



Obsessive-Compulsive Disorder Programme

This programme from SilverCloud® by Amwell® is designed for individuals living with symptoms of obsessive-compulsive disorder (OCD). The programme aims to relieve symptoms by:

- Increasing understanding of emotions, obsessions, and compulsions and their role in maintaining anxiety
- Focusing on developing more flexible ways of thinking
- Building techniques for coping with anxiety provoking situations without compulsions

This programme aligns with NICE guideline CG31.¹

Therapeutic concepts

Psychoeducation

The Cognitive Behavioural Therapy (CBT) cycle is introduced in relation to anxiety.^{2,3} Goal setting, recognising a setback and developing a relapse plan are illustrated throughout the programme.

Behavioural techniques

Exposure Response Prevention (ERP) exposes people to situations that provoke their obsessions and the resulting distress while helping them prevent their compulsive responses.^{4,5}

Cognitive techniques

Users are encouraged to challenge and restructure negative beliefs by gathering evidence to evaluate and support these thoughts. Unrealistic beliefs are then disputed and recommendations for alternative more efficient thoughts are made.⁶

Relaxation & mindfulness

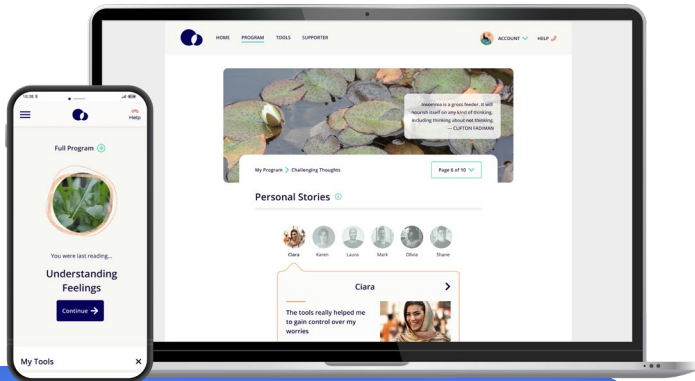
These simple and effective exercises can be helpful to ground or relax the user and increase the effectiveness of their treatment.⁷



How it works

The structure and content of the **OCD** programme follow the evidence-based principles of CBT, guiding users to reframe thinking patterns and build coping skills.⁶

In keeping with the principles of CBT, which endorse a structured outline and a goal-oriented focus, each module contains OCD-specific information, interactive activities, homework suggestions and personal stories.⁷



The programme is available 24/7, allowing users to access the content at a time and place that suits them. It can be accessed using a phone, tablet or computer and can be tailored to suit the needs of the individual.

Summary of programme modules:

- **Getting Started** The user is introduced to CBT and explores how it can help to understand OCD. Two key tools of the programme – the Mood Monitor and the CBT Cycle – are also introduced.
- **Understanding OCD** Helps the user to better understand their OCD and anxiety, exploring how to use CBT to manage their symptoms.
- **Noticing Feelings** Focusing on the emotions and physical sensations of OCD and the CBT cycle, the user can begin to build their own CBT cycles and track the impact of their lifestyle choices on their mood.
- **Compulsions and OCD** Teaches the user about the effects of avoidance and compulsions, and helps the user to face their fears in a gradual and progressive way without compulsive behaviour.
- **Spotting Thoughts** The user is introduced to thinking traps and is encouraged to identify their unhelpful thoughts, allowing them to further build their CBT cycle.
- **Challenging Thoughts** Helps the user learn techniques to tackle thinking traps that are common in anxiety and to identify alternative ways of thinking.
- **Bringing It All Together** Prepares the user for coming to the end of the programme and focuses on helping them stay well in the future.

Additional module:

- **Managing Worry** Focusing on the difference between practical and hypothetical worry, the user can learn new ways to understand and manage their own worries.

References:

1. National Institute for Health and Care Excellence. (2019). Recommendations: Obsessive-compulsive disorder and body dysmorphic disorder: treatment. NICE.
2. Morris, L. W., Davis, M. A., & Hutchings, C. H. (1981). Cognitive and emotional components of anxiety: Literature review and a revised worry-emotionality scale. *Journal of Educational psychology*, 73(4), 541.
3. Rummel-Kluge, C., Pitschel-Walz, G., & Kissling, W. (2009). Psychoeducation in anxiety disorders: results of a survey of all psychiatric institutions in Germany, Austria and Switzerland. *Psychiatry Research*, 169(2), 180-182.
4. Hezel, D. M., & Simpson, H. B. (2019). Exposure and response prevention for obsessive-compulsive disorder: A review and new directions. *Indian journal of psychiatry*, 61(Suppl 1), S85.
5. Eddy, K. T., Dutra, L., Bradley, R., & Westen, D. (2004). A multidimensional meta-analysis of psychotherapy and pharmacotherapy for obsessive-compulsive disorder. *Clinical psychology review*, 24(8), 1011-1030.
6. Beck, J. S., & Beck, A. T. (2011). *Cognitive behavior therapy*. New York: Basics and beyond. Guilford Publication.
7. Miller, J. J., Fletcher, K., & Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General hospital psychiatry*, 17(3), 192-200.
8. Maerov, P. J. (2006). Demystifying CBT: Effective, easy-to-use treatment for depression and anxiety. *Current Psychiatry*, 5(8), 26.

GPs in Lanarkshire can refer to SilverCloud directly via SCI Gateway. Please specify which program you are referring to.

There is further information about how to refer at the For Professionals page of the Lanarkshire Mind Matters website.

