OCD-NET & BDD-NET therapist resources

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Chapter 1

Introduction

Welcome to our online therapist resource for the *Web-CBT* platform for *OCD-NET* and *BDD-NET*. We strive to continuously update and improve this material and would appreciate any feedback. You can reach us at ocdnet.support@webcbt.se or talk to us in person at a training session.

1.1 Description of OCD-NET and BDD-NET

OCD-NET and BDD-NET are therapist-guided internet-based cognitive behaviour (ICBT) therapies for OCD and BDD, respectively. In ICBT, patients have an identified therapist providing support and feedback throughout treatment. All contact with the therapist occurs through the treatment platform as asynchronous text messages (like e-mail or SMS).

1.2 Type of treatment

The intended use of OCD-NET and BDD-NET are within a stepped care model as an alternative to brief individual CBT, group CBT, serotonin reuptake inhibitors (SSRIs), or higher-intensity CBT for adults with mild to moderate symptoms. The treatments are expected to be cost-saving compared to individual CBT (10 hours or more intensive treatment) but not compared to group CBT. Crucially, ICBT therapies typically require less therapist time per patient (10-20 minutes per patient each week) and could therefore release therapist time compared to individual CBT or group CBT.

1.3 Background

Both OCD-NET and BDD-NET were initially developed by researchers at Karolinska Institutet in Stockholm, Sweden. OCD-NET has been evaluated in six clinical trials to date with results indicating that it is as effective as regular face-to-face CBT, while requiring less therapist time per patient and with the advantage of being accessible from any device connected to the internet (Andersson et al., 2011, 2012, 2014, 2015; Rück et al., 2018). Similarly, BDD-NET has been evaluated in two clinical trials with comparable results (Enander et al., 2014, 2016). Both treatments were initially developed in Swedish but have been translated to English and evaluated in pilot studies in New York (OCD-NET) and an international pilot study (BDD-NET) (Patel et al., 2017). <- **ADD BDD GLOBAL**

- What have we found, add anything else?

1.4 Tasks for Kristin

As therapist:

- Log in as therapist 1
- Write a message to patient 1
- Review homework module 3 for patient 1
- Remove a suicidality flag and comment "Suicide risk assessment completed via telephone. Low risk" for patient 1

As patient:

- Log in as patient 1
- Answer questionnaires if they appear
- Complete homework for module 4 (you can write whatever)
- Write a message to the therapist

Chapter 2

Using the technology

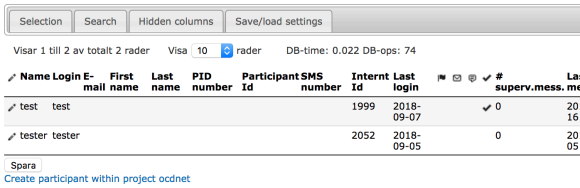
2.1 Quick start

If you want to explore the platform yourself, you can use test therapist and test patient logins provided to try out the features (separate document). We generally recommend that you use the platform while reading this manual, to test features as you go along.

2.2 Platform use overview

There are five common scenarios during the course of treatment:

- Responding to messages
- Reviewing homework
- Opening new treatment modules
- Reviewing questionnaires
- Responding to warning flags



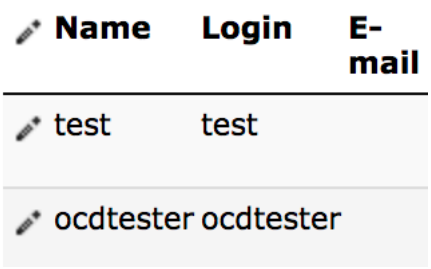
These actions can all be accessed in the participant overview, shown below:

A typical day as a therapist includes responding to one or more messages, reviewing homework and opening up a new module. Once in a while therapists contact inactive patients or assess a warning flag.

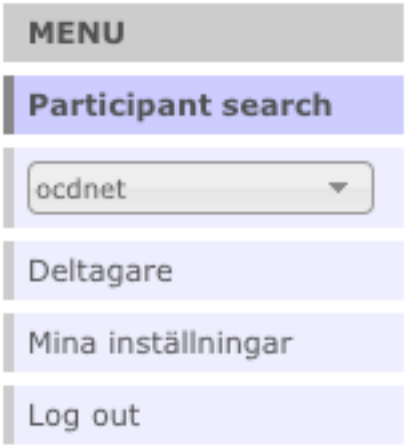
Quick note: We use Participant and Patient as synonyms here.

2.3 Navigation

The majority of day to day tasks are accessed via the *Participant search* menu. The menu is located at the left-hand side of the browser window, and clicking *Participant search* will get you back to the participant overview. To access individual participants, click the pencil next to their name.

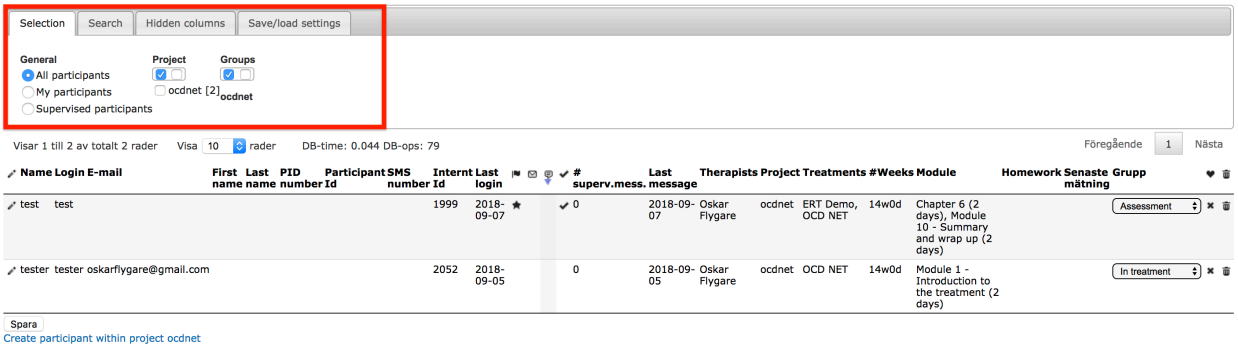


This menu may expand depending on administrative rights. Other parts of the menu include administrative settings such as editing treatment content, editing assessments, changing the way flags appear, and changing settings to the site itself. These will not be relevant to most therapists and we do not cover them in detail here. Just remember that you can always go back to the default view by navigating to *Participant search* in the left-hand menu.



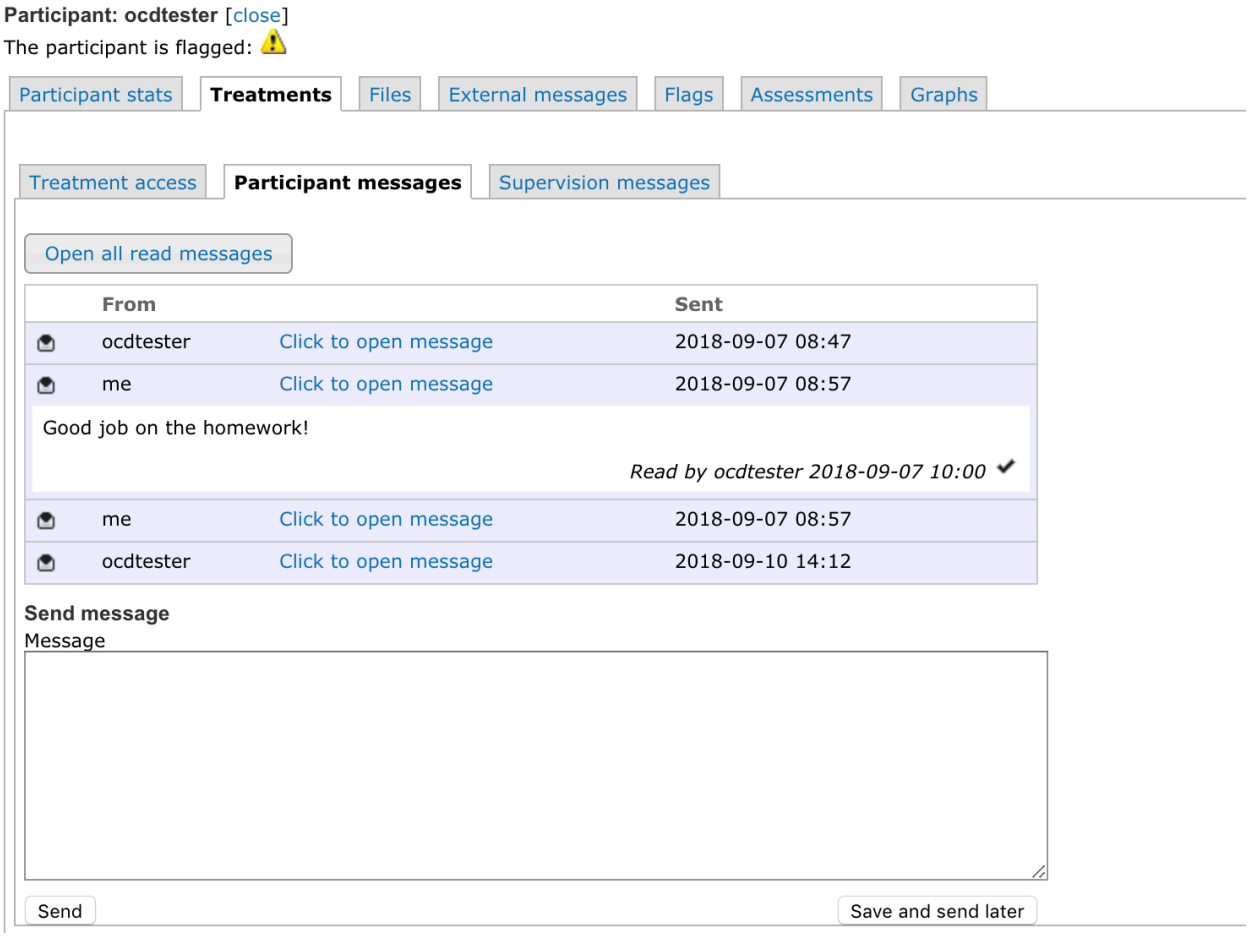
2.4 Filtering the participant overview

To get a quick overview of a long participant list, filter patients that meet certain criteria, for example belonging to certain groups in treatment of certain treatments. There is a button called *Selection* above the participant list. We recommend that therapists use the "My participants" filter to show only patients assigned to them.



2.5 Writing and responding to messages

A new message from a patient will be indicated by this icon turning red . Navigate to *Treatments -> participant messages* to view the message and write a response. See the chapter *Being an effective ICBT therapist* for guidelines on how to write messages.



2.6 Homework review

A completed homework assignment is shown in the **Homework** column in the participant overview. Click the pencil next to the participant and navigate to *Treatments -> Treatment access* to review the homework and mark it as completed.

Internet-based CBT relies heavily on self-directed activities and homework review is a good time to check whether the patient has grasped important concepts and are able to apply them to their own situation.

2.7 Treatment modules

When a patient has read a module and completed the corresponding homework assignment(s), they are ready for the next module. To grant access to a new module, navigate to *Treatments -> Treatment access* and

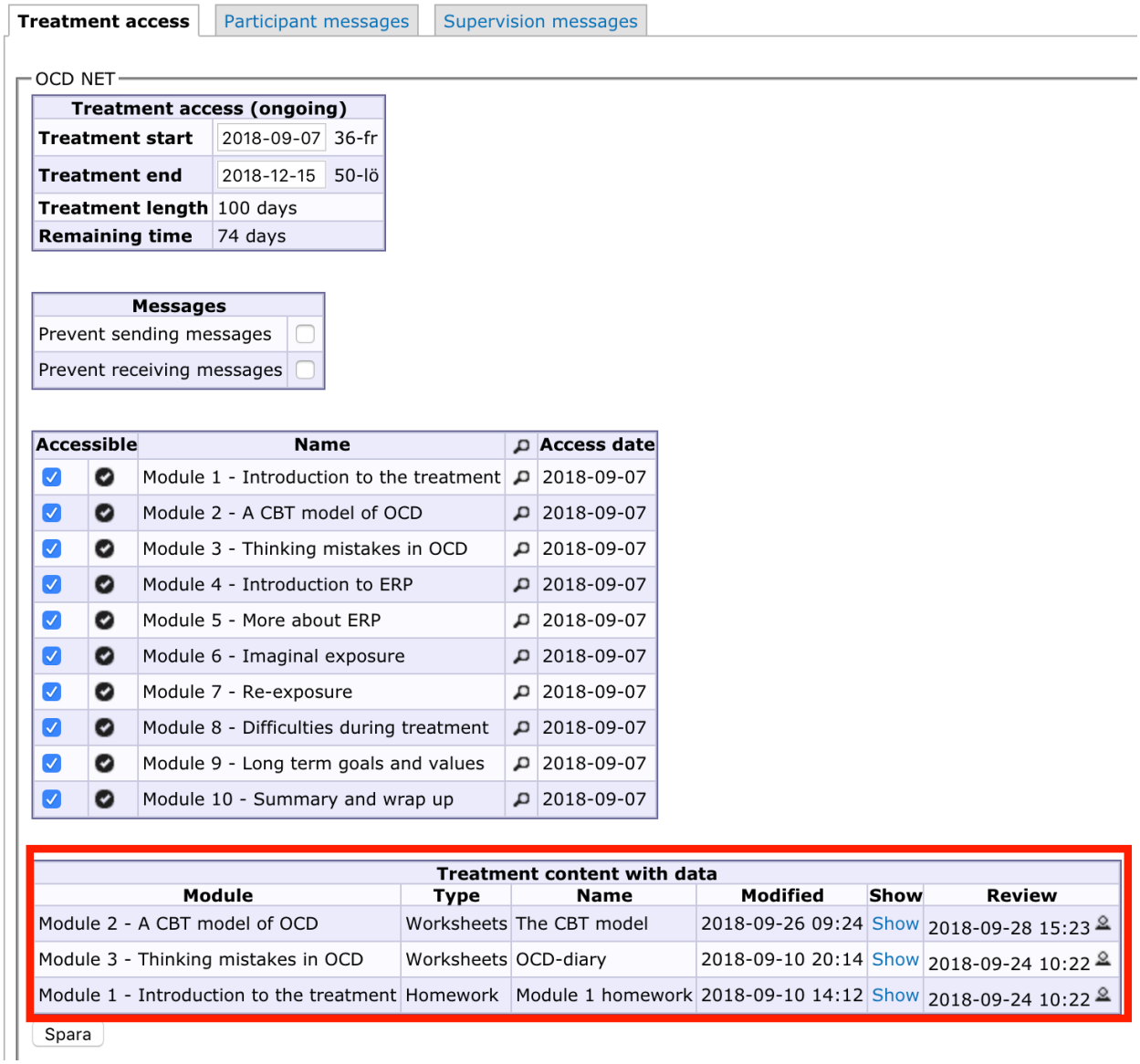


Figure 2.1: Completed homework assignments will show up for review in the treatment overview

Accessible		Name		Access date	Homework returned	Show	Review
☑	✔	Module 1 - Introduction to the treatment		2018-09-05			
☑	✔	Module 2 - A CBT model of OCD		2018-09-05			
☑	✔	Module 3 - Thinking mistakes in OCD		2018-09-05			

Figure 2.2: Check the box to the left to open a new module

check the box next to the next module. A date will appear next to the module indicating when the module was activated. Patients automatically get a text message when they get access to a new module.

The number of modules and weeks in treatment varies between treatment protocols but a rough guideline is that patients should progress through one module per week. Some treatment techniques, like exposure with response prevention, are spread out across several modules to emphasise their importance and give participants sufficient time to get started on the technique.

2.8 Questionnaires

Before, during, and after treatment, patients are asked to fill out questionnaires. When new questionnaires are activated they appear as the patient logs onto the platform. Therapists can review and change which questionnaires should appear at which day in *Assessments* but we recommend that therapists stick to the standard schedule whenever possible.

2.9 Warning flags

The ICBT platform will display a *warning flag* next to a patient's name for certain events. The most common flags are due to inactivity or non-response to questionnaires. These serve as prompts to therapists to take further action, for example reaching out by phone to a patient or sending them another text message reminder.

Once a warning flag has been noticed and dealt with, indicate the action taken in the *temporary flag text* box in the *Participant stats* tab (shown below). Please note, however that inactivity flags automatically disappear once then patient uses the platform again.

2.9.1 Common warning flags

- Patient has not logged in for 7 days: 
- Patient has not written a message in 7 days: 
- Patient has not responded to measurement in time: 
- Patient has no assigned therapist: 
- Treatment ends within 1 week: 
- Treatment has ended: 

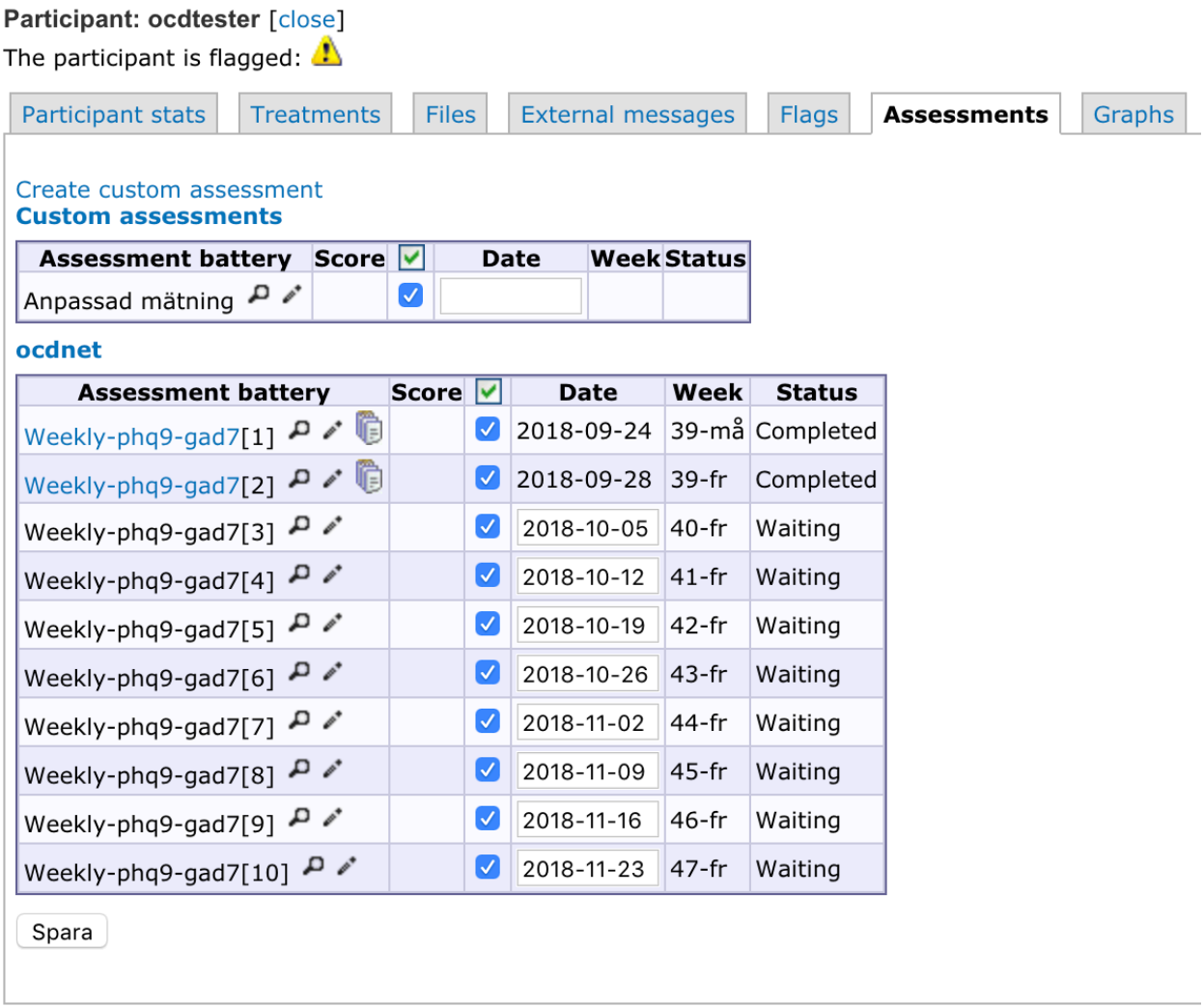


Figure 2.3: Questionnaires for each patient are listed in this view

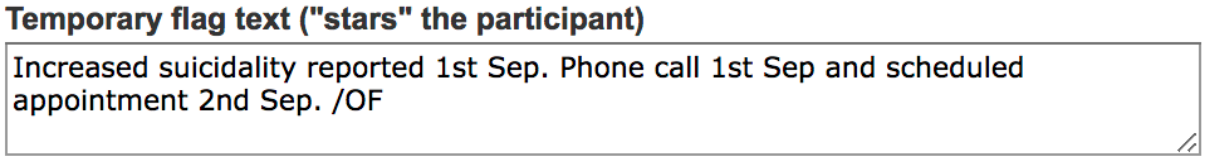


Figure 2.4: Temporary flag texts aid communication between therapists when they manage flags

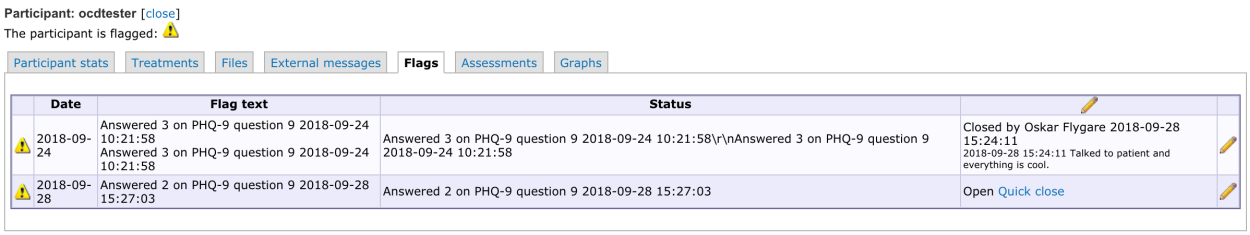


Figure 2.5: Flags are listed under the Flags tab, click on the pencil to edit flag.

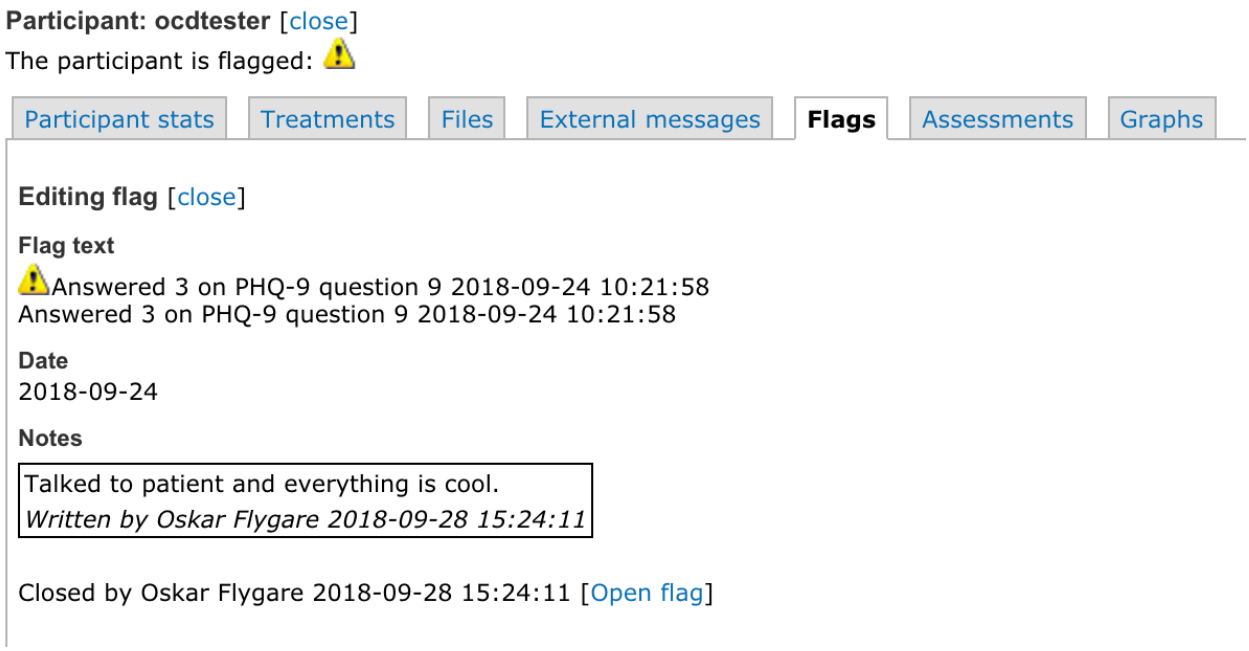


Figure 2.6: Once you have managed a flag, you can make a note that lists actions taken, and remove the flag.

2.9.2 Suicidality warning flags

The most important type of warning flag is due to heightened suicidality. The platform is configured to display this flag if a patient responds 2 or 3 on the suicidality question in PHQ-9.

- Warning flag to indicate suicidal ideation: 

Local clinical guidelines may overrule the general course of action outlined here.

1. Call the patient immediately
2. Explain that it is standard procedure to call when a patient indicates heightened suicidal ideation
3. Follow a hierarchy of questions, such as M.I.N.I. interview, to assess level of suicidality
4. If the immediate risk is low (i.e. PHQ-9 score of 2), make an agreement to check back in with the patient in a few days and give them contact information to the nearest 24-hour psychiatric care unit
5. If the immediate risk is high (i.e. PHQ-9 score of 3), advise the patient to seek immediate help at your centre or at a 24-hour psychiatric care unit.

Once the level of suicidality is deemed to be low enough to not require further attention, therapists can remove the warning flag under the *Flags* tab for the participant.

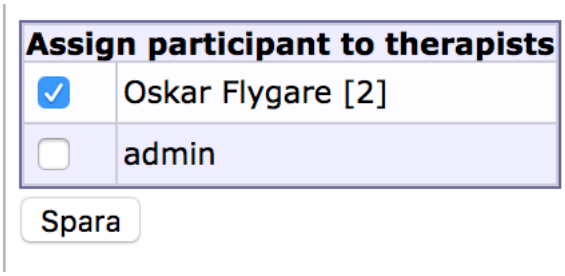
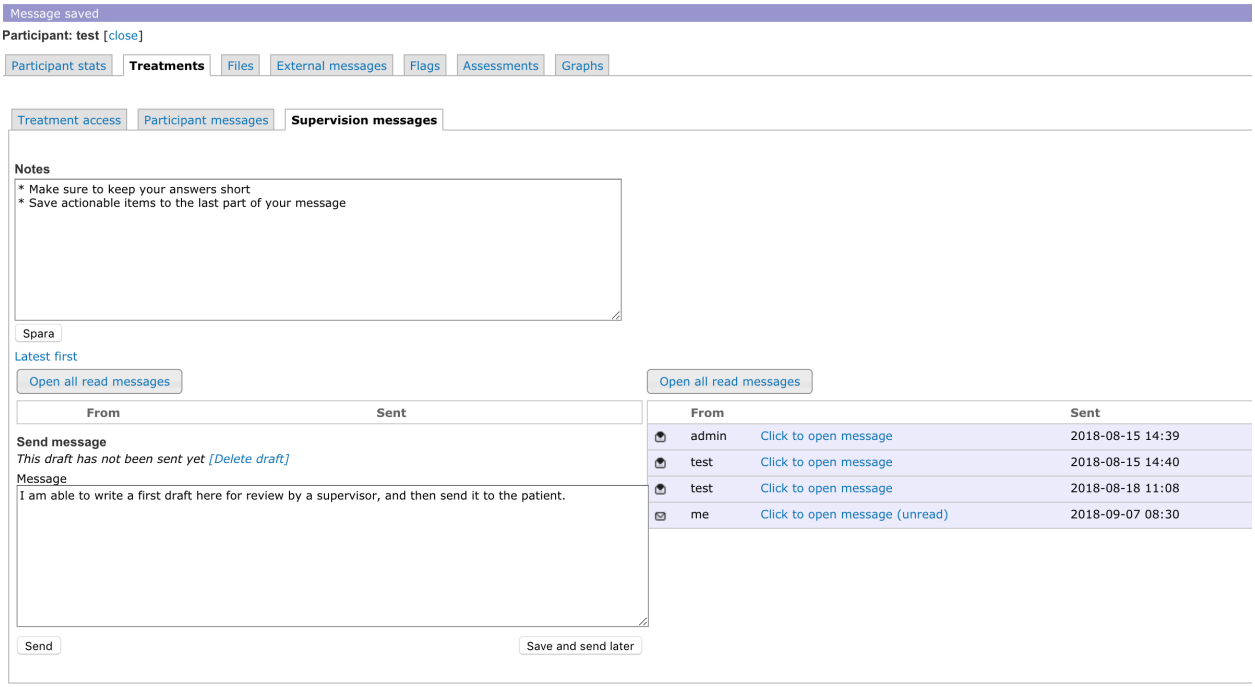


Figure 2.7: The number 2 next to Oskar Flygare indicates that he is assigned to 2 patients

2.10 Supervision

Supervision through the platform makes it easy to connect feedback from the supervisor to specific therapist messages and actions. The supervision page is found at *Treatment -> Supervision messages* for each participant.



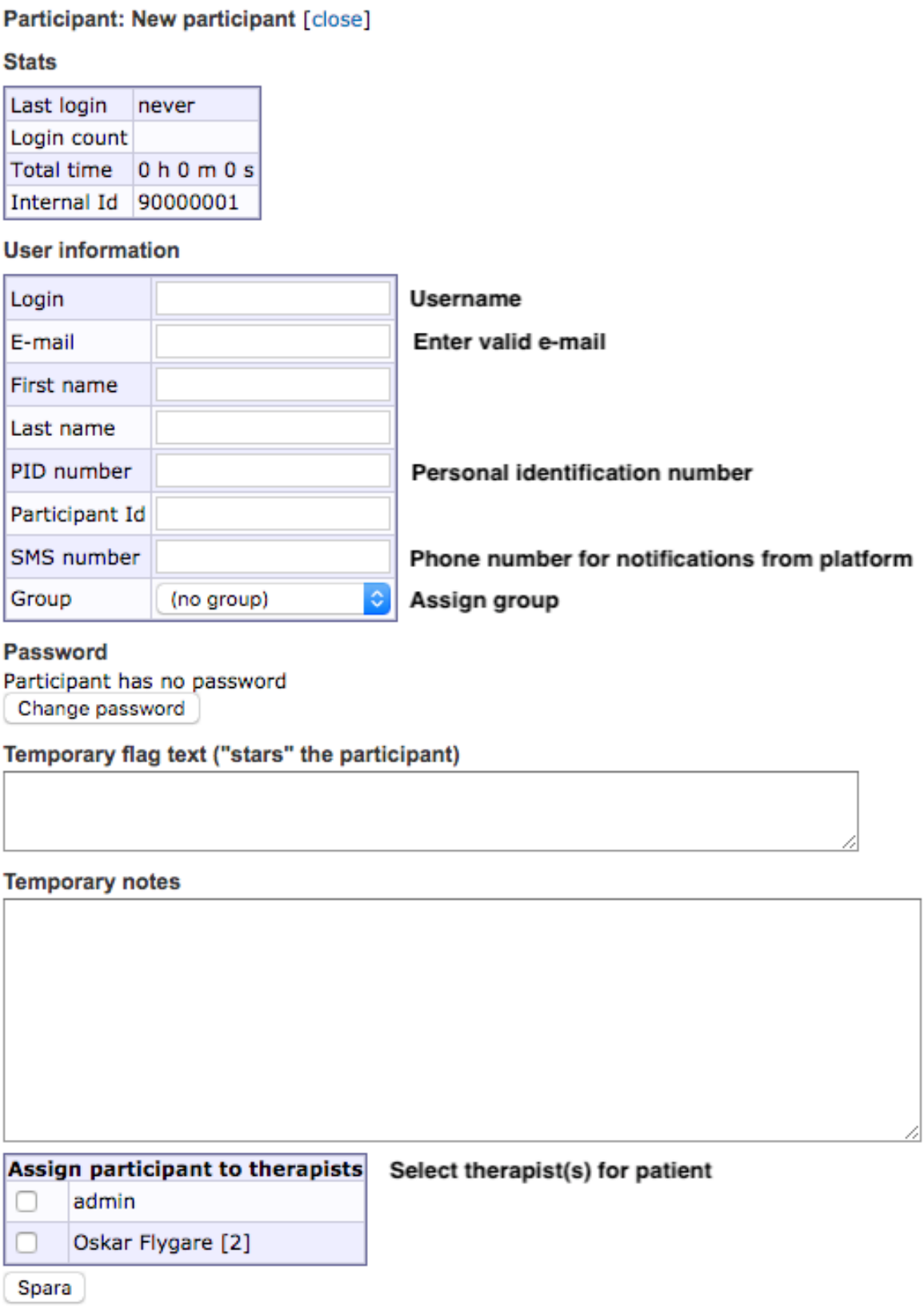
2.11 Assign new therapist

The most typical scenario is that each patient is treated by one therapist throughout treatment, but it is not uncommon for a second therapist to act as backup if the primary therapist is not available.

To assign another therapist or change therapist, navigate to the patient in question and click the *Participant stats* tab. At the bottom of that page, there is a list of therapists and those assigned to the patient will have a checkmark next to them. Simply un-check whoever is to be removed and check whoever is to be assigned the patient.

2.12 Create new patient login

To create a new patient login on the platform, go to the participant overview by selecting *Participant search* in the left-hand menu. Select *Create new participant* at the bottom of the participant list.



Fields not needed are:

- Participant ID: Internal ID for the platform. Usually not needed.
- Password: New patient logins are created without passwords. The first time the patient logs onto the platform they will be asked to generate a password
- Temporary flag text: Usually not needed at creation but might come in handy later for communicating between therapists
- Temporary notes: Usually not needed

Chapter 3

OCD-NET therapist manual

3.1 What is OCD-NET?

The treatment in OCD-NET is based on established treatment protocols for OCD (Foa et al., 2012), and focuses on exposure with response prevention (ERP). This means patients do most of the active treatment work away from their computer or mobile device, for example when they are performing exposure and response prevention exercises.

3.1.1 Who is suitable for OCD-NET

OCD-NET has been developed to treat adult patients with OCD. In previous trials evaluating OCD-NET, participants have had comorbid conditions such as depression and anxiety, while autism spectrum disorder, psychotic symptoms and substance use disorder have been exclusion criteria.

The intended use of OCD-NET is within a stepped-care model where patients are offered low-intensity treatments as a first step, see the NICE-guidelines. We therefore recommend that OCD-NET is primarily used for patients with mild to moderate symptom severity without comorbid autism spectrum disorder, psychotic symptoms, or substance use disorder.

3.1.2 Presenting OCD-NET as an option to the patient

It is important to stress that previous trials of OCD-NET have been conducted on patients that have actively requested internet-based treatment when giving this option. Thus, forcing someone to undertake a treatment they do not agree with is unhelpful at the very least and can also be harmful.

With that in mind, we believe there are two particularly strong arguments for the use of OCD-NET rather than face-to-face therapy: patients can access the treatment content and therapist therapist support whenever they want to, and treatment can start right away rather than after a waiting time.

We have also found that many patients like to contribute to research and the development of new treatments. For example, most patients will see the benefit of evaluating remote treatment options.

Other suggestions:

- Write your first message on the first day of treatment to welcome the patient and notify them of ways to contact you with questions
- Provide encouragement throughout treatment to motivate the patient and establish a therapeutic working alliance

3.1.3 Modules in OCD-NET

There are 10 modules in OCD-NET, which patients are expected to complete in 12 weeks. Each module consists of texts and uses well established evidence based interventions for OCD, with exposure and response prevention (ERP) being the core intervention. To progress to the next module participants have to complete homework assignments (such as reading text material, answering a quiz at the end of each module, completing worksheets, or report about ERP exercises) which are viewed by their therapist.

Treatment module	**Content**
1. Introduction to the treatment	Introduction to CBT Information about OCD
2. A CBT model of OCD	Psychological model of OCD with patient examples
3. Thinking mistakes in OCD	Common cognitive biases and unhelpful interpretations of thoughts in OCD
4. Introduction to ERP	Goal setting Planning ERP exercises
5. More about ERP	Best practices in ERP
6. Imaginal exposure	Instructions to get started with imaginal exposures
7. Re-exposure	Undoing habitual compulsions
8. Difficulties during treatment	Common problems in ERP Motivation traps
9. Long term goals and values	Increasing valued behaviours Aligning ERP exercises with long term values
10. Summary and wrap up	Maintaining progress Relapse prevention

We view modules 1, 2, 4, and 5 as the core modules in OCD-NET. Modules 1 and 2 consist of two essential features: the patient needs to report at least some intrusions/compulsions in the OCD diary, and the patient needs to understand the CBT model of OCD. These two features are the building blocks for the subsequent ERP exercises in module 4 and 5. We usually recommend patients to do modules 1-5 in a relatively quick pace in order to get to the active treatment as soon as possible. It is not crucial to have a detailed plan for each ERP exercise before starting; you should encourage patients to get started and fine-tune ERP exercises as they go along.

You can consider modules 3 and 6 as optional for the patient. We advise all our patients to read the text in module 3 (thinking mistakes), but if the patient does not feel that this cognitive intervention is relevant for them, we proceed directly to module 4 (ERP). Module 6 (imaginal exposure) may be beneficial for some patients but our experience is that many patients skip this intervention. Although the text is written from a habituation lens, we often tell our patients that imaginal exposure may be a tool to learn that having a thought or image is not the same as acting that way, and to tolerate uncertainty.

The number of completed modules is not an essential predictor of treatment outcomes in OCD-NET. We have two goals only: get the patient to module 5 and get the patient to do a lot of ERP exercises. Thus it is not essential that the patient progress through all modules as long as he/she does ERP and reports this frequently to the therapist. Patients will gain access to all modules at the end of treatment, and will be able to log onto the platform for one year after completing the OCD-NET treatment. Thus, the role of the therapist is to encourage the patient to do ERP exercises and help them to design and evaluate ERP exercises effectively.

Modules 6-9 can be opened in any order to fit the needs of each patient. For example, a patient might not have any use of imaginal exposure but finds that they have a hard time refraining from habitual compulsions. In that case, you may open up module 7 (re-exposure) instead of module 6 (imaginal exposure). Other patients may struggle with ERP exercises and will find module 8 (difficulties during the treatment) useful. Use your clinical intuition.

3.2 Closing remarks

We hope that you have found this therapist guide useful. Our goal has been to present a few ideas about how to deliver OCD-NET effectively. These are just the first building blocks and you will likely find that adaptations are needed to your particular patients and your own style as a therapist.

We strive to continuously update and improve this material and would appreciate any feedback. You can reach us at ocdnet.support@webcbt.se or talk to us in person at a training session.

Chapter 4

BDD-NET therapist manual

4.1 What is BDD-NET?

Detailed review of the content of the product. What therapeutic interventions are included and how are they implemented?

BDD-NET consists of eight interactive modules and is based on a treatment protocol by Sabine Wilhelm and colleagues (Wilhelm et al., 2013) that focuses on exposure with response prevention. This means that patients do most of the active treatment work away from their computer or mobile device, for example when they are performing exposure and response prevention exercises.

4.1.1 Comparison between BDD-NET content and current IAPT services content in the treatment of BDD

4.1.1.1 Wilhelm (Wilhelm et al., 2013)

Core treatment elements: * Psychoeducation * Cognitive interventions (maladaptive beliefs, importance of appearance or self-worth) * Exposure to avoided situations and prevention of rituals * Mindfulness and perceptual retraining (e.g., to reduce selective attention to details such as appearance flaws) * Relapse prevention

Optional treatment modules: * Skin picking * Surgery seeking

4.1.1.2 Veale (Veale and Neziroglu, 2010)

- Imagery rescripting
- Modifying attentional biases
- Modifying cognitive processes
- Avoidance, compulsive, and safety behaviours
- Modifying appraisals
- Behavioural experiments to test beliefs about processes such as ruminating or mirror-gazing
- Self-monitoring and habit reversal for skin-picking

4.2 Who is suitable for BDD-NET

The clinical condition that the digital product has been developed for and the recommended range of symptom severities for patients using the digital product.

BDD-NET is developed to treat adults with body dysmorphic disorder (BDD). Patients may have comorbid conditions, for example other anxiety disorders, depression, or OCD. Patients may also take antidepressant medication during the course of treatment. We recommend that patients do not change the dose during the course of treatment. BDD-NET may also be delivered to patients with any level of BDD symptom severity.

Contraindications include having a personality disorder that might interfere with treatment (such as borderline personality disorder), psychotic symptoms, an ongoing substance abuse, or acute suicidal ideation. BDD-NET is text-based and so requires sufficient reading skills and understanding of English. We recommend that the patient is referred to face-to-face treatments if contraindications are discovered.

4.3 Presenting BDD-NET as an option to the patient

How to present the digital product to patients in a way that generates enthusiasm and ensures that the patient promptly starts using the product. Managing patients' expectations of BDD-NET therapy

4.3.1 Assessing insight

Participating in internet-based treatments such as BDD-NET is voluntary, and therapists need to make sure that patients are willing to challenge their BDD in treatment. Lack of insight is common in BDD and BDD-NET is designed to work for patients that express varying degrees of insight. It is our experience that patients need to at least be willing to try out alternative behaviours during the course of treatment, even if they might still be convinced that their appearance concerns are justified at the start of treatment.

4.3.2 Managing expectations

Some patients may have expectations to be completely free from anxiety after BDD-NET, and that all that is required of them is to read and understand what is written in the treatment modules. Such expectations are discussed in module 4 (goal setting) but therapists are advised to assess whether patients are willing to challenge their BDD through exposure with response prevention and try out alternative behaviours before starting BDD-NET. If someone completely refuses to try new behaviours they are unlikely to participate in BDD-NET fully and benefit from the treatment.

4.3.3 A good start in BDD-NET

Many patients with BDD find BDD-NET an interesting treatment option, particularly those who avoid many activities due to their appearance concerns. The strongest arguments in favour of ICBT treatments like BDD-NET, from a patient perspective, is that the treatment content and the therapist are accessible throughout the week, and that the treatment starts promptly after evaluation rather than after a time in waiting list.

To give patients a positive first impression of the treatment, we suggest that therapists write their first message on the first day of treatment to welcome the patient and notify them of ways to contact you. Provide encouragement throughout treatment to motivate the patient and establish a therapeutic working alliance. Patients sometimes struggle with crucial treatment components such as the BDD diary exposure with response prevention (ERP), so make sure to provide extra support if patients get stuck at those points.

4.4 Modules in BDD-NET

Below is an overview of the eight treatment modules. We recommend that you look at them from a patient's point of view before starting the first treatment.

Treatment module	**Content**
1. Introduction to BDD and the treatment	An introduction to BDD Introduction to the treatment content
2. A CBT model of BDD	Psychological explanation of the link between thoughts, emotions, and behaviours
3. Interpretation traps	Common cognitive biases in BDD
4. Introduction to ERP	Goal setting and planning of exposure with response prevention
5. More about ERP	Doing and evaluating exposure with response prevention exercises
6. Values and Goals	Identifying and acting in accordance with personal values
7. Difficulties during treatment	Strategies to deal with common difficulties and setbacks
8. Summary and Relapse Prevention	Treatment summary, evaluation of treatment, and designing a relapse prevention plan

As you can see, the emphasis is on doing exposure with response prevention (ERP), which we view as the main component of BDD-NET. You typically want to encourage the patient to progress through the first three modules as fast as possible, check that they have understood the rationale for ERP, and then start doing ERP. Once a patient is doing regular ERP-exercises, you can open up modules 6-7 for them to complete while continuing to do daily ERP. Module 8 can then be opened up with one to two weeks left in treatment.

4.5 Closing remarks

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We strive to continuously update and improve this material and would appreciate any feedback. You can reach us at ocdnet.support@webcbt.se or talk to us in person at a training session.

Chapter 5

Being an effective ICBT therapist

Being a therapist in internet-based CBT (ICBT) differs in several ways from regular face-to-face treatment. The first difference is the mode of communication: asynchronous text messages rather than live face-to-face talking. The second is that you are more closely integrated in the treatment content, and will rely more heavily on the written material. Third, there is less therapist oversight during active ERP exercises. We will discuss these implications below.

5.1 Keep your messages short

Messages should be concise and to the point but still using a personal touch. The main aim here is to provide encouragement and reinforce key behaviours in the treatment, such as registrations in the OCD/BDD diary and performing ERP exercises. With this said, please allow yourself also to write longer messages when needed, for example to highlight examples in the diary that you think are informative and relate these to the CBT model of OCD/BDD.

5.2 Write often

Frequent communication is particularly useful at the start of treatment and when patients are in the startup phase of ERP. In many ways, ICBT may be an even more intensive treatment than traditional face-to-face CBT. Our standard procedure is to contact patients at least twice weekly, but more often when needed. For example, you may confirm an exposure exercise in the morning and check in during the afternoon for a follow-up.

There are exceptions to the rule of frequent messages: some patients will prefer to do ERP exercises on their own and will not have many questions for you. This is perfectly fine; some patients benefit greatly from the ICBT treatment without the therapist support. The default mode, however, is frequent contact with patients.

5.3 You and the rest of the content in ICBT

As previously mentioned, ICBT is in many ways a high intensity treatment. Patients not only respond to your messages but also read module texts, answer homework questions and questionnaires, and fill in worksheets. The treatment becomes particularly intensive once patients start performing daily ERP exercises. Thus,

what might feel like a low-intensity treatment from your perspective may actually be very intensive from the patient's perspective.

5.4 Lack of therapist-guided exposure exercises

We do not have the privilege of guiding patients through ERP exercises in ICBT. This means that you will have to focus on the essentials when giving corrective feedback to the patient. Correcting every little detail before each exercise will in this context probably be counter-productive and might in fact confuse the patient. Instead, our focus is to get the patient going with the ERP exercises. Wrinkles can be ironed out along the way.

5.5 Dealing with patients with low engagement

The best way to deal with low engagement is to prevent it from happening to begin with. Strategies to prevent low engagement may be to 1) write frequently (especially in the beginning of treatment in order to keep up momentum), 2) focus on encouragement in your written messages, 3) call patients promptly if they do not respond to messages, and 4) provide support and help to patients that struggle with ERP exercises.

If a patient becomes less active on the treatment platform, it does not necessarily mean that they are not actively working with the treatment or have given up on the treatment. Some inactive patients are actually doing a lot of treatment work in their daily life but do not report this spontaneously to their therapist.

5.5.1 Strategies when patients express lack of time to work on the treatment

One common reason for low engagement is that the patient struggles to find the time to work on ICBT. We recommend that you encourage any small steps the patient takes and that you prioritise ERP exercises away from the computer over reading additional modules.

If a patient is completely unable to work on the treatment right now, ask him/her if it possible to delay the start of treatment. It is important to stress that the absolute majority of patients responding to OCD-NET and BDD-NET experience this gain within the first 5 weeks after starting treatment. Thus, even if the patient is delayed and start the treatment at week 5, it is still possible to achieve a significant improvement given that the patient works with the treatment intensively.

5.5.2 Strategies when patients express skepticism about ICBT

Some patients may be a bit skeptical about ICBT in general or in their ability to complete a remotely-delivered treatment with a therapist at a distance. We recommend that therapists validate and acknowledge that this is common early in treatment and, importantly, help these patients experience *early wins* by starting with swift and easy ERP exercises.

This being said, it is important to stress that OCD-NET and BDD-NET have never been designed as full alternatives to face-to-face CBT but should instead be seen as a complementary approach. Patients who are skeptical to ICBT from the beginning will probably not benefit from this treatment modality. Alternative formats and treatments are probably a more feasible option in these cases.

5.6 Use these as well?

5.6.1 Lack of space to address questions through messages

Starting out as a therapist in BDD-NET can be frustrating if you want to address every question and issue that patients report.

IDEAS: * Focus on one thing per message * Rely on the written material, common questions are most likely addressed in one of the modules * Whenever possible, turn it into an exercise that the patient can try out for themselves. Maybe it's suitable for cognitive restructuring, maybe an EX/RP exercise. * You can also defer some common issues to module 7 if it's included there. * We have to accept that we do not have fine grained control over the patient's understanding. Maybe that's OK as long as they do EX/RP exercises, then you can steer the patient toward exercises that might resolve a misunderstanding

5.6.2 Reinforcing rumination instead of behaviour change

You can avoid reinforcing the wrong behaviour by thinking about what you attend to in your responses to patients. A typical message from a patient mid-treatment might include a summary of their latest EX/RP, comments about what they have found challenging, and a couple of questions about the treatment content. It is very tempting to try to answer the questions and make suggestions for how to deal with the challenges in your response, but that is not really what we want to reinforce here. Rather, we want to encourage the patient to continue doing EX/RP because that is the key behaviour for them to get better in the long-term.

IDEAS: * Maybe it's already discussed in the "common difficulties" module, then open up that one * Maybe you can recommend a certain EX/RP exercise for the patient to try and see whether that resolves their question * Maybe it's lack of clarity in the EX/RP exercise and you need to revisit the plan, make some changes, and then try again * We don't want to reinforce rumination over challenges but rather the patient's ability to do hands-on exercises and adjust them over time

Chapter 6

Technical support

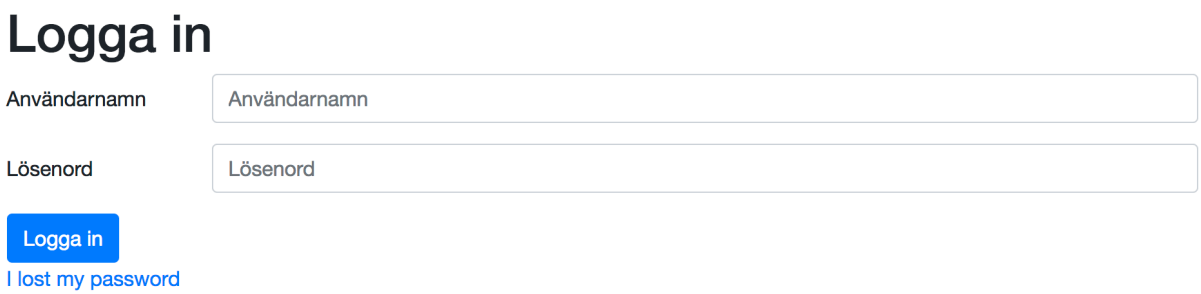
This page contains support for common issues that might arise when using the OCD-NET and BDD-NET treatments.

6.1 Technical support for patients

The platform is designed to be user-friendly for patients with varying technical know-how. They will, however, require technical support from time to time. If patients report technical issues that you cannot address yourself, send an email to ocdnet.support@webcbt.se and ask for assistance.

6.1.1 Forgotten username or password

If a patient has forgotten their password, they can request a new one at the login screen:



If they have forgotten their username, simply look at their *Participant stats* and **Login** is their username.

If a patient is unable to generate a new password on their own, navigate to the patient in question and the *Participant stats* tab. Click the *Change password* button. The site generates a new, secure, password that can be sent to the patient via SMS.

6.1.2 The website does not work

This is usually for one of three reasons: wrong information (URL/username/password), the patient is using an out of date web browser, or there is an issue with cookies on the site.

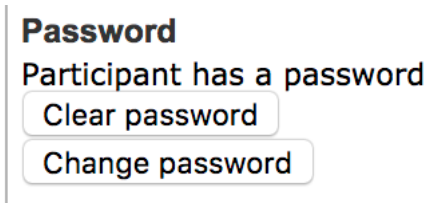


Figure 6.1: Change password button

6.1.2.1 Wrong URL/username/password

Make sure that the patient has correct information for all three. Also make sure that there are no errors in the username!

- URL is webcbt.se/ocdnet for OCD and webcbt.se/bddnet for BDD
- Username is indicated by "Login" at *Participant stats*
- Their password is hidden to therapists and can be re-generated by patients themselves or by therapists (see above)

6.1.2.2 Recommended web browsers

The treatment is accessible for both desktop web browsers and mobile web browsers (iOS, Android). The platform works best for either **Google Chrome**, **Firefox**, or **Safari**. Internet explorer and Microsoft Edge are not recommended, although newer versions of those browsers usually work just fine.

6.1.2.3 Cookies and cache

Sometimes the browser will save cookies that interfere with access to the treatment platform. This can usually be resolved by clearing cookies and restarting the browser.

- Google Chrome
- Firefox
- Safari desktop
- Safari iOS

6.2 Technical support for therapists

6.2.1 Creating an account

Send an e-mail to us ocdnet.support@webcbt.se containing the following information:

- Username
- Full name
- e-mail
- Phone number (to receive login codes via text messages)

We then create a user and generate a password to be replaced at the first login.

6.2.2 Forgotten password

Admins are able to reset therapist passwords in the *Therapist* tab of the left-hand menu. Click the button called “Must change password” to initiate a password change for that user.

6.3 Other technical issues

Have you spotted an error in the treatment content? Are the questionnaires not displaying correctly? Did you accidentally make some changes that you are not able to revert?

Anything else that is not reviewed in this guide, please let ut know by sending an e-mail to us at ocdnet.support@webcbt.se and we will help you.

We strive to improve the treatment content and the experience for therapists continuously and welcome any feedback!

Chapter 7

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