

the **ocdcentre** Skills for Life™

Relationships and OCD

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OCD is “lifestyle-invasive”

- OCD invades all areas of a person’s life
- The reason for this is due to the nature of the condition and a person’s initial response which quickly develops into a strong habitual response
- When OCD first manifests, it is often frightening and confusing
- For some, the symptoms creep up on them slowly
- In either case, for some time, sufferers rarely have any idea that their symptoms are OCD
- They start to change their behaviour at a micro and macro level

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OCD is “lifestyle-invasive”

- There is no doubt that obsessive thoughts (obsessions) play a large part in the pathology of OCD
- However, it tends to be the sufferer’s responses and behaviours (compulsions) that impact directly upon the people around them and hence, their relationships

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Human nature to change our environment

- It is human nature to change our environment before we change ourselves
- It is easier for people with OCD to change their immediate world
- Within that world are the people they interact with, the people they have relationships with
- Sufferers will feel guilty for directly and indirectly involving those around them but will feel unable to prevent it

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What are these responses and behaviours?

- These tend to be differentiated according to OCD sub-type, for example:

Contamination examples	
• Washing hands	• Insisting others shower upon returning
• Removing/cleaning shoes	• Having different sets of clothes for outside and inside the home
• Avoiding bodily contact/intimate contact	• Asking others to carry out their tasks for them
• Setting rigorous hygiene "rules" for others	• Washing other's clothes upon their return
• Wearing gloves	• Spending extended periods of time in the bathroom
• Avoiding areas of the home which are "unsafe"	• Not allowing strangers into the home
• Avoiding touching or eating certain foods	• Household cleaning

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What are these responses and behaviours?

Responsibility examples	
• Checking household appliances	• Refusing to be alone
• Checking home security, windows and doors	• Checking under the car for road casualties
• Checking on other people's safety	• Avoiding hazardous chemicals or equipment
• Checking email and texts or avoiding both	• Ruminating and problem-solving for hours
• Avoiding children or the vulnerable	• Worrying they have been/or will be unfaithful to their partner
• Refraining from alcohol	• Asking others to do household or outdoor patrols to check that people/animals have come to no harm
• Confessing to events or scenarios where they feel they may have harmed others	• Self-harming

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What are these responses and behaviours?

- Some OCD behaviours are common to most sub-types

General examples	
• Researching on the internet	• Ruminating (thinking, thinking, thinking)
• Asking others for reassurance, e.g. "would you do that...?", "I am a good person, aren't I?"	• Withdrawing emotionally
• Asking questions and needing certainty	• Expecting friends, family and partners to rescue them
• Calling friends, family and partners to go over and over the same topic	• Denying they have a problem
• Procrastinating over tasks	• Needing things to be "just so"
• Difficulty in asserting their needs	• Difficulty in giving negative feedback (even if it is helpful)

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Exercise

People with OCD

- Can you write down 5 OCD behaviours that you find most distressing (if you have less than five, that's fine)?

Carers

- On the sheet provided, can you write down the 5 OCD behaviours that you feel most negatively impact upon YOU?

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What is the impact on the person with OCD?

- Persistent levels of anxiety and stress
- Pervasive sense of failure and shame
- Social withdrawal
- Professional issues
- Poor time management
- Acute self-absorption
- Less time to spend on self (OCD is time consuming)
- Less time to spend on others
- Over-dependence upon others
- Possible financial difficulties
- Disinterest in intimacy

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What is the impact on the person with OCD?

- Low frustration tolerance: difficulty standing even slightly challenging situations/people
- Increased irritability
- Physical withdrawal
- Sense of failure
- Loss of interest in hobbies or pursuits
- Loss of interest in appearance (unless this is a compulsion)
- Loss of interest in self-development
- Possible health factors (weight issues, self medication, etc.)
- Inability to manage emotions
- Exhaustion and fatigue

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What is the possible impact on the carer?

- Frustration at the persistent and relentless nature of OCD
- Frustration at the inability to reason with OCD
- Sense of helplessness
- Inflated sense of responsibility towards the sufferer
- Possible co-dependence upon the sufferer
- If collusive, a sense that their boundaries are being constantly infringed
- A sense that their own needs are not being met
- Possible depression
- Possible shelving of personal goals

What is the possible impact on the carer?

- Exhaustion and fatigue
- Lack of personal fulfillment
- Social withdrawal
- Professional issues
- Possible financial issues
- Time constraints

Exercise

- People with OCD and carers, can you add anything to these lists?

What sort of relationships are affected?**Social/friendships**

- These can be some of the first to go
- It is much easier to say no to friends than those closest to you
- Additionally having a social life and seeing friends inevitably incurs going out and this is often daunting for someone with OCD
- In addition to the distress of OCD, they face the shame of public humiliation if they are unable to control their symptoms

Work-related

- Sufferers will often be able to hide their condition at work
- Professional shame and financial dependence play a large part in this scenario
- The stigma of mental health problems , being judged or becoming redundant, may override OCD compulsions
- Work-based relationships may appear outwardly "normal"
- In situations where a sufferer is unable to hide their compulsions and OCD awareness is poor, they may be judged as "odd" or "weird"

Family

- Family relationships can be very strained
- They are often a complicated mixture of responsibility, frustration, guilt, entitlement, disappointment, shame, lack of awareness and co-dependence
- Parents slip easily into hyper-responsibility as it is a small step from their existing roles
- Since OCD is believed to be genetic, more than one family member may have OCD
- Families can unwittingly provide an environment which "enables" OCD
- It is uncommon for a sufferer not to inform their family they have OCD but it does happen

Family

- Family members are just as likely to make the first step towards finding help as the sufferer
- Family members can feel the heavy weight of obligation

Intimate relationships

- Intimate relationships are difficult without the added complication of OCD
- Many sufferers are driven to seek help by an impending relationship breakdown
- Intimate relationships are not based upon the same ties as the family

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What to do?

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Personal responsibility: quick reminder

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What does this have to do with relationships?

- **Personal responsibility has large implications for:**
 - The sufferer's commitment and motivation to manage their OCD
 - The carer's ability to cope and set helpful boundaries
- **Personal responsibility is vitally important to relationships affected by OCD**

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What does it mean?

There are two sides to personal responsibility

- 1. The first covers the things in life you are responsible for**
 - By the word "responsible", what do we mean?
 - We mean, the things over which you have control
 - For example,
 - You can't be responsible for the weather as there is nothing you can do about it
 - You can't be responsible for other people as you can't control them and they are responsible for themselves
 - You can't be responsible for the past or future as you have no control over either

What are you responsible for?

- So what do you have some control over? What are you responsible for?
- Your thoughts (OK, not perfectly, since you have OCD and intrusive thoughts)
- Your actions (okay, again, not perfectly)
- We have some control over our thoughts and actions and therefore we have responsibility for them
- So, we can change them
- Not immediately, not 100% of the time

What are we responsible for?

- Ok, so we have responsibility for our thoughts and our emotions
- It means that no other person, event or circumstance is responsible for a person's happiness
- Not partners, parents*, employers**, friends, doctors or therapists
- People (or events) can influence our well-being but they are not responsible for it since they do not control it – we do!

Examples of types of responsibility

- * *parents of small children have an enhanced sense of responsibility towards their child however.....They can influence, but not cause, the well-being of the child (as much as you might encourage a child not to put their fingers in the power sockets, you can't control another human being, and children tend to do just that. In this event, the parent cannot hold themselves personally responsible)*
- ***your employer has some professional responsibilities to you (e.g. health & safety, equal opportunities etc.). But these stop outside the workplace and also.....Are not 100% guaranteed because, as we know, these are imposed by fallible human beings upon fallible human beings and are not foolproof. Professional and personal responsibility are quite different*

You are responsible for you!

- This should be an empowering concept
- Thank goodness that an event or person doesn't dictate our feelings & ultimately, happiness
- If we were at the mercy of an event or other person to make us happy, we would be victims
- We would be waiting around for something, or someone, to happen

Why is this important for OCD Relationships?

Because..... *(people with OCD):*

- When you have OCD, you can feel, and behave as if you are a victim which will compromise a relationship
- You can feel powerless over your emotions and managing emotions is key to relationships
- When you have an incurable, lifespan condition which is uncomfortable but harmless, you need to take responsibility and not expect others to do so
- When the answer is hard work and no quick fix, it's only personal responsibility and commitment that will win
- Personal responsibility is the quality that will see you through

Why is this important for OCD relationships?

Because..... *(carers):*

- It is important not to take responsibility for the sufferer, they are responsible for managing their own OCD
- You need to take responsibility for your own happiness and mental health, you can't help others unless you put yourself first (enlightened self interest)
- You cannot change other people, only they can change themselves
- When caring for sufferers is frustrating and challenging, you can decide how you respond

Over to you?

Let's focus on the solution

- Ok, enough about the problem, let's focus on the solution
- The following sections offer techniques and tools for helping both sufferers and carers to develop more helpful relationships with each other
- So that we really are "solution-focused" we will pause after each slide so that you can write down at least one way in which you can implement the skills we are recommending

The skills people with OCD can develop

10 Point Plan

Part of the Skills for Life™ Programme

1. Understand the true nature of the condition

- OCD is a biological condition which results in emotional hypersensitivity, an overreaction to negative events (internal or external)
- Ultimately the result is a persistent, habitual anxiety state
- Anxiety is an emotion
- It is very uncomfortable, but it is harmless (and can be helpful in certain situations)
- Anxiety is generated by you, and not the people around you or external events
- Understanding this is key to managing your OCD and your relationships

Exercise

- Can you write down at least one situation in the last two weeks where you have blamed another person for your distress?

2. Get some help!

- Your partner, friends or family are not therapists*
- Try to find professional help
- As well as helping you, it can ease the pressure on carers and reassure them that you are taking steps to help yourself

* Even if they are therapists, they may not be the best person to help you

Exercise

- If you have never sought treatment before, can you write down a possible first step to finding help, e.g. looking on the internet, speaking to other people here, talking to your doctor?
- If you have had treatment and it wasn't helpful, can you write down at least one reason why it might be useful to try again?
- If you have had treatment and are doing well, can you write down one area of your life which still needs work and would contribute to an existing relationship (can be friend, family or partner)?

3. Keep a Gratitude List

- When you have OCD it is easy to forget the positive aspects of our life
- It is easy to be self-absorbed and less thoughtful of others
- Keep a daily list of the things you are grateful for and focus heavily on the people you are thankful to have in your life

Exercise

- Take one minute to write down as many people as you can that you are grateful for, present or past in your life?

4. Work on your self-acceptance

- Low-self acceptance makes it difficult to relate healthily to others
- You will always be comparing yourself, thinking you don't deserve love or friendship, unable to express your needs, criticising or judging others to feel better about yourself, worried about relationships breaking down, being possessive and jealous, taking negative events personally
- Working on your unconditional acceptance of yourself, with positive and negative aspects, with OCD and any other conditions is important for you and your relationships

4. Work on your self-acceptance

- Additionally, once you accept yourself, "warts and all", as a fallible human being, you will more readily accept others who disappoint or fail you
- There are many positive aspects to people with OCD, too many to list, and focusing on these whilst accepting the negative aspects will foster a much healthier relationship with yourself

Exercise

- Write down just 3 positive aspects you like about yourself, space them on the page
- Write down 3 negative aspects you don't like about yourself, space them on the page
- Put a box around each aspect

5. Get used to giving negative feedback

- People with OCD have trouble giving negative feedback
- This is due to the fact that they want to be liked
- This is detrimental to relationships, especially intimate ones, because, if a person can't express what they like and don't like in others, it will be difficult to create a meaningful connection
- Not expressing such issues may result in resentment or passive aggressive behaviour

6. Get used to receiving negative feedback

- Conversely, although this is somewhat easier than giving negative feedback, it is still a tricky area for people with OCD
- Due to the emotional hypersensitivity of the sufferer, it is easy to take negative feedback personally rather than see it as:
 - the subjective opinion of another human being who isn't in a position to judge you
 - a possible opportunity to make some changes to yourself (if you feel the feedback is valid and requires change)
- People with OCD will tend to obsess about the feedback and may be driven to checking with the other person exactly what they meant or comparing themselves to others

Exercise

- Could everyone in the room turn and give negative feedback to the person on their left?
- It doesn't have to be true (you may not know the person)

7. Change your language!

- Relationships depend upon clear, helpful communication
- Start this process with yourself first
- Learn how to change your language with regard to negative events and your response to them
- Remember that an event or other person doesn't cause your disturbance, you do
- If they or it did, they would have the same impact on everyone but this isn't true - everyone responds differently

7. Change your language!

- So, to give you examples:
 - “I made myself angry about the parking ticket”
 - “I felt hurt about what you just said”
 - “I made myself feel guilty for making a big mistake”
- Instead of:
 - “that parking ticket made me angry”
 - “You hurt me with what you just said”
 - “Making a big mistake makes me guilty”
 - *(this process helps you take personal responsibility too)*

Now change your language in relationships

- Learn the art of non-violent communication
- Learn to express your needs clearly
- Make sure you know how to request and not demand
- Understand that ultimatums are unhelpful and that you cannot expect a person to meet all your requests
- Express your discomfort (emotion) first, e.g. I feel anxious, angry, ashamed, guilty, etc.
- *Own your own disturbance*
- Next express what you are feeling uncomfortable about, e.g. when you are late, when you don't listen, when you discuss other people, etc.

Now change your language in relationships

- *This will help you identify your triggers*
- Finally say why you are disturbed, e.g., because I wanted to spend more time with you, because I need to feel understood, because I worry that you care about them more than me
- So, for example: "I feel angry when you are late because I like to spend as much time with you as possible" instead of "you make me angry when you are late"
- Or, "I feel anxious when you don't listen to me because I want to feel understood by you"

Now change your language in relationships

- You can then follow that up with a request
- Example, "Do you think you could ring me if you know you are going to be late?", or "Could I have your full attention for just 5 minutes to talk about this issue?"
- This language creates a forum for discussion and a request rather than a confrontational attack which will lead to counter attack, withdrawal or defence
- Remember that the other person may decline the request, but you have at least asked in a way most likely to get your needs met
- People in relationships get disturbed when they feel their needs aren't being met

Exercise

- What could you change these sentences to?
- "You hurt me when you didn't buy me a birthday present"
- "You make me so angry when you don't call me back"

8. Talk, then don't talk!

- If you chose to share the fact you have OCD with others, set clear boundaries with them to ensure that they don't collude
- Say that you would like support but not reassurance
- Say that you are looking for empathy and not sympathy
- Once you have done this, try not to discuss your OCD at length
- By the time many of my clients present for treatment, OCD is the main topic of conversation at home
- Don't give the discussion of OCD this amount of your precious time

8. Talk, then don't talk!

- Try to take an interest in other areas of life
- Many of my clients say, "well, what should we talk about"
- And I say, "Oh I don't know.....fashion, politics, travel, current affairs, people, TV, the theatre, films, sports, literature, music, photography, food, restaurants, art, cars, shoes, handbags, Manchester United.....I could go on but you get my drift
- Talking excessively about OCD is not particularly helpful to relationships and lets face it, quite tedious when the world is such an interesting place
- And if you don't feel that yet, fake it, your brain will catch up

Exercise

- What topic holds your interest? What would you be able to talk about?
- How many can you list in a minute?

9. Stay mindful

- When you are in relationships, try to stay mindful
- If you already practice this for your OCD you will know what I'm talking about
- Try to stay in the moment and try not to focus on the future and the past (after all we can't do anything about them)
- Collecting evidence from the past against a person tends to be ruinous to a relationship
- It will come up every time you enter a heated discussion
- All that matters is this moment and what you have now, remember that

9. Stay mindful

- If you have to, remind yourself of the real situation and where you are, e.g. “we are discussing a parking ticket in the middle of the street, we are just two people stood by the car”, you are in no danger and what happened 6 weeks ago is irrelevant
- Breathe.....
- Learn about non-awfulising techniques

10. It's hard work!

- Relationships are hard enough without the added complication of OCD
- They aren't easy for anyone
- You will fail yourself and others and you are supposed to
- You are a fallible human being and making mistakes is part of the process of personal development and change
- Own your mistakes, “yes, I made a mistake, I'm not perfect!”
- Consistency is key
- If you have a confrontation with someone, try not to walk away, try to stay in the situation and work it through

The skills carers, friends and family will need

Carers 10 Point Plan

Part of the Skills for Life™ Programme

1. Understand the true nature of the condition

- OCD is a biological condition*
- It is not a person's fault that they have OCD
- They are not behaving bizarrely on purpose
- It is however, their responsibility for dealing with their condition
- The net result of OCD is persistent and acute anxiety
- It is uncomfortable for the sufferer but anxiety is an emotion generated by them and is harmless

1. Understand the true nature of the condition

- The more you seek to relieve it for them, the less efficient they will become at dealing with anxiety themselves
- You are dealing with an overriding urge/need to relieve the discomfort caused by anxiety
- It is every bit as strong and compelling as that of an alcoholic or substance abuser
- People with OCD are prepared to give up a great deal to get their needs met
- You are dealing with an addict (addicted to relieving their anxiety)

1. Understand the true nature of the condition

- Every time you rescue them, you are doing the equivalent of offering an alcoholic a whisky, something you would try not to do
- It is very distressing to see a loved one in discomfort but rescuing them means they will take longer to seek help themselves
- You might want to read our information sheet on what we call the Anti-Anxiety Addict "AAA" (available at the end of this workshop)

Exercise

1. What helpful statements might you be able to tell yourself when you are tempted to "help" a person with OCD
2. What could you say to this person?
3. What could you do to cope with the distress you feel at the time?

2. Understand anxiety

- What is this dreadful feeling “anxiety”
- You might know it as fear, dread, foreboding, panic, etc.?
- It’s simply an emotion, a feeling
- Why is anxiety so uncomfortable?
- It is the primal protective emotion
- It’s biological purpose is to save a person’s life

2. Understand anxiety

- It generates the hormone adrenaline which carries out a number of physical and cognitive functions
 - Speeds up heart rate and breathing (preparation to fight or run)
 - Reinforces the perception of danger (real or imagined)
 - Promotes the urge to run or fight (do something)
-but anxiety is harmless
- it can’t hurt anyone, it just feels bad
- Sadly, the more a persons runs or fights the anxiety the worse it becomes

2. Understand anxiety

- The more a person tells themselves that the anxiety is dreadful, the more they will believe it
- The more they tell themselves, they can’t stand this harmless emotion, the more they will feel this is true
- The more they avoid it by seeking reassurance from you the worse it will get
- The more you do for sufferers (including financial support), the stronger it will become

Exercise

1. In order to more fully understand the emotions someone with OCD is experiencing, can you think of a situation in your life when you became extremely anxious?
2. What were the thoughts, images and bodily sensations you felt at the time? Can you remember?

3. Communication – what to say?

- Get used to saying:
 - “I don’t know”, “No idea”, “Oh well!”, “It is what it is!”, “Yes, life’s like that.....”
- People with OCD are trying to minimise risk so they require certainty
- Don’t feed them this drug
- The world is an uncertain place where unexpected things happen
- Don’t foster the notion that certainty is possible, or helpful

3. Communication – what not to say?

- Try not to get involved in any discussions about possibilities or likelihood
- Try to say no without giving an explanation
- It is possible to say, “I’m sorry, that’s just not possible,” politely, without having to say why
- Don’t be coerced into explaining yourself
- Try not to get involved in discussions that begin, “but you said.....”, simply answer, “well, I was wrong.....”

3. Communication: be wary of questions

- When OCD is acute, most questions are OCD-related
- Be vigilant about not answering
- If you suspect it is OCD, say kindly, “I’m not going to answer that”, if they ask why, simply say, “because I don’t have to.”
- The person is likely to go away and then submit the question again in a different format, again, decline to answer
- Some questions may seem genuine, nevertheless, chose not to answer some of them, the person with OCD needs the practice of dealing with uncertainty

Exercise

- These are genuine instructions to a Mother during a joint session with her and her Daughter
 - The Daughter’s compulsion is to call her Mother 20 times per day to check various concerns
1. Xxx has little going on in her life: no social life, no job, no relationship, currently all she can do is get involved in mental ruminations. It’s has become a full time occupation. Her next priority is to get you involved in them. Her partner and friends have left so now it’s her family who have to answer her questions
 2. When xxx calls she will present various and numerous concerns and other internal dialogue such as “I’m anxious now about.....” “I guess now.....” mostly followed by “oh, I don’t know”

Exercise

3. Try to pull out one genuine question (don't worry if it's not the most pressing) and make a closed question out of it, e.g. "do you want to know how, where, what?"
4. She might say yes but her answer will be long
5. If your answer is a straight yes or no, no problem but anything longer say, "I'll get back to you on that" and you can text her
6. She will try to draw you in because she's very intelligent with something like, "Well, you should know!" **DON'T BE DRAWN**
7. Keep answers clear and one word responses, don't back up anything with an explanation. No or yes is fine

Exercise

8. Pause before you answer and don't feel the need to fill in any gaps
9. Try to stay calm
10. As she has little to do all day, her sole aims are to:
 - Involve you in long protracted conversations
 - Be right
 - Be exact and detailed
 - Catch you out
 - Be seen to be intelligent
 - When in doubt, **DO NOTHING, SAY NOTHING**

Exercise

- Which one of these tips did you find useful, if any?

4. Boundary setting

- Set boundaries helpful to yourself and express them calmly and clearly, e.g. :
- "I would like to help but I'm afraid I cannot leave work and come home early to help clean. I will be home at xxxpm"
- "I cannot answer mobile calls between xx and xx time"
- "Every Thursday I will be at my fitness class for two hours"
- "I'm afraid I can't call xx to check with them."
- Feel free not to give explanations for your boundaries, you are entitled to set them

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Exercise

- Please list 2 boundaries you could set today

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5. Try not to adopt OCD behaviours

- It is very important not to get involved in OCD behaviours
- Try not to carry tasks out for the person with OCD
- If you are prepared to do so, you are enabling and facilitating their OCD and they will take longer to seek help
- Try to deal with ultimatums calmly and request that they be resubmitted as a request
- If you feel that it is excessive for you to change clothes twice a day, politely decline to do so

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Exercise

- Which behaviours do you get involved with?
- If only a few, how do you resist the urge?

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6. Understand your rights as a carer

- Along with everyone else, you have a right to happiness
- You have the right to say no
- You are entitled to focus upon your own needs and happiness
- You are entitled to walk away (temporarily or permanently) if the situation is adversely affecting your mental health and becomes too much for you to deal with

Exercise

- How well do you assert your rights? Well, moderately well, poorly?
- What is the one right you would insist on?

7. Develop your interests

- You are a human being and one of your roles is a carer
- Focusing on your interests, pursuits and hobbies will help you in your role as carer
- Interests can be stress-relieving and focuses you on you and your needs
- They also give you perspective when it is easy to see life in OCD terms
- Interaction with other people is an added bonus

Exercise

- Please name one of your passions or interests?
- Do you still pursue this, now that you are a carer?

9. Focus on your own happiness

- Do not shelve your own happiness for OCD
- Do not put the sufferer's happiness first
- This is unhelpful to both of you as it dis-empowers the person with OCD and you are unlikely to be able to be a carer if you aren't putting your happiness as a priority

Exercise

- What makes you happy? (remember personal responsibility – try not to say, “other people” as you are responsible for your happiness)
- How often does that happen?

10. Get professional help – you may well need it

- Don't hesitate to get professional help if you need it
- Life can be as difficult for the carer
- Seeing a therapist is not admitting defeat, it is about learning skills to cope
- Seeing a therapist when someone else has OCD is as important to them as it is to you because they need your support
- Seeing a therapist is not a waste of money, your mental health is as valuable as the next person

Points to use from the sufferer's plan

- Change your language
- Learn non-violent communication
- Stay mindful
- Develop your self-acceptance

Future relationships

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Helpful relationships

- As much as is humanly possible, try to develop relationships that are:
 - Flexible
 - Tolerant
 - Respectful of each other's needs
 - Communicative

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Thank you for participating

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