Relapse Prevention Workbook

I. First step of Relapse Prevention:
   A. *Relapse prevention planning can start before you feel ready.* Actual relapse prevention starts when you have accepted goals of learning to live with uncertainty and risk:

   1. List three thoughts helpful for living with uncertainty & risk:
      
      a) 
      
      b) 
      
      c) 

II. What is Relapse Prevention?

   A. There are different ways to think about “Relapse.” What is your definition of "Relapse?"

   1. 

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B. One way to think about “Relapse” is as a process, an accumulation of slips, a gradual increase in symptoms that are overlooked or avoided over time. As a result, relapse prevention requires work.

1. **Metaphor**: Weeding - Your life is a garden that you suddenly have to weed because the weeds have taken over the flowers & veggies. After you weed, they return but not all at once, you keep weeding and it gets easier. The seeds have less time to sprout, the roots are shallower, they are easier to pull and there are less of them.

C. Maintained relapse prevention leads to further gains. Again, this is a process. List some daily acts of maintenance:

1.  
2.  
3.  

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D. If you are not focused on maintenance, you are much more likely to slip or relapse.

III. Do Slips Happen?
A. What is wrong with the goal to "never slip" or have a complete and permanent cure? What negative consequences may occur from thinking this way? 

__________________________

__________________________

Interesting nugget: People who accept the idea of slips do better than those who expect a complete, permanent cure of symptoms.

B. While it's nice to try to prevent slips, sometimes they occur. Various unpreventable stressors in life can trigger a slip. Rather than attempt to control your future, you're more likely to benefit from a plan for what to do about slip when they happen.
C. What does the term “slip” mean to you? How is a "slip" different from a "total relapse?"

D. How will you be aware you are slipping? What clues will you look for?

1. 
2. 
3. 

E. How will you decide when you need to do something about it? It can be very easy to either catastrophize or avoid/minimize when we slip. Think of concrete behaviors that will tell you it is time to take action, and remember to hold yourself to this.

1. 
2. 
3. 

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F. What kinds of thinking errors might occur when you realize you have slipped/are slipping? (Catastrophic, Black and White thinking...) What are those thoughts?

1. Catastrophic: __________________________________________

2. Black/White: __________________________________________

3. Other: ________________________________________________

G. How will you respond to those thoughts? _________________________

___________________________________________________________

___________________________________________________________

H. What are some common excuses for giving into the urge to slip? What are some helpful things you can tell yourself in response to these excuses?

1. **I won’t ever Slip.** This overconfident denial will set you up for a terrible crash when you slip for the first time.

   a) Helpful coping statement____________________________________

   ___________________________________________________________

2. **I can do this ritual just this one time.** This is the ULTIMATE denial – you are back to gambling at slot machines. How often do you really just do it once?

   a) Helpful coping statement____________________________________

   ___________________________________________________________
3. **It’s not fair that I have this problem/I will have to work on this forever.** This is true, but refusing to work on slips because they aren’t fair won’t help. It’s not your fault that you have OCD, but it is your responsibility to manage your own behavior.

   a) Helpful coping statement

4. **This is different mode:** You are trying to give yourself permission to slip. Are the consequences of slipping really worth it?

   a) Helpful coping statement

5. **I can’t live my life this way/I can’t do this anymore.** The work of fighting OCD feels overwhelming, but it is still less work than dealing with the pain of giving into OCD’s relentless demands.

   a) Helpful coping statement

6. **I feel too tired/stressed/rotten/bad/etc...** No matter how overwhelmed you are feeling at the moment, giving in will be worse.

   a) Helpful coping statement

7. **I feel too good (leaky roof syndrome).** When a roof is leaking, you can’t fix it while it is still raining. On the other hand, who wants to work on the rook when you can have fun in the sun?

   a) Helpful coping statement
IV. What are the costs of giving into OCD?

<table>
<thead>
<tr>
<th>Costs</th>
<th>Benefits</th>
</tr>
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<tbody>
<tr>
<td>(what do I lose by giving into OCD?)</td>
<td>(what do I gain by NOT giving into OCD?)</td>
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<tr>
<td>1.</td>
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V. How might your emotions impact whether or not you give into OCD?

A. Depression – e.g. You may feel less able to withstand temptation, more likely to isolate and engage in distorted thinking. __________________________  
   __________________________  
   __________________________  

B. Feeling good – e.g. may have expectations are that you don’t deserve this good feeling. __________________________  
   __________________________  
   __________________________  

C. What other emotions or mood states may trigger OCD/anxiety behavior? How? __________________________  
   __________________________  
   __________________________
VI. How might situations you are in impact whether or not you give into OCD?

A. Where have you learned or do you expect to ritualize most? Why? (e.g. Home because it is more comfortable/safer, vacation because there is less to do, at work because...)

B. Controllable/Uncontrollable:
   1. Controllable, e.g., depression/depressed behavior, looking for new job, treatment for OCD, stress
   2. Uncontrollable, e.g., death in family

C. Unpredictable/predictable:
   1. Unpredictable, e.g., illness, death, stepping in dog feces
   2. Predictable, e.g., new baby, new job, PMS, going to the store

VII. What are your triggers for engaging in OCD behaviors?

A. Internal/External.
   1. Internal/biological, e.g., depression, PMS, illness, over-tired
   2. External, e.g., marital problems, financial problems

B. Controllable/Uncontrollable:
   1. Controllable, e.g., depression/depressed behavior, looking for new job, treatment for OCD, stress
   2. Uncontrollable, e.g., death in family

C. Unpredictable/predictable:
   1. Unpredictable, e.g., illness, death, stepping in dog feces
   2. Predictable, e.g., new baby, new job, PMS, going to the store
D. **What are some of your triggers?** Please label according to above:

1. 
2. 
3. 

VIII. **How can I respond to my triggers?**

A. When triggers are predictable, engage in “pre-emptive exposure.”

1. Contaminate the house before your difficult in-laws visit.
2. Even if the cause is biological (e.g. PMS) engage in exposure before your PMS hits
3. When necessary, go back on or increase medication in consultation with your Doctor. If you have difficulties every April, increase medication in March.

B. What kind of pre-emptive exposures can I do for my predictable triggers?

1. 
2. 

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IX. Why do I want to work on recovering from OCD? What are my values?

A. What are values? *They are not goals and do not equal feelings:*

<table>
<thead>
<tr>
<th>Values</th>
<th>Goals</th>
<th>Feelings</th>
</tr>
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<tbody>
<tr>
<td>▪ A general direction, not a destination</td>
<td>▪ Goals are concrete achievable events, situations, or objects</td>
<td>▪ Although people often feel good about moving in their valued direction, values are not simply doing what feels good, particularly in the short term</td>
</tr>
<tr>
<td>▪ Choices, not logical judgments, not based on reason</td>
<td>▪ Goals can be completed, possessed, or finished</td>
<td>▪ Often, paying attention to the things that cause us pain can provide insight into our values</td>
</tr>
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</table>
B. What non-OCD values do you have?

1. Consider the domains below:
   a) Marriage/couples/intimate relations
   b) Family relations
   c) Friendships/social relations
   d) Career/employment
   e) Education/personal growth and development
   f) Recreation/leisure
   g) Spirituality
   h) Citizenship
   i) Health/Physical well-being
   j) Cultural Practices

2. My values include: __________________________________________
                            __________________________________________
                            __________________________________________
                            __________________________________________
                            __________________________________________
                            __________________________________________
                            __________________________________________


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3. Chronic OCD/Anxiety can lead us to ignore our true values and prioritize activities based on the OCD. How have you been incorporating these values into your day? E.g. Focusing on improving relationship with spouse, increasing social system, considering occupational goals, increasing participation in spiritual activities.

X. I have all this free time now! What do I do?

A. Without all of your time being consumed by anxiety, what else will you do? This can be intimidating because it means a major change to your everyday life.

B. Make a symptom-free life worthwhile:
   1. Improve your life: e.g., work on improving or escaping bad relationships.
   2. Work on other issues: e.g., social anxiety
   3. Remember, the primary reason for overcoming OCD is to make life more fun. If it isn’t more fun, then when bother with all the work of treatment? Find new ways to use free time and make sure it is fun for you!
C. Make a list of alternative behaviors in life – what will you do with the time you once spent obsessing, worrying, ritualizing? What is meaningful to you?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
XI. Key things to remember:

A. If you are not living with maintenance in mind, you may be slipping or relapsing.

B. Maintenance comes from developing alternative behaviors to rituals, developing functional behaviors and being familiar with the contexts and conditions under which new learning occurs.

C. Respond to slips as quickly as possible.

1. If you lost 100lbs on a diet, and you begin to gain weight again, it will be easier to start dieting after 3lbs than 50lbs. Similarly, responding to a small slip, such as a 2-minute hand wash is easier than responding to a big one.

2. The good news is that you can always recover, but you decide whether it will be less work or more work by responding sooner or later.

D. Be the right amount of upset when you slip or when the urge arises.

1. Not so much that you become depressed and immersed in hopelessness.

2. Not so little that you decide to do nothing.

E. The goal of maintenance is not to prevent slips to but to make slips short. Life with its stresses guarantees urges will arise and sometimes you will give in. When you realize what is happening, DO SOMETHING!

F. Build safeties in order to make ritualizing/avoiding harder to engage in.

1. Create reminders to do exposures (red dots, sticky notes, pictures….glass marker)
2. “Destroying the home” (Also translates into “destroying your carefully created social reactions...”)

3. If contamination was your problem, make sure the home is always contaminated.

4. Checking wrong on purposes, wires, stoves, etc...

5. Disorder for orderly.

6. Not thinking/planning before doing/talking

G. Involve your family members to help you.

1. Be honest with your family about urges

2. Allow them to remind you to do exposures when they see you are having a difficult time.

H. Look for support groups in your area.

I. Finally, have more than one plan to cope with slips.

1. If you don’t succeed try something else – problem solve.

2. If you first plan usually works, but then fails, have back up plans.

   a) For example, maybe you have reached the point where ignoring an urge is reasonable in that you have no urges. Suddenly, after three months, you keep trying to ignore, but you find your urges have increased. Go to your back up plan.

   b) For some, this is returning to a support group, others reinstitute their exposure program. Others will call someone for extra support – treatment professionals, a

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treatment facility, or return for a set of booster treatments. DO SOMETHING!!

J. And for all this work, you get to live life without OCD in control.