

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

- Copy from the intro of respective treatment, and comment on the broader ICBT strategy
- Describe therapist-guided and asynchronous communication

1.2 Type of treatment (step)

- Maybe take from our assessments, what have NICE said about OCD-NET and BDD-NET?

1.3 Background

- What studies have we done to date
- What have we found

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

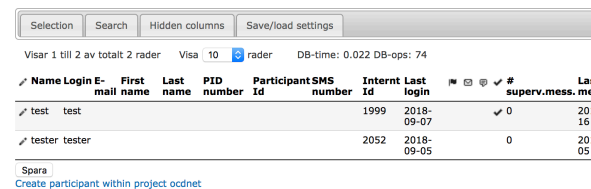
2.1 Quick start

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 Using the platform

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



The screenshot shows a web interface for a participant overview. At the top, there are tabs for 'Selection', 'Search', 'Hidden columns', and 'Save/load settings'. Below the tabs, a status bar indicates 'Visar 1 till 2 av totalt 2 rader', 'Visa 10', a 'rader' button, and 'DB-time: 0.022 DB-ops: 74'. The table has columns: 'Name', 'Login E-mail', 'First name', 'Last name', 'PID number', 'Participant Id', 'SMS number', 'Internt Id', 'Last login', and 'superv.mess.'. There are two rows: one for 'test' and one for 'tester'. The 'test' row has a 'Last login' of '2018-09-07' and a 'superv.mess.' value of '0'. The 'tester' row has a 'Last login' of '2018-09-05' and a 'superv.mess.' value of '0'. At the bottom, there is a 'Spara' button and a link 'Create participant within project ocdnet'.

Name	Login E-mail	First name	Last name	PID number	Participant Id	SMS number	Internt Id	Last login	superv.mess.
test	test						1999	2018-09-07	0
tester	tester						2052	2018-09-05	0




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 you will write to remind an inactive patient or assess a warning flag.

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

2.2.1 Navigation

You will be using the platform from the *Participant search* menu 99% of the time. If you get lost while using the platform, click *Participant search* to get back to the default view. When you want to access individual participants, click the pencil next to their name.

 Name	Login	E-mail
 test	test	
 ocdtester	ocdtester	

This menu may expand depending on your 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.

MENU

Participant search

ocdnet

Deltagare

Mina inställningar

Log out

2.2.2 Filtering the participant overview

To get a quick overview, you can filter patients that are relevant to you. If you look at the top of the participant overview, there is a button called *Selection*. We recommend that therapists use the “My participants” filter to show only patients assigned to them.

You can also filter patients by project (for example OCD-NET or BDD-NET), groups (for example “In treatment” or “post-treatment”).

Selection Search Hidden columns Save/load settings

General

☒ All participants
☐ My participants
☐ Supervised participants

Project

☒ ocdnet [2]
☐ ocdnet

Groups

☒ ocdnet

Visar 1 till 2 av totalt 2 rader Visa 10 rader DB-time: 0.044 DB-ops: 79

Föregående 1 Nästa

Name	Login	E-mail	First name	Last name	PID number	Participant ID	SMS number	Internt login	Last login	# superv.mess.	Last message	Therapists	Project	Treatments	#Weeks	Module	Homework	Senaste mätning	Grupp
test	test							1999	2018-09-07	0	2018-09-07	Oskar Flygare	ocdnet	ERT Demo, OCD NET	14w0d	Chapter 6 (2 days), Module 10 - Summary and wrap up (2 days)		Assessment	
tester	tester	oskarflygare@gmail.com						2052	2018-09-05	0	2018-09-05	Oskar Flygare	ocdnet	OCD NET	14w0d	Module 1 - Introduction to the treatment (2 days)		In treatment	

Spara

Create participant within project ocdnet

2.2.3 Writing and responding to messages

Written messages are the main form of communication—and often the only communication—between therapist and patient in internet-based CBT. Care and attention to messages should be applied accordingly[^ Writing effective messages in internet-based CBT—as any form of writing—is a difficult skill to master that requires practice. General advice on writing often applies here as well. We have found that feedback from colleagues is often as useful as standardised guidelines. Some quick tips though: read your message aloud to spot mistakes and complicated sentences, be as concise as possible, and save questions or action points to the end of your message.].

When you log onto the platform, 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 your response.

Participant: ocdtester [close]

The participant is flagged:

Participant stats
Treatments
Files
External messages
Flags
Assessments
Graphs

Treatment access
Participant messages
Supervision messages

Open all read messages

From		Sent
ocdtester	Click to open message	2018-09-07 08:47
me	Click to open message	2018-09-07 08:57
<p>Good job on the homework!</p> <p>Read by ocdtester 2018-09-07 10:00 ✓</p>		
me	Click to open message	2018-09-07 08:57
ocdtester	Click to open message	2018-09-10 14:12

Send message
Message

Send
Save and send later

2.2.4 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.

Treatment access
Participant messages
Supervision messages

OCD NET

Treatment access (ongoing)

Treatment start	2018-09-07	36-fr
Treatment end	2018-12-15	50-lö
Treatment length	100 days	
Remaining time	74 days	

Messages

Prevent sending messages	<input type="checkbox"/>
Prevent receiving messages	<input type="checkbox"/>

Accessible		Name		Access date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 1 - Introduction to the treatment		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 2 - A CBT model of OCD		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 3 - Thinking mistakes in OCD		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 4 - Introduction to ERP		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 5 - More about ERP		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 6 - Imaginal exposure		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 7 - Re-exposure		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 8 - Difficulties during treatment		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 9 - Long term goals and values		2018-09-07
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 10 - Summary and wrap up		2018-09-07

Treatment content with data					
Module	Type	Name	Modified	Show	Review
Module 2 - A CBT model of OCD	Worksheets	The CBT model	2018-09-26 09:24	Show	2018-09-28 15:23
Module 3 - Thinking mistakes in OCD	Worksheets	OCD-diary	2018-09-10 20:14	Show	2018-09-24 10:22
Module 1 - Introduction to the treatment	Homework	Module 1 homework	2018-09-10 14:12	Show	2018-09-24 10:22

Spara

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

Accessible		Name		Access date	Homework returned	Show	Review
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 1 - Introduction to the treatment		2018-09-05			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 2 - A CBT model of OCD		2018-09-05			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 3 - Thinking mistakes in OCD		2018-09-05			

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

2.2.5 Treatment modules

When a patient has read a module and completed the corresponding homework assignment(s), they are ready for the next module. Grant access to a new module by navigating to *Treatments* -> *Treatment access* and checking 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 you open up a new module.

The number of modules and weeks in treatment varies but a rough guideline is that patients should progress through one module per week. Some treatment techniques, like exposure with response prevention in obsessive compulsive disorder, are spread out across several modules to emphasise their importance and iron out wrinkles that many patients experience.

While it is certainly satisfying to see that a patient has fully grasped a concept in treatment, therapists are advised against requiring perfect answers. Patients getting stuck on a certain module may feel less motivated to continue treatment, so choose revisions wisely. Older modules are always available to review throughout treatment.

2.2.6 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. You can review and change which questionnaires should appear at which day in *Assessments* but we recommend that you stick to the standard schedule whenever possible.

2.2.7 Warning flags

The Web CBT 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 you have noticed a warning flag and started to deal with it, you may indicate your action 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.

2.2.7.1 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: 

Participant: ocdtester [close]





















The participant is flagged: ⚠

Participant stats
Treatments
Files
External messages
Flags
Assessments
Graphs

Create custom assessment
Custom assessments

Assessment battery	Score	✓	Date	Week	Status
Anpassad mätning 		✓			

ocdnet

Assessment battery	Score	✓	Date	Week	Status
Weekly-phq9-gad7[1]  		✓	2018-09-24	39-må	Completed
Weekly-phq9-gad7[2]  		✓	2018-09-28	39-fr	Completed
Weekly-phq9-gad7[3]  		✓	2018-10-05	40-fr	Waiting
Weekly-phq9-gad7[4]  		✓	2018-10-12	41-fr	Waiting
Weekly-phq9-gad7[5]  		✓	2018-10-19	42-fr	Waiting
Weekly-phq9-gad7[6]  		✓	2018-10-26	43-fr	Waiting
Weekly-phq9-gad7[7]  		✓	2018-11-02	44-fr	Waiting
Weekly-phq9-gad7[8]  		✓	2018-11-09	45-fr	Waiting
Weekly-phq9-gad7[9]  		✓	2018-11-16	46-fr	Waiting
Weekly-phq9-gad7[10]  		✓	2018-11-23	47-fr	Waiting

Spara

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

Temporary flag text ("stars" the participant)




Increased suicidality reported 1st Sep. Phone call 1st Sep and scheduled appointment 2nd Sep. /OF

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

Participant: ocdtester [close]
 The participant is flagged: ⚠️

Participant stats	Treatments	Files	External messages	Flags	Assessments	Graphs
Date	Flag text	Status				
⚠️ 2018-09-24	Answered 3 on PHQ-9 question 9 2018-09-24 10:21:58 Answered 3 on PHQ-9 question 9 2018-09-24 10:21:58	Answered 3 on PHQ-9 question 9 2018-09-24 10:21:58\nAnswered 3 on PHQ-9 question 9 2018-09-24 10:21:58				Closed by Oskar Flygare 2018-09-28 15:24:11 2018-09-28 15:24:11 Talked to patient and everything is cool.
⚠️ 2018-09-28	Answered 2 on PHQ-9 question 9 2018-09-28 15:27:03	Answered 2 on PHQ-9 question 9 2018-09-28 15:27:03				Open Quick close

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

- Patient has no assigned therapist: 
- Treatment ends within 1 week: 
- Treatment has ended: 

2.2.7.2 Suicidality warning flags

The most important type of warning flag is due to heightened suicidality. We have configured the platform to display this flag if a patient responds 4 or higher on the suicidality question in MADRS-S.

- 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. MADRS-S score of 4), 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. MADRS-S score of 5-6), 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, you may remove the warning flag under the *Flags* tab for the participant.

2.2.8 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.

Participant: ocdtester [\[close\]](#)

The participant is flagged: 

[Participant stats](#)

[Treatments](#)

[Files](#)

[External messages](#)


Flags

[Assessments](#)

[Graphs](#)

Editing flag [\[close\]](#)

Flag text

 Answered 3 on PHQ-9 question 9 2018-09-24 10:21:58
 Answered 3 on PHQ-9 question 9 2018-09-24 10:21:58

Date

2018-09-24

Notes

Talked to patient and everything is cool.
Written by Oskar Flygare 2018-09-28 15:24:11

Closed by Oskar Flygare 2018-09-28 15:24:11 [\[Open flag\]](#)

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

Message saved

Participant: test [\[close\]](#)

[Participant stats](#) [Treatments](#) [Files](#) [External messages](#) [Flags](#) [Assessments](#) [Graphs](#)

[Treatment access](#) [Participant messages](#) **[Supervision messages](#)**

Notes

- * Make sure to keep your answers short
- * Save actionable items to the last part of your message

Spaa

[Latest first](#)





[Open all read messages](#)

Send message
This draft has not been sent yet [\[Delete draft\]](#)

Message
 I am able to write a first draft here for review by a supervisor, and then send it to the patient.

[Send](#) [Save and send later](#)

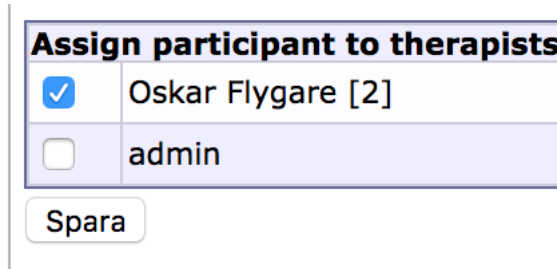
[Open all read messages](#)

From		Sent
 admin	Click to open message	2018-08-15 14:39
 test	Click to open message	2018-08-15 14:40
 test	Click to open message	2018-08-18 11:08
 me	Click to open message (unread)	2018-09-07 08:30

2.2.9 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*



Assign participant to therapists	
<input checked="" type="checkbox"/>	Oskar Flygare [2]
<input type="checkbox"/>	admin

Spara

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

stats tab. At the bottom of that page, you will see 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.

2.2.10 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.

Participant: New participant [\[close\]](#)

Stats

Last login	never
Login count	
Total time	0 h 0 m 0 s
Internal Id	90000001

User information

Login	<input type="text"/>	Username
E-mail	<input type="text"/>	Enter valid e-mail
First name	<input type="text"/>	
Last name	<input type="text"/>	
PID number	<input type="text"/>	Personal identification number
Participant Id	<input type="text"/>	
SMS number	<input type="text"/>	Phone number for notifications from platform
Group	<input type="text" value="(no group)"/> 	Assign group

Password

Participant has no password

[Change password](#)

Temporary flag text ("stars" the participant)

Temporary notes

Assign participant to therapists

<input type="checkbox"/>	admin
<input type="checkbox"/>	Oskar Flygare [2]

[Spara](#)

Select therapist(s) for patient

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?

OCD-NET is a therapist-guided internet-based cognitive behaviour therapy for OCD 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).

OCD-NET is a therapist-guided treatment, which means that 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).

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 support whenever they want to, and treatment can start right away rather than after a waiting time.



Figure 3.1: Messages from the therapists point of view

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

Treatment module	Content
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 is a therapist-guided, internet-delivered cognitive behaviour therapy (ICBT) for body dysmorphic disorder (BDD) developed by researchers at Karolinska Institutet, Stockholm, Sweden. BDD-NET has been evaluated in three clinical trials to date with results indicating that it is as effective as regular face-to-face CBT, while requiring less therapist time per patients and with the advantage of being accessible from any device connected to the internet (Enander et al., 2014, 2016).

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.

In BDD-NET, therapists and patients communicate through asynchronous text messages (like e-mail or SMS) throughout treatment. The primary role of therapists is to provide support and feedback related to the treatment 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



Figure 4.1: Messages from the therapists point of view

- 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 (EX/RP), 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 EX/RP	Goal setting and planning of exposure with response prevention
5. More about EX/RP	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

Treatment module	Content
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 (EX/RP), 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 EX/RP, and then start doing EX/RP. Once a patient is doing regular EX/RP-exercises, you can open up modules 6-7 for them to complete while continuing to do daily EX/RP. 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 common issues that might arise when using the OCD-NET and BDD-NET treatments. We will keep this page updated with common questions.

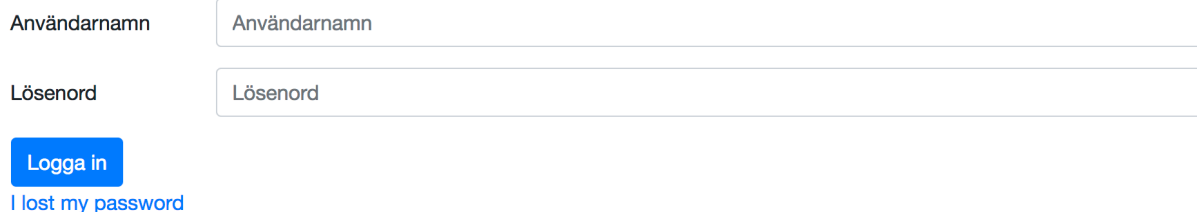
6.1 Technical support for patients

We have designed the platform to be user-friendly for patients with varying technical know-how. They will, however, require technical support from time to time. Here we review the most common issues that patients might have and how to solve them. 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:

Logga in



The login screen features two input fields: 'Användarnamn' (Username) and 'Lösenord' (Password). Below these fields is a blue 'Logga in' button and a link that reads 'I lost my password'.

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. There is a button to clear password or change password, we recommend the *Change password* option.

Clear password: The password is removed and the user will not be able to use their previous password. You will have to generate a new one by clicking *Change password*.

Change password: The site generates a new, secure, password that you can send to the patient via SMS. You might want to save the new password as a temporary note (the box below the *Change password* button) in case the password is lost again.

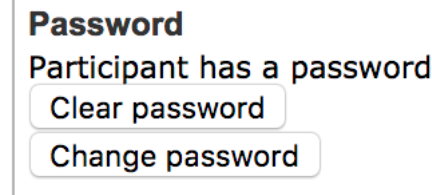


Figure 6.1: We recommend the Change password option

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.

6.1.2.1 Wrong URL/username/password

Make sure that the patient has correct information for all three. Also make sure that you have not made errors when entering the username!

- URL is webcbt.se/ocdnet
- Username is indicated by “Login” at *Participant stats*
- Their password is hidden to you 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). We recommend that patients use either **Google Chrome**, **Firefox**, or **Safari**. We do not recommend **Internet Explorer** or **Microsoft Edge**, 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. We recommend that patients clear cookies and restart their web 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 for you and generate a password that you replace on your 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.

6.2.3 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 change back?

Anything else that is not reviewed in this guide, please let us 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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