

## Appendix A – List of intrusive thoughts

The table below shows a list of intrusive thoughts. In their study, Purdon and Clark (1993\*) asked 293 individuals (198 females, 95 male), none of which had a diagnosed mental health problem to complete the measure. The column on the left shows the type of intrusive thought and the 2 columns on the left show the percentage of men or women who said they had experienced that particular thought.

Intrusions reported by those without a diagnosed mental health problem	Female %	Male %
1. Driving into a window	13	16
2. Running a car off the road	64	56
3. Hitting animals or people with a car	46	54
4. Swerving into traffic	55	52
5. Smashing into objects	27	40
6. Slitting wrist/throat	20	22
7. Cutting off finger	19	16
8. Jumping off a high place	39	46
9. Fatally pushing a stranger	17	34
10. Fatally pushing a friend	9	22
11. Jumping in front of a car/train	25	29
12. Pushing stranger in front of a car/train	8	20
13. Pushing family in front of a car/train	5	14
14. Hurting strangers	18	48
15. Insulting strangers	50	59
16. Bumping into people	37	43
17. Insulting authority figure	34	48
18. Insulting family	59	55
19. Hurting family	42	50
20. Choking family member	10	22
21. Stabbing family member	6	11
22. Accidentally leaving the heat/stove on	79	66
23. Home left unlocked, intruder there	77	69
24. Taps left on, home flooded	28	24
25. Swearing in public	30	34
26. Breaking wind in public	31	49
27. Throwing something	28	26
28. Causing a public scene	47	43
29. Scratching car paint	26	43
30. Breaking a window	26	43
31. Wrecking something	32	33
32. Shoplifting	27	33
33. Grabbing money	21	29
34. Holding up a bank	6	32
35. Sex with an unacceptable person	48	63
36. Sex with authority figure	38	63
37. Fly/blouse undone	27	40
38. Kissing authority figure	37	44
39. Exposing myself	9	21
40. Acts against sexual preference	19	20
41. Authority figures naked	42	54
42. Strangers naked	51	80

43. Sex in public	49	78
44. Disgusting sex act	43	52
45. Catching a sexually transmitted disease	60	43
46. Contamination from doors	35	24
47. Contamination from phones	28	18
48. Getting fatal disease from strangers	22	19
49. Giving fatal disease to strangers	25	17
50. Giving everything away	52	43
51. Removing all dust from the floor	35	24
52. Removing dust from unseen places	41	29

\* This research is from - C. Purdon and D.A. Clark (1993) Obsessive Intrusive Thoughts in Nonclinical Subjects. Part 1 Content and relation with depressive, anxious and obsessional symptoms. Behaviour Research and Therapy 31, 713-720

Appendix B – My treatment session notes

Session details

Date of the appointment: \_\_\_\_\_

Questions to ask and/or topics I would like to cover in the session

Question/Topic #1: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Question/Topic 2: \_\_\_\_\_

Notes: \_\_\_\_\_  
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Question/Topic #3: \_\_\_\_\_

Notes: \_\_\_\_\_

Additional notes

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Key take away message from today's session

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## **Appendix C – Blue Print for OCD**

A Blue Print is a helpful overview which looks at how your OCD difficulties developed, what kept them going, what you learned during treatment and how you can continue to tackle OCD now that treatment is coming to an end. This is a guide which you can look at as and when you feel vulnerable to OCD, and will act as a reminder of what to do to overcome your OCD if you feel like the problems are starting to return. Below are some helpful questions for you to answer whilst developing your blueprint.

- 1. *What have you learnt?***
  
- 2. *What has been useful to you?***
  
- 3. *How can you build on what you have learned? (Action plan, carrying on new learning into your own setting, consolidating/extending skills, etc.)***
  
- 4. *What will make it difficult for you to do so?***
  
- 5. *How will you overcome the difficulties?***
  
- 6. *What might lead to a setback for you? (future stresses/personal vulnerabilities/life problems)***
  
- 7. *If you did have a setback, what would you do about it?***