

What Caused and Maintained My OCD Worksheet

Patient Name:

Date:

Introduction:

Obsessive-Compulsive Disorder (OCD) is a complex mental health condition characterized by intrusive, distressing thoughts (obsessions) and repetitive behaviours or mental acts (compulsions). Understanding the factors contributing to developing and maintaining OCD is essential for effective treatment and recovery. This worksheet is designed to help us explore the possible causes and maintaining factors of your OCD symptoms.

Section 1: Exploring OCD Onset

1. When did you first notice symptoms of OCD?

- Date:
- Describe the initial symptoms:

2. Family History:

- Are there any family members diagnosed with OCD or other anxiety disorders?
 - Yes
 - No
- If yes, please specify:

3. Life Events:

- Were there any significant life events or stressors when your OCD symptoms began? (e.g., academic pressures, relationship changes, traumatic events)
 - Yes
 - No
- If yes, please describe:

Section 2: Understanding Obsessions

1. List your most distressing obsessions

- Obsession 1:
- Obsession 2:
- Obsession 3:

2. Explore the themes of your obsessions

- Do you notice any common themes or fears among your obsessions? (e.g., contamination, harm, perfection)
 - Yes
 - No
- Describe these themes:

Section 3: Identifying Compulsions

1. List your compulsive behaviours or mental rituals

- Compulsion 1:
- Compulsion 2:
- Compulsion 3:

2. Do you engage in any avoidance behaviours?

- Are there situations or places you avoid due to your obsessions or compulsions?
 - Yes
 - No
- Describe any avoidance behaviours:

Section 4: Maintaining Factors

1. Immediate Relief

- How does performing compulsions or rituals provide temporary relief from your obsessions?
- Describe the relief you experience:

2. Negative Consequences:

- What negative consequences have you experienced as a result of your OCD symptoms? (e.g., interference with daily life, relationships, work/school)
- Describe these consequences:

3. Beliefs About Obsessions and Compulsions:

- What beliefs or thoughts do you have about your obsessions and compulsions? (e.g., beliefs about responsibility, danger)
- Explore these beliefs:

Section 5: Treatment Goals

1. Short-Term Goals:

- What changes or improvements would you like to see in your OCD symptoms in the short term (next few weeks to months)?
- List your short-term goals:

2. Long-Term Goals:

- What are your long-term goals for managing and reducing your OCD symptoms?
- List your long-term goals:

Conclusion:

Understanding the causes and maintaining factors of your OCD is an important step in your treatment journey. This worksheet provides a foundation for further discussions and interventions. Please feel free to share any additional thoughts or insights with your therapist or healthcare provider.