guided imagery is a relaxation technique that involves visualizing a peaceful setting or scenario.

- Close your eyes and picture a place or situation that is calming and peaceful.
- Engage all your senses: what do you see, hear, smell, taste, and feel?
- Allow yourself to become fully immersed in this place, feeling more relaxed with each passing moment.

4. Grounding Exercises

Grounding exercises are techniques used to direct attention away from negative or distressing thoughts, feelings, or memories, and to refocus on the present moment.

- The 5-4-3-2-1 Technique

- Identify 5 things you can see. Look around and notice five things that you hadn't noticed before. Perhaps a spot on the ceiling, the way light reflects off a surface, or an item you had overlooked.
- Identify 4 things you can feel. Pay attention to the sensation of your clothing on your body, the sun on your skin, or the feeling of the chair you're sitting in.
- Identify 3 things you can hear. Close your eyes and listen carefully. Listen for the hum of the refrigerator, birds chirping outside, or distant traffic noises.

- Identify 2 things you can smell. Notice any scents in your environment, or if you need to, walk to find a scent. Perhaps you smell freshly cut grass or coffee brewing.
- Identify 1 thing you can taste. Pop a piece of candy in your mouth, take a sip of a drink, or simply notice the current taste in your mouth.

- Counting Grounding Exercise

- Choose a category. Pick a broad category of items that you can count in your immediate environment. This could be colors, shapes, types of objects, or repetitive sounds you hear.
- Begin to count. Start to look around you and silently count each instance of the chosen category. For example, if you chose "colors," you might count each instance of the color blue you see in your environment.
- Switch categories. Once you've counted the instances of the first category, move on to a second category. This could be a different color, all the rectangular objects, or every sound you can identify.
- Use your body. If external categories are not helpful, start counting your own rhythmic body functions like breaths or heartbeats. You might also choose to tap your foot or fingers and count each tap.

Daily Practice Log

Encourage your loved one to keep a log of their daily practice. Note which exercises practiced, their duration, and any effects you observed.

Date	Exercise Type	Duration	Effects Observed

Mapping Out a Plan for ERP

Exposure and Response Prevention (ERP) is a well-established behavioral therapy for OCD that involves exposing the individual to triggers of their obsessions and teaching them to resist the urge to perform compulsive behaviors. This worksheet is designed to help you, as a caregiver, facilitate the process under professional supervision.

1. Identify Obsessions and Compulsions

List the obsessive thoughts and the associated compulsive behaviors your loved one engages in. Rank them based on how distressing they are, with 1 being the least distressing and 10 being the most.

Obsessive Thought	Compulsive Behavior	Distress Level (1-10)

2. Develop an Exposure Hierarchy

Create a hierarchy or ladder of situations that elicit OCD symptoms, from least to most anxiety-provoking.

Example: Touching a doorknob

Hierarchy of exposure:

1. *Looking at a doorknob*
2. *Standing near a doorknob*
3. *Touching a doorknob with a barrier (e.g., tissue or glove)*
4. *Touching a doorknob with one finger*
5. *Holding a doorknob for a brief moment*
6. *Touching a doorknob and not washing hands immediately*
7. *Repeatedly touching different doorknobs in the house*
8. *Touching a public doorknob and continuing with daily activities without washing hands*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

3. Identify Response Prevention Strategies

For each exposure, identify strategies that your loved one can use to resist giving in to compulsive behaviors. The following are some examples:

- ☐ **Encourage Delaying Tactics:** Suggest they delay the compulsion for increasing intervals to build resistance.
- ☐ **Practice Mindfulness Together:** Engage in mindfulness exercises to help them stay present and aware of their actions.
- ☐ **Promote Healthy Coping Strategies:** Encourage activities like exercise or hobbies as alternative ways to cope with stress.
- ☐ **Create a Distraction Kit:** Assemble a go-to box with items that can help distract from compulsions, such as puzzles, or books.
- ☐ **Suggest Substitution:** Help them replace compulsive acts with healthier, more productive behaviors.
- ☐ _____
- ☐ _____
- ☐ _____

4. Carry Out the ERP Plan

Gradually begin exposures with the easier tasks, moving up the hierarchy as your loved one becomes more comfortable at each level. Encourage them to tolerate the anxiety until it naturally decreases.

Situation	Duration of Exposure	Distress Before and After (1-10)	Notes
e.g., Touching the doorknob of the front door without washing hands afterward.	5 minutes	- Distress Before: 8 - Distress After: 4	Initially felt anxious and had the urge to wash hands but was able to sit with the anxiety, which decreased over time.

OCD SUPPORT SCOPE: Do not independently prescribe exposure or abruptly withdraw accommodation. Coordinate collaboratively with the affected person and a qualified OCD clinician; assess suicidality, violence/abuse, and dependent-care needs.

Situation	Duration of Exposure	Distress Before and After (1-10)	Notes

Creating Routines

Creating a routine can provide structure and predictability that may be comforting both for caregivers and for individuals with OCD. A consistent routine can help manage symptoms of OCD by establishing a sense of normalcy and reducing anxiety.

Developing a Daily Routine

Consider the full scope of daily activities, including treatment-related tasks, household chores, personal care, leisure activities, and rest. Design a balanced routine that supports the needs of your loved one while also allowing for flexibility when needed.

1. Morning Routine:

Include time for waking up, hygiene, breakfast, medication (if applicable), and any morning-specific rituals or exercises beneficial for managing OCD symptoms.

2. Afternoon Routine:

Plan for lunch, household responsibilities, treatment exercises, work/school tasks, and any appointments.

3. Evening Routine:

Include dinner, family time, relaxation exercises, preparation for the next day, and a calming wind-down period before bedtime.

Emergency Planning

An emergency can include a sudden escalation in symptoms, an intense panic attack, or a situation in which the individual's or others' safety might be at risk. Having an emergency plan in place is crucial to managing these situations effectively and calmly.

1. Recognizing an Emergency

Identify signs that may indicate an emergency situation related to your loved one's OCD. The following are some examples. Check off the ones that apply or add more to the list:

- ☐ Extreme distress or panic
- ☐ Inability to carry out daily functions
- ☐ Threats to harm oneself or others
- ☐ Rapid decline in mental health status
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. Immediate Response Plan

Outline the steps you will take if you recognize the signs of an emergency. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Remain calm and ensure your safety and that of others
- ☐ Offer reassurance to your loved one
- ☐ Seek immediate help (e.g., calling emergency services, helpline, or contacting a mental health professional)
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

3. Emergency Contact Information

Compile a list of important contact information that can be quickly accessed in case of an emergency.

Local emergency services	
Mental health crisis hotline	
Therapist/psychiatrist	
Trusted family member or friend	

4. Safety Measures

Consider any safety measures that could prevent emergencies or make them easier to manage. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Safe storage of medications
- ☐ Removing potential hazards from the home
- ☐ Regular check-ins during high-risk periods
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

5. Post-Emergency Plan

Create a plan for what to do after an emergency has been resolved, including follow-up care and adjustments to routine.

- ☐ Schedule an appointment with a mental health professional
- ☐ Review and adjust the treatment plan if necessary
- ☐ Discuss coping strategies and support for recovery
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Practical Tips for Everyday Challenges

1. Identifying Daily Challenges

List the specific day-to-day challenges you face while caring for your loved one with OCD. The following are some examples. Check off the ones that apply or add more to the list:

- ☐ Dealing with the time taken by rituals
- ☐ Managing stress during anxiety spikes
- ☐ Balancing personal time with caregiving responsibilities
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. Developing Coping Strategies

For each challenge listed above, brainstorm and record practical coping strategies.

Challenge: _____

Coping Strategies:

Recognizing Caregiver Burnout

Caregiver burnout is a state of physical, emotional, and mental exhaustion that can occur when an individual provides care for a loved one over a prolonged period, often without adequate help or support. It's similar to other forms of burnout where stress and fatigue accumulate to the point where the caregiver feels overwhelmed, drained, and unable to meet both the demands of caregiving and their own personal needs.

1. Understanding Caregiver Burnout

Familiarize yourself with common symptoms of caregiver burnout and reflect on whether you've experienced any of these. The following are some examples. Check off the ones you relate to or add more to the list:

- ☐ Exhaustion and fatigue
- ☐ Changes in appetite
- ☐ Sleep disturbances
- ☐ Increased susceptibility to illness
- ☐ Feelings of depression, hopelessness, or helplessness
- ☐ Anxiety about the future
- ☐ Increased irritability or impatience
- ☐ Loss of interest in activities previously enjoyed
- ☐ Difficulty concentrating
- ☐ Withdrawing from social interactions
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. Developing Self-Care Strategies

Based on your self-assessment, create a list of self-care activities that can help you recharge and manage stress. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Engage in physical activities you enjoy, such as walking or swimming.
- ☐ Prioritize getting enough restful sleep.
- ☐ Incorporate deep breathing techniques into your daily.
- ☐ Take regular breaks throughout the day.
- ☐ Set aside time for hobbies and activities you love, whether it's crafting, reading, or gardening.
- ☐ Maintain and seek out social interactions with friends and family.
- ☐ Join caregiver support groups to connect with others in similar situations.
- ☐ Write down your thoughts, feelings, and experiences as an outlet for emotional expression.
- ☐ Spend time outside, whether it's a walk in the park or simply sitting in the sun.
- ☐ Treat yourself to activities that make you feel good, like massages, warm baths, or manicures.
- ☐ Watch comedies, listen to humorous podcasts, or attend a comedy show.
- ☐ Take a class or workshop to keep your mind engaged.
- ☐ Engage in spiritual or religious practices that provide comfort.
- ☐ Spend time with animals, whether it's petting a dog or cat.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Setting Boundaries

Boundaries help prevent caregiver burnout and enable you to maintain a supportive role without compromising your own well-being.

1. Identifying Your Needs

Reflect on your personal limits, needs, and the aspects of your life that you must maintain to ensure your well-being. The following are some examples. Check off the ones that apply or add more to the list:

- ☐ Adequate rest and sleep
- ☐ Time for personal interests and hobbies
- ☐ Social interaction with friends and family
- ☐ Space for personal growth and self-care activities
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. Recognizing Enabling Behaviors

Consider if there are ways in which your current caregiving behaviors may be enabling your loved one's OCD rather than supporting their independence and treatment.

- ☐ Reassuring compulsions or rituals
- ☐ Participating in avoidance behaviors
- ☐ Accommodating unreasonable demands due to OCD
- ☐ _____

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

3. Creating Boundary Statements

Use your understanding of your needs and potential enabling behaviors to create clear and assertive statements that set boundaries.

Examples:

- *"I am willing to listen and offer support, but I cannot engage in rituals related to your OCD."*
- *"It's essential for me to have 'me time' every evening to recharge. During this time, I don't want to be disturbed."*
- *"I will support you in managing your OCD, but I cannot make decisions that enable avoidance of your fears."*

4. Identify Potential Challenges

Anticipate how your loved one might react. Write down your strategies for addressing these challenges.

5. Offer Alternatives

Think of alternative solutions or support options that could help your loved one cope with these changes.

6. Practice the Conversation

Role-play the conversation, either in your mind, with a professional, or with a trusted friend. This can help you prepare responses to various reactions from your loved one.

Conflict Resolution

1. Identifying Sources of Conflict

Reflect on recent conflicts to understand their sources. The following are some examples. Check off the ones that apply or add more to the list:

- ☐ Disagreements about treatment or compliance
- ☐ Frustration with repetitive behaviors or rituals
- ☐ Feeling unappreciated or overwhelmed as a caregiver
- ☐ Differences in opinion on caregiving approaches
- ☐ _____
- ☐ _____
- ☐ _____

2. Understanding Each Other's Perspectives

Consider both your perspective and your loved one's perspective.

Conflict: _____

- Your own feelings and viewpoints regarding the conflict

- Your perception of your loved one's feelings and viewpoints

- Questions you can ask to better understand their perspective. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Can you help me understand what led up to your feeling this way?
- ☐ What are the key issues from your perspective?
- ☐ What are you most concerned about in this situation?
- ☐ What would an ideal resolution look like for you?
- ☐ Is there anything you think I might not be aware of or might be misunderstanding?
- ☐ What do you think I want out of this situation?
- ☐ Can you tell me more about why you believe this is the best course of action?
- ☐ What can I do to make things right or improve the situation?

3. Developing Compromises and Solutions

Work towards compromises that acknowledge both parties' needs and lead to a constructive resolution.

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: No standalone DSM-5-TR diagnosis under the workbook title · educational/contextual topic unless a separately assessed disorder applies
- ICD-11 CDDR: No dedicated ICD-11 CDDR mental-disorder code under the workbook title · educational/contextual topic unless another coded condition is established
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 10, 11, 14, 16, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36, 37, 38, 40, 41. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Use Caring for Someone with OCD material to support assessment or intervention planning, not to assign a diagnosis. Evaluate duration, severity, clinically significant distress or impairment, developmental and cultural context, medical/substance causes, exclusions, and relevant differentials.

Document-specific corrections

- Keep Caring for Someone with OCD explicitly non-diagnostic; its exercises organize experience and goals but do not establish a mental disorder or causal explanation.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 4, 37]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [1, 3, 26, 27, 28, 29] to require consent, an objectively safe graded hierarchy, condition-specific response guidance, progress review, and stop/reassessment criteria; never equate flooding with effective exposure.
- Clinically review medical or treatment statements on pages [5, 30, 33]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [1, 2, 3, 32, 33, 34] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 3, 4, 37] contain named, implied, or author-created screening/rating content . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- For Caring for Someone with OCD, exposure must be voluntary, graded, condition-specific, and conducted only in objectively safe and lawful situations. Do not prescribe flooding; screen medical limitations, trauma cues, dissociation, intoxication, and whether avoidance reflects real danger rather than phobic fear.

Crisis and current resources

- For Caring for Someone with OCD, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services. · Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://www.nice.org.uk/guidance>
- <https://988lifeline.org/>