

# OCD-NET & BDD-NET therapist resources

*Oskar Flygare, Christian Rück, Brjánn Ljótsson, Jesper Enander  
& Erik Andersson*

*Last updated 2020-06-05*



# Contents

<b>1</b>	<b>Introduction</b>	<b>5</b>
1.1	Demo video . . . . .	5
1.2	Description of OCD-NET and BDD-NET . . . . .	5
1.3	Type of treatment . . . . .	5
1.4	Background . . . . .	6
<b>2</b>	<b>Using the technology</b>	<b>7</b>
2.1	Quick start . . . . .	7
2.2	Platform use overview . . . . .	7
2.3	Navigation . . . . .	8
2.4	Create new patient login . . . . .	9
2.5	Filtering the participant overview . . . . .	9
2.6	Writing and responding to messages . . . . .	11
2.7	Homework review . . . . .	12
2.8	Treatment modules . . . . .	14
2.9	Questionnaires . . . . .	15
2.10	Warning flags . . . . .	15
2.11	Assign new therapist . . . . .	16
2.12	Ending treatment . . . . .	18
2.13	OCD-NET and BDD-NET for patients . . . . .	18
<b>3</b>	<b>OCD-NET therapist manual</b>	<b>25</b>
3.1	What is OCD-NET? . . . . .	25
3.2	Who is suitable for OCD-NET . . . . .	25
3.3	Who is not suitable for OCD-NET . . . . .	25
3.4	Presenting OCD-NET as an option to the patient . . . . .	26
3.5	Modules in OCD-NET . . . . .	26
3.6	Closing remarks . . . . .	29
<b>4</b>	<b>BDD-NET therapist manual</b>	<b>31</b>
4.1	What is BDD-NET? . . . . .	31
4.2	Who is suitable for BDD-NET . . . . .	32
4.3	Who is not suitable for BDD-NET . . . . .	32
4.4	Presenting BDD-NET as an option to the patient . . . . .	32

4.5	Modules in BDD-NET . . . . .	33
4.6	Closing remarks . . . . .	35
<b>5</b>	<b>Being an effective ICBT therapist</b>	<b>37</b>
5.1	Support messages . . . . .	37
5.2	Promoting hands-on ERP exercises . . . . .	40
5.3	Reinforcing progress . . . . .	41
5.4	Common clinical issues . . . . .	42
5.5	Ending treatment prematurely . . . . .	47
<b>6</b>	<b>Technical support</b>	<b>51</b>
6.1	Technical support for patients . . . . .	51
6.2	Technical support for therapists . . . . .	53
6.3	Other technical issues . . . . .	54
<b>7</b>	<b>Workshop material</b>	<b>55</b>
7.1	Registration for therapists . . . . .	55
7.2	Quick links . . . . .	55
7.3	Workshop overview . . . . .	55
7.4	Preparations . . . . .	56
7.5	Scenario 1 - first day in therapy . . . . .	57
7.6	Scenario 2 - progressing in therapy . . . . .	57
7.7	Scenario 3 - managing flags . . . . .	58
7.8	Additional functionality . . . . .	60
7.9	I'm done. What now? . . . . .	60
<b>8</b>	<b>References</b>	<b>63</b>

# Chapter 1

## Introduction

Welcome to our online therapist resource for *OCD-NET* and *BDD-NET*. This website contains resources to support therapists in their work, both technical and clinical aspects of doing internet-based cognitive behaviour therapy.

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

### 1.1 Demo video

### 1.2 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).

### 1.3 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.

## 1.4 Background

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, 2019). Both treatments were initially developed in Swedish but have been translated to English and evaluated in pilot studies in New York (OCD-NET; Patel et al. (2018)) and an international pilot study (BDD-NET; Gentile et al. (2019)).

## 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. We generally recommend that you use the platform while reading this manual, to test features as you go along.

**Therapists access the platform via this URL: <https://webcbt.se/ocdnet>.** This is where therapists enter their username and password to enter the treatment platform. This URL can be used for both OCD-NET and BDD-NET.

### 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:

MENU

Participant search

oednet

Participants

Assessments

Registration options

Project security

Treatment containers

Instruments

Note categories

Answers flagging

Projects

Privacy Notice

My settings

Security settings

External messages

Reports

Therapists

Log out

Selection

Search

Hidden columns

Save/load settings

Showing 1 to 2 of 2 participants

Show 10

rows

DB-time: 0.024 DB-ops: 76

Name	Login	E-mail	First name	Last name	PID number	Participant ID	SMS number	Internet login	Last login	# superv.mess.	Last message	Therapists	Project	Treatments	#Weeks	Module	Homework	Last assessment
oedtester2	oedtester2						1999	2018-10-25		1	2018-08-18	Test Therapist 1	oednet	ERT Demo, OCD NET	8w4d	Chapter 6, Module 10 - Summary and wrap up (39 days)		Weekly- phq9-gad7 (5)
oedtester1	oedtester1						2051	2018-11-08		1	2018-09-10	Test Therapist 1	oednet	OCD NET	4w4d	Module 10 - Summary and wrap up (67 days)	2018-09-10	Weekly- phq9-gad7 (7)

Save


Create participant within project

Choose project

Rendering: 0.035 s | DB: 0.019 s | DBOps: 49 | Memory: 2 MB of 1,024 MB | Programming: Brjánn Ljótsson | © 2018 Brjánn Ljótsson, Karolinska Institutet

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.

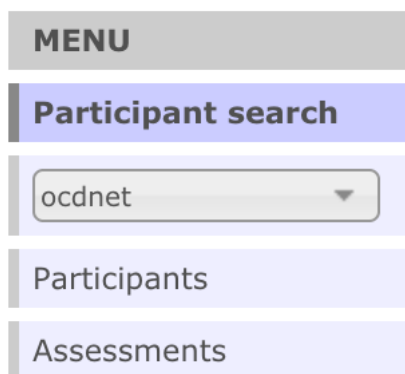
The majority of day to day tasks are accessed via the *Participant search* menu. The menu is located at the left-hand side of the browser window. Closing the current participant and clicking *Participant search* will get you back to the participant overview. To access individual participants, click the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

	Name	Login	E-mail
	test	test	
	oedtester	oedtester	

## 2.3 Navigation

The menu bar on the left may expand depending on administrative rights. Other parts of the menu include administrative settings such as editing treatment content, editing assessments, editing conditions for when participant assessments are flagged, 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 closing the current participant and navigating to *Participant search* in the left-hand menu.





## 2.4 Create new patient login

How to create a new user from Oskar Flygare on Vimeo.

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. Therapists can use the “change password” button to generate secure passwords for patients.

**Important: Make sure phone numbers and email addresses are in the correct format.** Phone numbers should be in international format, meaning that you drop the leading zero and enter the country code instead (England is +44). For example, the English number 08712221156 should be entered as +448712221156.

Fields not needed are:

- Temporary flag text: Usually not needed at creation but might come in handy later for communicating between therapists
- Temporary notes: Usually not needed but can be used to store information


## 2.5 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.

**Stats**

Last login	never
Login count	
Privacy consent	No consent
Internal Id	90000001

**User information**

Login	<input type="text" value="Username"/>
E-mail	<input type="text" value="Enter valid e-mail"/>
First name	<input type="text"/>
Last name	<input type="text"/>
PID number	<input type="text" value="Personal identification number"/>
Participant Id	<input type="text" value="Used to connect other data sources"/>
SMS number	<input type="text" value="Enter valid phone number"/>
Group	<input type="text" value="(no group)"/> 

**Password**

Participant has no password

**Temporary flag text ("stars" the participant)****Temporary notes****Assign participant to therapists**

<input type="checkbox"/>	admin
<input type="checkbox"/>	Oskar Flygare [4]
<input type="checkbox"/>	Test Therapist 1 [2]
<input type="checkbox"/>	Test Therapist 2 [2]
<input type="checkbox"/>	Test Therapist 3
<input type="checkbox"/>	Test Therapist 4

Figure 2.1: Therapists can generate secure passwords for patients using the “change password” button

Selection

Search

Hidden columns


Save/load settings

**General**
☐ All participants
 ☒ My participants
 ☐ Supervised participants

**Project**
☒ ☐
☒ ocdnet [5]
 ☒ bddnet [4]

**Groups**
☒ ☐
  
ocdnet
   
bddnet

## 2.6 Writing and responding to messages



A new message from a patient will be indicated by this icon  in the participant overview. Click the pencil next to the participant's name to access that patient. 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.

Participant: bddtester1 [\[close\]](#)

Participant stats | **Treatments** | Files | External messages | Flags | Assessments | Graphs

Treatment access | **Participant messages** | Supervision messages

[Open all read messages](#)

From		Sent
 me	<a href="#">Click to open message</a>	today 13:14
<p>Welcome to the treatment!</p> <p>My name is Oskar and I will be your therapist during the 12 weeks that you are in treatment. You can write messages to me whenever you have questions or want to discuss the treatment content.</p> <p>The treatment is structured as modules, and each module contains homework exercises as well as worksheets. Once you have read a module and completed the homework, it is sent to me and I will give you feedback. As you can see, module 1 is already opened and I look forward to your comments!</p> <p>Again, don't hesitate to contact me if you have any questions.</p> <p>Best, Oskar</p> <p style="text-align: right;">Read by bddtester1 today 13:15 ✓</p>		
 bddtester1	<a href="#">Click to open message</a>	today 13:17
<p>Thank you Oskar, I am hopeful that this treatment will help me fight the BDD. I have tried before but never really made it as far as gaining back control of my daily routines around applying makeup and adjusting my clothes before I leave the apartment.</p> <p style="text-align: right;">Read by Oskar Flygare today 13:18 <a href="#">[mark as unread]</a></p>		

**Send message**

Message

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

## 2.7 Homework review

Reviewing homework assignments from Oskar Flygare on Vimeo.

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.

Please note that patients are not notified if you mark the homework as incomplete. Write a message to explain what additional information you need from the patient when they send it in again.

Treatment access   Participant messages   Supervision messages

BDD NET

**Treatment access (ongoing)**

Treatment start	2018-11-12	46-mo
Treatment end	2019-02-19	08-tu
Treatment length	100 days	
Remaining time	90 days	

**Messages**

Prevent sending messages ☐

Prevent receiving messages ☐

Accessible	Name	Access date	Homework returned	Show	Review
<input checked="" type="checkbox"/>	Module 1 - Introduction to BDD	2018-11-12			
<input checked="" type="checkbox"/>	Module 2 - A CBT model of BDD	2018-11-12	2018-11-22 07:59	Show	✓
<input checked="" type="checkbox"/>	Module 3 - Thoughts and Interpretation Traps	2018-11-12	2018-11-14 11:54	Show	✓
<input checked="" type="checkbox"/>	Module 4 - Introduction to Exposure and Response Prevention	2018-11-12	2018-11-17 09:39	Show	✓
<input checked="" type="checkbox"/>	Module 5 - More about EX/RP	2018-11-12			
<input checked="" type="checkbox"/>	Module 6 - Values and Goals	2018-11-12			
<input checked="" type="checkbox"/>	Module 7 - Difficulties During Treatment	2018-11-12			
<input checked="" type="checkbox"/>	Module 8 - Summary and Relapse Prevention	2018-11-12			

Module	Type	Name	Modified	Show	Review
Module 2 - A CBT model of BDD	Homework	module-2-homework	2018-11-22 07:59	Show	Granskas som hemuppgift
Module 4 - Introduction to Exposure and Response Prevention	Homework	module-4-homework	2018-11-17 09:39	Show	Granskas som hemuppgift
Module 3 - Thoughts and Interpretation Traps	Homework	module-3-homework	2018-11-14 11:54	Show	Granskas som hemuppgift
Module 3 - Thoughts and Interpretation Traps	Worksheets	Interpretation Errors	2018-11-12 13:17	Show	2018-11-22 08:03
Module 3 - Thoughts and Interpretation Traps	Module texts	03-module-3-text	2018-11-12 13:17	Show	2018-11-22 08:03
Module 1 - Introduction to BDD	Module texts	01-module-1-text	2018-11-12 13:13	Show	2018-11-14 10:39
Module 5 - More about EX/RP	Worksheets	EX/RP evaluation	2018-11-12 10:38	Show	2018-11-14 10:39
Module 5 - More about EX/RP	Worksheets	Exposure and Response Prevention	2018-11-12 10:35	Show	2018-11-22 08:04

Save

Figure 2.2: Completed homework assignments will show up for review in the treatment overview, click the checkmark or red button to mark it as completed or send back to the participant.

Participant: bddtester1 [\[close\]](#)

Participant stats **Treatments** Files External messages Flags Assessments Graphs

Treatment access Participant messages Supervision messages

BDD NET

**Treatment access (ongoing)**

<b>Treatment start</b>	2018-11-12 46-mo
<b>Treatment end</b>	2019-02-19 08-tu
<b>Treatment length</b>	100 days
<b>Remaining time</b>	99 days

**Messages**

Prevent sending messages ☐

Prevent receiving messages ☐

Accessible		Name	Access date	Homework returned	Show	Review
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 1 - Introduction to BDD	2018-11-12			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 2 - A CBT model of BDD	2018-11-12			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 3 - Thoughts and Interpretation Traps	2018-11-12			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 4 - Introduction to Exposure and Response Prevention	2018-11-12			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 5 - More about EX/RP	2018-11-12			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 6 - Values and Goals	2018-11-12			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 7 - Difficulties During Treatment	2018-11-12			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Module 8 - Summary and Relapse Prevention	2018-11-12			

Treatment content with data					
Module	Type	Name	Modified	Show	Review
Module 3 - Thoughts and Interpretation Traps	Worksheets	Interpretation Errors	2018-11-12 13:17	<a href="#">Show</a>	<a href="#">Mark as reviewed</a>
Module 3 - Thoughts and Interpretation Traps	Module texts	03-module-3-text	2018-11-12 13:17	<a href="#">Show</a>	<a href="#">Mark as reviewed</a>
Module 1 - Introduction to BDD	Module texts	01-module-1-text	2018-11-12 13:13	<a href="#">Show</a>	<a href="#">Mark as reviewed</a>
Module 5 - More about EX/RP	Worksheets	EX/RP evaluation	2018-11-12 10:38	<a href="#">Show</a>	<a href="#">Mark as reviewed</a>
Module 5 - More about EX/RP	Worksheets	Exposure and Response Prevention	2018-11-12 10:35	<a href="#">Show</a>	<a href="#">Mark as reviewed</a>

Save

Figure 2.3: Check the box to the left to open a new module

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.

## 2.8 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 check the box next to the next module. A date will appear next to the module indicating when the module was activated.

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.

Participant stats
Treatments
Files
External messages
Flags
Assessments
Graphs

Sort by  
Assessment Date  
Custom assessments

Assessment battery	Score		Date	Week	Status
Anpassad mätning		<input checked="" type="checkbox"/>			

ocdnet

Assessment battery	Score		Date	Week	Status
Weekly-phq9-gad7[1]		<input checked="" type="checkbox"/>	2018-09-24	39-mo	Completed
Weekly-phq9-gad7[2]		<input checked="" type="checkbox"/>	2018-09-28	39-fr	Completed
Weekly-phq9-gad7[3]		<input checked="" type="checkbox"/>	2018-10-04	40-th	Missed
Weekly-phq9-gad7[4]		<input checked="" type="checkbox"/>	2018-10-12	41-fr	Completed
Weekly-phq9-gad7[5]		<input checked="" type="checkbox"/>	2018-10-25	43-th	Completed
Weekly-phq9-gad7[6]		<input checked="" type="checkbox"/>	2018-10-30	44-tu	Completed
Weekly-phq9-gad7[7]		<input checked="" type="checkbox"/>	2018-11-08	45-th	Completed
Weekly-phq9-gad7[8]		<input checked="" type="checkbox"/>	2018-11-08	45-th	Ongoing
Weekly-phq9-gad7[9]		<input checked="" type="checkbox"/>	2018-11-15	46-th	Waiting
Weekly-phq9-gad7[10]		<input checked="" type="checkbox"/>	2018-11-22	47-th	Waiting

Save

Figure 2.4: Click the paper icon to view responses

## 2.9 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. Questionnaires for each patient are listed in this view, click the paper icon to view responses.

## 2.10 Warning flags

How to manage warning flags from Oskar Flygare on Vimeo.

The ICBT platform will display a *warning flag* next to a patient's name for certain events. The most common flags are due to 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).

Participant: ocdtester [\[close\]](#)  
 The participant is flagged: 

Participant stats | Treatments | Files | External messages | **Flags** | Assessments | Graphs




Date	Flag text	Status	
 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	Closed by Oskar Flygare 2018-09-28 15:24:11 2018-09-28 15:24:11 Talked to patient and everything is cool.
 2018-09-24 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	
 2018-09-28 15:27:03	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 <a href="#">Quick close</a>

Figure 2.5: Click on the pencil to edit a flag.

**Temporary flag text ("stars" the participant)**


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



- Patient has not responded to measurement in time:

**2.10.1 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: 

Therapists should refer to local clinical guidelines when performing suicidality assessments and taking action. We recommend that therapists ask for guidance of their supervisors if there are any uncertainties.

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. Flags are listed under the *Flags* tab, click on the pencil to edit a flag.

**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.



Participant: ocdtester1 [close]

The participant is flagged:

Participant stats

Treatments

Files

External messages

Flags

Assessments

Graphs

Editing flag [close]

Flag text

Answered 2 on PHQ-9 question 9 2018-09-28 15:27:03

Date

2018-09-28

Notes

.

Create note

Suicide risk assessment completed via telephone. Low risk, follow-up next week. /OF

☒ close flag with this note.  
(reflag not possible)

Save

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

Assign participant to therapists	
<input checked="" type="checkbox"/>	Test Therapist 1 [2]
<input type="checkbox"/>	admin
<input type="checkbox"/>	Oskar Flygare [4]
<input type="checkbox"/>	Test Therapist 2 [2]
<input type="checkbox"/>	Test Therapist 3
<input type="checkbox"/>	Test Therapist 4

Save

Figure 2.7: The numbers next to therapists indicate how many patients they are assigned to

## Login

Username

Password

[Login](#)

[I lost my password](#)

Figure 2.8: Patients can click the “I lost my password” text to receive a new password.

## 2.12 Ending treatment

When you have finished a course of treatment using OCD-NET or BDD-NET, there are a few steps to take. They may differ depending on whether treatment ended prematurely or was completed.

- Extend treatment access to the appropriate date in the *Treatments* -> *Treatment Access* tab.
- Prevent sending/receiving messages in the *Treatments* -> *Treatment Access* tab.
- Move the participant to another group, typically **complete** or **did not complete**.
- If treatment ended prematurely: Make a short note of the reason for ending treatment in the temporary flag text or temporary notes area.
- If treatment ended prematurely: De-activate all weekly assessments in the assessments tab by de-selecting them. Please keep the post-treatment assessment active.
- Remove yourself as a therapist. This means that you will no longer see the patient in the *My Participants* overview.

## 2.13 OCD-NET and BDD-NET for patients

We encourage therapists using OCD-NET and BDD-NET to login with one of the test patient accounts to see what the platform looks like for patients. If you have participated in the workshop training, you most likely have a test patient account already.

### 2.13.1 Access

Patients access the platform from the patient-URL, which is different from the therapist URL.

- OCD-NET
- BDD-NET

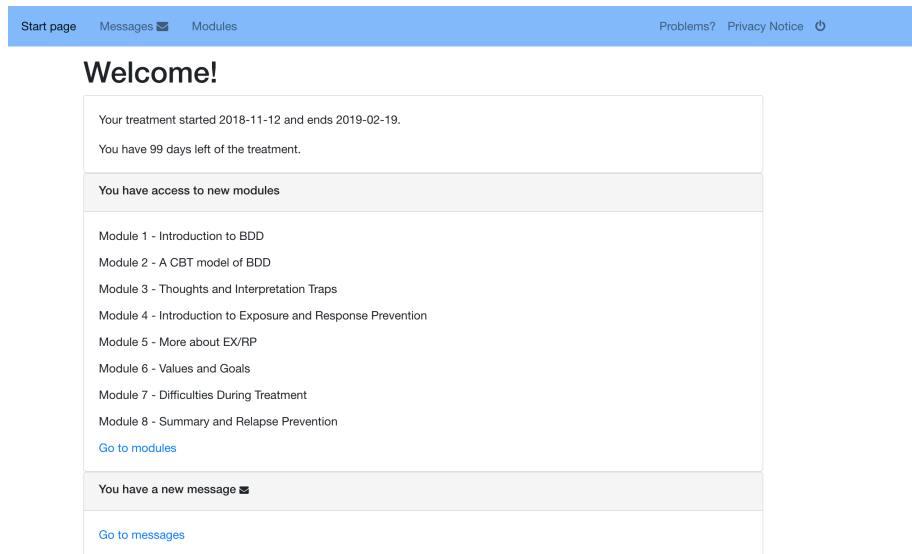


Figure 2.9: Landing page for patients

### 2.13.2 Using the technology as a patient

The landing page for patients includes basic information about the treatment, whether they have been granted access to new modules or have received new messages.

In the menu bar at the top of the page, patients can easily navigate the platform, view treatment content, report problems, and see the *Privacy Notice*.

[Start page](#) [Messages](#) [Modules](#) [Problems?](#) [Privacy](#)

The treatment is structured as modules, and each module contains homework exercises as well as worksheets. Once you have read a module and completed the homework, it is sent to me and I will give you feedback. As you can see, module 1 is already opened and I look forward to your comments!

Again, don't hesitate to contact me if you have any questions.

Best,  
Oskar

Sent by me today 14:17

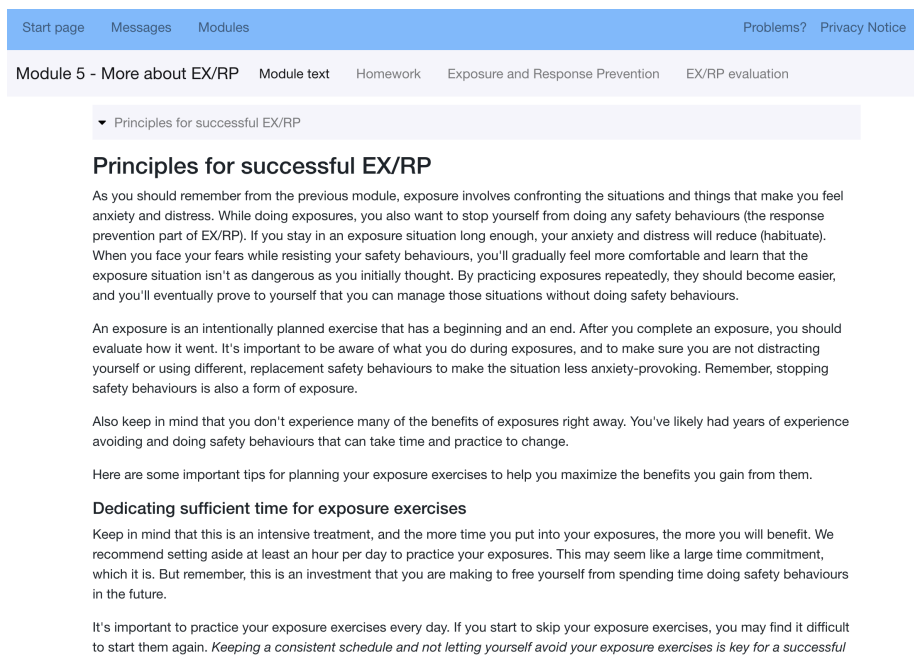
Thank you Oskar, I am hopeful that this treatment will help me fight the BDD. I have tried before but never really made it as far as gaining back control of my daily routines around applying makeup and adjusting my clothes before I leave the apartment.

### New message

Message text

[Submit](#) [Save draft](#)

Figure 2.10: Messages in the patient platform



The screenshot shows a web interface for a patient module. At the top, there is a navigation bar with links: Start page, Messages, Modules, Problems?, and Privacy Notice. Below this is a sub-navigation bar for 'Module 5 - More about EX/RP', with links to Module text, Homework, Exposure and Response Prevention, and EX/RP evaluation. The main content area is titled 'Principles for successful EX/RP' and contains several paragraphs of text explaining the concept of exposure exercises, the importance of consistency, and tips for maximizing benefits.

Start page Messages Modules Problems? Privacy Notice

Module 5 - More about EX/RP Module text Homework Exposure and Response Prevention EX/RP evaluation

▼ Principles for successful EX/RP

### Principles for successful EX/RP

As you should remember from the previous module, exposure involves confronting the situations and things that make you feel anxiety and distress. While doing exposures, you also want to stop yourself from doing any safety behaviours (the response prevention part of EX/RP). If you stay in an exposure situation long enough, your anxiety and distress will reduce (habituate). When you face your fears while resisting your safety behaviours, you'll gradually feel more comfortable and learn that the exposure situation isn't as dangerous as you initially thought. By practicing exposures repeatedly, they should become easier, and you'll eventually prove to yourself that you can manage those situations without doing safety behaviours.

An exposure is an intentionally planned exercise that has a beginning and an end. After you complete an exposure, you should evaluate how it went. It's important to be aware of what you do during exposures, and to make sure you are not distracting yourself or using different, replacement safety behaviours to make the situation less anxiety-provoking. Remember, stopping safety behaviours is also a form of exposure.

Also keep in mind that you don't experience many of the benefits of exposures right away. You've likely had years of experience avoiding and doing safety behaviours that can take time and practice to change.


Here are some important tips for planning your exposure exercises to help you maximize the benefits you gain from them.

#### Dedicating sufficient time for exposure exercises

Keep in mind that this is an intensive treatment, and the more time you put into your exposures, the more you will benefit. We recommend setting aside at least an hour per day to practice your exposures. This may seem like a large time commitment, which it is. But remember, this is an investment that you are making to free yourself from spending time doing safety behaviours in the future.

It's important to practice your exposure exercises every day. If you start to skip your exposure exercises, you may find it difficult to start them again. *Keeping a consistent schedule and not letting yourself avoid your exposure exercises is key for a successful*

Figure 2.11: Module text

[Start page](#) [Messages](#) [Modules](#) [Problems?](#) [Privacy Notice](#) 

Module 5 - More about EX/RP [Module text](#) [Homework](#) [Exposure and Response Prevention](#) [EX/RP evaluation](#)

### Module 5 homework

#### Tasks

- Try practicing exposure and response prevention for two days (practice at least once per day) and report how it went to your therapist using the *Exposure and Response Prevention* and *EX/RP evaluation* worksheets. Remember that the first weeks are when you and your therapist work together to figure out which exposures will likely be the most helpful for you.

#### Questions

Why should people expose themselves to the thoughts and situations that provoke distress? Can't they skip this part of the treatment?

Which principles are important to follow when you practice exposures?

Use this space to discuss your first exposure practice(s). Describe how you thought they went. Did they go as you thought they would, or did you encounter difficulties? Which principles for exposure did you follow successfully? Which principles (if any) were difficult to follow?

Finally, if you are at all uncertain or unclear about the treatment, don't hesitate to make use of your therapist by asking for help and advice. Use the space below for any questions you have. It's better to ask too many questions than too few!

[Submit homework](#) [Save without submitting](#)

Figure 2.12: Homework assignments

Start page Messages Modules Problems? Privacy Notice

Module 1 - Introduction to BDD Module text Homework BDD diary

Tab 1 +

### BDD diary

The BDD diary is your tool to design your personalised treatment plan. You should answer the following questions on a daily basis:

- What have I done today to reduce my anxiety about my appearance?
- What have I avoided today so I wouldn't feel anxious?
- What have I done or brought with me today to feel safe or secure?
- What intrusive thoughts have I had about my appearance?
- What am I afraid will happen if I don't do safety behaviours or avoid certain situations?

In the **Thoughts** column of the worksheet, we ask that you record your answers in the form of if/then statements. The purpose of this is to identify what you are afraid of, and what you do to avoid that fear in the moment. E.g. *If I don't apply makeup on my nose until it feels just right, people will notice it and judge me.*

Situation	Thought(s)	Safety Behaviors/Avoidance
Where? When? This column can include anything you felt triggered worry, thoughts, or feelings of anxiety.	What were you thinking in this situation?	What did you do to reduce your discomfort?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 2.13: Worksheets, patients click the + sign to add new tabs with information

Start page Messages Modules Problems? Privacy Notice

### Are you experiencing problems the website?

If something seems to be wrong with the website, you can report your problems here. Please write a detailed description about the issues that you are experiencing.

Write your description of the problem here

Characters left 2000

Submit

Figure 2.14: Patients can report problems, which will display as a flag in the therapist view





## 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.

### 3.2 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. 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. OCD-NET may also be delivered to patients with any level of OCD symptom severity. OCD-NET is text-based and requires sufficient reading skills and understanding of English. 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.

### 3.3 Who is not suitable for OCD-NET

We recommend that the patient is assessed and managed according to local clinical guidelines as to whether there are indications that OCD-NET may not be a suitable treatment option. In some cases, treatment can be delayed if an

issue is expected to be resolved in a timely manner, for example if a patient will have sufficient time to work on the treatment in the weeks to come. Indications that an individual is not suitable for OCD-NET include:

- Moderate to high suicidal ideations where written contact with a therapist 1-3 times per week is not enough to safely monitor and address risk.
- Expresses low motivation, has attention deficits, or marked lethargy.
- Does not have sufficient time (about 45min/day) to work on treatment.
- Psychosis, bipolar disorder, untreated substance use disorder, or other severe clinical condition that might interfere with treatment.
- Severe depression (e.g., MADRS 35).
- Another ongoing psychological treatment.

### 3.4 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 who have actively requested internet-based treatment when given 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.

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

### 3.5 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 reporting about ERP exercises) which are viewed by their therapist. A patient is ready for the next module once they have demonstrated the key knowledge and skills through homework, worksheets and/or messages to the therapist.

<b>Treatment module</b>	<b>Content</b>	<b>Key knowledge and skills</b>
1. Introduction to the treatment	Introduction to CBT Information about OCD	Identifying obsessions and compulsions
2. A CBT model of OCD	Psychological model of OCD with patient examples	Understanding the role of compulsions in maintaining OCD
3. Thinking mistakes in OCD	Common cognitive biases and unhelpful interpretations of thoughts in OCD	Understanding how interpretations can exacerbate anxiety
4. Introduction to ERP	Goal setting Planning ERP exercises	Understanding the rationale for ERP Setting specific, measurable goals for treatment
5. More about ERP	Best practices in ERP	Understanding why it is important to repeat ERP exercises Gradually increasing the difficulty of ERP exercises
6. Imaginal exposure	Instructions to get started with imaginal exposures	Understanding when imaginal exposure is a useful ERP strategy
7. Re-exposure	Undoing habitual compulsions	Applying re-exposure techniques in ERP exercises
8. Difficulties during treatment	Common problems in ERP Motivation traps	Problem-solving skills for common problems in ERP
9. Long-term goals and values	Increasing valued behaviours Aligning ERP exercises with long term values	Adding valued behaviours to weekly plan

<b>Treatment module</b>	<b>Content</b>	<b>Key knowledge and skills</b>
10. Summary and wrap up	Maintaining progress Relapse prevention	Understanding that improvements can occur after treatment if ERP is practiced continuously

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 at 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 for 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 judgement and discuss with your supervisor.

## 3.6 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](mailto: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?

BDD-NET is a therapist-guided internet-delivered cognitive behaviour therapy that consists of eight interactive modules and focuses on exposure with response prevention (ERP). This means that patients do most of the active treatment work away from their computer or mobile device, for example when they are performing ERP exercises.

#### 4.1.1 Differences between BDD-NET and other psychological treatments for BDD

BDD-NET is based on two existing treatment manuals for body dysmorphic disorder (BDD) (Veale and Neziroglu, 2010; Wilhelm et al., 2013) and includes cognitive as well as behavioural techniques. Exposure and response prevention (ERP) techniques are emphasised in BDD-NET because they provide concrete exercises for patients to complete. Results from the two clinical trials of BDD-NET (Enander et al., 2014, 2016) suggest that ERP is an effective strategy in this guided self-help treatment. Within the ERP exercises, we suggest that therapists maximise inhibitory learning (Craske et al., 2014) by focusing on the new insights that patients get from ERP, rather than habituation.

ERP and other techniques in BDD-NET are most effective in patients with at least moderate insight into their BDD who are ready to try new behaviours. For patients with delusional BDD or those that express low commitment to change, other treatment options should be considered (see chapter 14 in Veale and Neziroglu (2010) for a discussion of these issues).

## 4.2 Who is suitable for BDD-NET

BDD-NET is developed to treat adults with BDD. Patients may have comorbid conditions, for example other anxiety disorders, depression, or obsessive-compulsive disorder. 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. The intended use of BDD-NET is within a stepped-care model where patients are offered low-intensity treatments as a first step, see the NICE-guidelines. BDD-NET is text-based and requires sufficient reading skills and understanding of English.

## 4.3 Who is not suitable for BDD-NET

We recommend that the patient is assessed and managed according to local clinical guidelines as to whether there are indications that BDD-NET may not be a suitable treatment option. In some cases, treatment can be delayed if an issue is expected to be resolved in a timely manner, for example if a patient will have sufficient time to work on the treatment in the weeks to come. Indications that an individual is not suitable for BDD-NET include:

- Moderate to high suicidal ideations where written contact with a therapist 1-3 times per week is not enough to safely monitor and address risk.
- Expresses low motivation, has attention deficits, or marked lethargy.
- Does not have sufficient time (about 45min/day) to work on treatment.
- Psychosis, bipolar disorder, untreated substance use disorder, or other severe clinical condition that might interfere with treatment.
- Severe depression (e.g., MADRS  $\geq 35$ ).
- Another ongoing psychological treatment.

## 4.4 Presenting BDD-NET as an option to the patient

It is important to stress that previous trials of BDD-NET have been conducted on patients who have actively requested internet-based treatment when given 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. Below are aspects that therapists might want to consider before patients start BDD-NET.



#### 4.4.1 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.

#### 4.4.2 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 actively participate in BDD-NET and benefit from the treatment.

#### 4.4.3 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 on a 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 introduce treatment content. 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), and therapists should provide extra support at those points, if needed.

### 4.5 Modules in BDD-NET

Below is an overview of the eight treatment modules. We recommend that therapists look at them from a patient's point of view before starting the first treatment. A patient is ready for the next module once they have demonstrated the key knowledge and skills through homework, worksheets and/or messages to the therapist.

<b>Treatment module</b>	<b>Content</b>	<b>Key knowledge and skills</b>
1. Introduction to BDD and the treatment	An introduction to BDD Introduction to the treatment content	Identifying safety and avoidance behaviours
2. A CBT model of BDD	Psychological explanation of the link between thoughts, emotions, and behaviours	Understanding how safety and avoidance behaviours maintain BDD
3. Interpretation traps	Common cognitive biases in BDD	Understanding how interpretations can exacerbate anxiety
4. Introduction to ERP	Goal setting and planning of exposure with response prevention	Understanding the rationale for ERP Formulating specific and measurable goals for treatment Planning a first ERP exercise
5. More about ERP	Doing and evaluating ERP exercises	Doing ERP Understanding the importance of repeated ERP exercises
6. Values and Goals	Identifying and acting in accordance with personal values	Adding valued behaviours to weekly plan Understanding the difference between values and goals
7. Difficulties during treatment	Strategies to deal with common difficulties and setbacks	Problem-solving skills around common difficulties in ERP
8. Summary and Relapse Prevention	Treatment summary, evaluation of treatment, and designing a relapse prevention plan	Understanding that improvements can happen after treatment Understanding the role of continuous ERP in maintaining progress

The emphasis is on doing exposure with response prevention (ERP), which we view as the main component of BDD-NET. We suggest that therapists encourage patients to progress through the first three modules as fast as possible (preferably in two weeks or less), check that they have understood the rationale for ERP, and then start doing ERP. Once patients are doing regular ERP-exercises, therapists 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.

## 4.6 Closing remarks

The strategies outlined here should be viewed as the first building blocks in becoming an effective ICBT therapist using BDD-NET. As in regular clinical practice, we recommend continuous supervision and that therapists discuss difficult cases with colleagues.

We strive to continuously update and improve this material and would appreciate any feedback. You can reach us at [ocdnet.support@webcbt.se](mailto: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 therapists 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, and give examples on effective messages in different scenarios, below.

### 5.1 Support messages

Therapists should write to patients on their first day in treatment, introduce themselves (if they have not been in contact before) and present the treatment. For example, therapists can give instructions on how to navigate the platform, how much time the patient should spend on the first module, and how to contact mental health services in case of an emergency.

Click to read an example of the first message sent to a patient

*Welcome to the treatment!*

*My name is Oskar and I will be your therapist during the 12 weeks that you are in treatment. You can write messages to me whenever you have questions or want to discuss the treatment content. I check the platform every day and will respond as quickly as I can.*

*The treatment is structured as modules, and each module contains homework exercises as well as worksheets. Once you have read a module and completed the*

*homework, it is sent to me and I will give you feedback. As you can see, module 1 is already opened and I look forward to your comments!*

*Again, don't hesitate to contact me if you have any questions.*

*Best, Oskar*

Here is another example

Hello [NAME],

Welcome to the online platform OCD-NET with [SERVICE]. My name is [NAME] and I am a CBT therapist in the service. I will be supporting you through your program.

I will log into OCD-NET twice every weekday to review your progress, provide feedback and give you guidance. I will also review the homework tasks that you have been set and answer any questions you may have in regards to the program.

The more active you are on the program and the more that you share with me, the more feedback I can provide for you. This way, the program can be more customised to your difficulties, helping you to manage better.

The more time you spend on the program, the more benefits you will gain from it. We recommend spending at least 45 minutes every day on the program. This usually means completing one module per week. Modules consist of text information, as well as homework assignments and tasks to complete.

I will be available twice a day every weekday throughout the duration of the ten week program, so try to log in regularly to make the most of that support. After the ten weeks, the program will be available to you for 100 days without the support.

Please be aware that if you are not active on the program for more than 20 days, we will consider this as non-attendance. In order to maintain the quality of our service we are unable to accommodate repeated non-attendance and may have to close your file with the service.

Sometimes there may be a need to contact you by telephone, for example if we have any concerns about your safety or if you request to be contacted by phone.

For the first week, I would like you to complete module 1. This module should already be open for you to access.

If you have any questions or need any further support, please do not hesitate to send me a message on OCD-NET. You can also reach me at [EMAIL].

Best wishes,

[NAME]

We recommend that therapists check and respond to messages at least once per day. Patients in the studies on BDD-NET and OCD-NET have all received

responses within 24 hours on weekdays. We believe that the frequent feedback from a therapist is important to keep patients engaged in the therapy throughout treatment.

### 5.1.1 Keep your messages short

Messages should be concise and to the point but still using a personal touch. The main aim is to provide encouragement and reinforce key behaviours in the treatment, such as entries in the OCD/BDD diary and performing ERP exercises.

There are some exceptions to this rule. Therapists are advised to write longer messages when needed: to highlight examples in the diary that are informative and relate these to the CBT model of OCD/BDD, or to provide encouragement by linking ERP exercises to a patient's long-term goals and values.

### 5.1.2 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 for patients. Our standard procedure is to contact patients at least twice weekly, but more often when needed. For example, therapists 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. This is perfectly fine; some patients benefit greatly from the ICBT treatment without the therapist support.

Click to read an example of a short message that is highly encouraged in OCD-NET and BDD-NET

*Hi! I'm just checking in to follow-up how your exposure exercises have gone so far. Please let me know, I look forward to hearing from you. I will be checking in later today!*

### 5.1.3 What to include in support messages

We recommend that therapists begin by summarising the content in the patient's message and validate concerns and/or struggles they may have mentioned. Therapists should then address and provide feedback on specific treatment activities (completing content on the platform or practising skills from treatment in their daily life), with an emphasis on positive reinforcement and encouragement. An effective ending typically includes a suggestion of next steps, encouragement to continue with planned exercises, a question, or a call to action.

---

**What to include in support messages**


---

Summarise the main points or questions of the patient's message  
 Validate concerns and/or struggles mentioned  
 Provide positive feedback and encouragement on engagement with the treatment and practice of treatment skills  
 End with a call to action, suggestion of next steps, or a question

---

Click to read a typical answer to the first module in OCD-NET

*Thank you for completing the first module. You have answered all the questions correctly and given an accurate description of OCD. Well done!*

*Your most important task for the coming week is to fill in the OCD diary each day. This is where you lay the foundation for the active treatment phase that will begin later. Filling out the OCD diary can sometimes provoke anxiety, but please remember that it is a necessary first step on your way to lasting changes in your life.*

*I have unlocked module 2 for you now. I look forward to working together during the coming weeks!*

Click to read a typical answer to the first module in BDD-NET

*Great answers to the questions in module 1! You write that you recognise your own experience in the examples given, which is a sign that this treatment is a good fit for you. In the first modules, we provide information about BDD that might be obvious for someone who has first-hand experience of the condition. Still, it is useful to know about the perspective we will have in this treatment. You will learn more about the psychological model of BDD in the next module.*

*Again, good job on module 1! I have opened up the next module and look forward to hearing back from you soon.*

## 5.2 Promoting hands-on ERP exercises

The most important task for therapists is to reinforce approach behaviours and active engagement with the treatment content. It's preferable that patients learn key concepts and techniques through practice; a completed exposure is better than waiting for the perfect exposure.

Therapists should be cautious about providing too much information and detailed feedback at the expense of actionable advice that patients can put into practice. For example, a lack of clarity in an ERP exercise or choosing the wrong ERP exercise could result in the patient getting stuck and asking questions. A therapist could then address both the uncertainties and promote behaviour change through ERP by suggesting a variation of the ERP exercise or suggesting a new one. This is likely to be a more effective strategy compared to



just addressing the questions one by one without linking them to ERP exercises or behaviour change. Wrinkles can be ironed out along the way.

## 5.3 Reinforcing progress

Therapists are advised to provide lots of encouragement when patients complete core activities in ICBT such as the OCD/BDD diary and performing ERP exercises. It is helpful to clarify how these activities contribute to the patient's long-term goals, to repeat main takeaways from the modules, and to communicate in a personal tone in order to avoid rigid responses. For example, we often give personal examples of intrusive thoughts (preferably bizarre ones) in order to show that having unwanted thoughts is not dangerous.

Click to read an example of a therapist response that reinforces progress in module 3

*Hi! It's great to see that you work through the material so quickly and are eager to get started with exercises!*

*It's clear to me that you have embraced the CBT-perspective on thoughts: it is not the thoughts themselves but how we **interpret** those thoughts that matters. The problems occur when we respond with compulsions and other behaviours in response to the intrusive thoughts, which reinforces the thoughts.*

*In this treatment, we will not try to change the thoughts themselves, for example by trying to disprove them. Obsessive thoughts resist logic and will not disappear just by arguing with yourself. Rather, the goal is for you to gain new experiences by responding differently to the obsessive thoughts.*

*Great work on module 3, I have granted access to module 4. Good luck and please reach out if you have any questions!*

Click to read an example of a therapist encouraging a patient to accept their obsessive thoughts

*Hi X! Trying to avoid or fight your obsessional thoughts usually backfires. These strategies intensify the obsessions and keep you convinced that these thoughts are more harmful, dangerous, and important than they really are. You become stuck in a vicious cycle.*

*My suggestion is that you try to accept your obsessive thoughts. Strive to accept the thought "what if I flirted with that person?" and accept the possibility that you might have flirted. Don't try to debate or argue with your obsessive thoughts. By accepting the thought, you might conclude that "yes, I might have flirted with several people, I have to accept that possibility."*

*This is not an easy thing to do, and our automatic response is usually to argue with our thoughts. But if you constantly try to argue or debate with your obsessive thoughts—or in any other way try to make them go away—they will find a way*

*back sooner or later. Try to let your obsessive thoughts exist along every other thought and accept that they occur from time to time. What do you think?*

## 5.4 Common clinical issues

This list is based on our clinical experience of developing and working with ICBT for OCD and BDD. We will update the list when we become aware of other common issues, so please discuss difficult cases with your colleagues and in supervision. If you want to make us aware of a common clinical issue not listed below, send an email to [ocdnet.support@webcbt.se](mailto:ocdnet.support@webcbt.se).

### 5.4.1 Patients who ask many questions

Asking questions to get reassurance is a common strategy for anxiety reduction in both BDD and OCD. Therapists should therefore expect more frequent questions from patients when anxiety levels are likely to be high: in the beginning of treatment (when they learn more about their OCD/BDD), and when they are about to start ERP exercises. For example, it is common for patients to ask whether their OCD/BDD beliefs are realistic or not, and whether a particular ERP exercise is safe to do. When this is the case, we recommend that therapists validate the anxiety patients feel when they challenge their OCD/BDD, but that they refrain from providing reassurance.

Click to read a therapist response when a patient asks if just talking about the obsessions means that the feared outcome is likely to happen

*Hi! First of all, excellent work on filling out the OCD diary. This is a cornerstone in treatment and gives you important information for when you plan and do exposure exercises. Keep it up!*

*You write that thinking about the obsessions makes them stronger and it feels like you will go crazy from the anxiety. You are not alone in this, and I understand that having more obsessions than usual is very stressful when you are doing a lot of behaviours to avoid having them.*

*Sometimes this can occur when we try to suppress the thoughts, or force them out of our mind by trying to focus on something else. However, this strategy often makes the obsessions even stronger in the long-term, since you are constantly reminded of what you are trying to avoid, and you act as if the obsessions are dangerous. Do you recognise this scenario?*

*We propose a different perspective in this treatment: that we treat the obsessional thoughts as any other thought, and that we, rather than trying to control or suppress our thoughts, accept that our brain sometimes produces unpleasant thoughts that are nonetheless harmless. You will read more about this in modules 2 and 3. I have opened up module 2 now and look forward to hearing what you think!*

Click to read an example of a therapist writing about his own bizarre thoughts

*Hi X! It's impossible to **not** think certain thoughts. It is likely that you will always have intrusive sexual thoughts about people close to you. It's part of being human and I want to remind you to accept that you have those thoughts from time to time. As soon as you try to argue with your thoughts or try to analyse them you will be trapped and the thoughts will be disturbing.*

*Every morning when I walk my daughter to school, I get an intrusive thought that I might throw her off a bridge. I can't avoid thinking these thoughts, and I know that if I start to argue with them or try to make them go away, they will return and become more disturbing. So instead I accept them and let them exist among my other, more neutral or positive, thoughts. This is what I want you to try from now on!*

*You have done a great job on the exposures these past days and I think that the content in module 9 will be helpful for you.*

Other times, there is genuine confusion about the point of a particular ERP exercise or the content in a module (most common in the modules about interpretations). When this is the case, make sure that the patient has learned key skills and takeaways needed for ERP: understanding the CBT model and the role of safety behaviours/compulsions in maintaining the disorder, the rationale for ERP, having specific and measurable goals, and having a plan for ERP exercises. Once these foundations are in place, therapists should encourage patients to get started with ERP and adapt exercises as they go along.

Click to view an example of a therapist explaining the rationale for imaginal exposure

*Imaginal exposures are a bit special, the point is not for you to **not** have an emotional reaction to the thoughts. These aggressive thoughts are unpleasant for anyone, and it is likely that you will always experience the thought as repugnant. Rather, the point is for you to practice to let the thought exist without acting on it. By working on imaginal exposures, you accept that you will have unpleasant thoughts from time to time and that you don't need to act on them. The thought is unpleasant but you can let it exist anyway. We are not able to control our thoughts and trying to do so usually backfires. Imaginal exposure presents another way to relate to your unpleasant thoughts.*

### 5.4.2 Patients who struggle with ERP exercises

Behaviour change is difficult, and when patients start to challenge their OCD/BDD with ERP they are likely to experience the exercises as difficult at some point. In fact, a patient that never has any difficulties in ERP is likely not doing exercises that are challenging enough!

There are entire modules dedicated to common difficulties during treatment, and therapists can refer to the text in those modules for suggestions on how to

respond when patients experience difficulties. We recommend that therapists open up the module on common difficulties if the patient's concern is addressed in the module, even though the patient has just reached module 5.

Click to read an example of a therapist response when a patient has expressed worry about doing the right ERP exercises

*Hi, excellent work so far! Having thoughts about not doing the right ERP exercises is something that most patients experience at one point or another. This is to be expected and something that your brain does when you perform ERP. You can view them as one type of obsessive thoughts that we deal with in the same way we deal with all obsessive thoughts: we let them exist and leave them alone.*

*(Gives a few suggestions of ERP exercises—previously listed in the exposure hierarchy—to be performed the same day.) Perhaps you could do one of these exercises today? I look forward to hearing about how it went!*

Click to read an example therapist response when a patient feels like an exposure exercise is too difficult

*Hi, thank you for reaching out! You are now in the active phase of treatment where most of the progress happens, and by doing exposure exercises you are giving yourself the best possible chances of getting better. Keep it up!*

*You mentioned that you had to stop the exposure earlier than planned because the anxiety was stronger than you had anticipated. This is part of the trial and error phase when you are just getting started with exposure exercises. There's lots of valuable information here: you have learned more about the triggers of your most distressing obsessions and you know which compulsions are the hardest to resist.*

*Let's think about the next steps. An idea that comes to mind right away is that, next time, you can apply the re-exposure technique if you find it difficult to resist the compulsions in the moment. Another option would be to do an easier exposure next time and try to resist your compulsions for a longer time. What are your thoughts, do you have a strategy for your next exposure? I look forward to hearing from you and am happy to help you plan the next exposure!*

### 5.4.3 Low engagement

The best way to deal with low engagement is to prevent it from happening to begin with. Strategies to prevent low engagement include:

1. Writing frequently (especially in the beginning of treatment in order to keep up momentum)
2. Focusing on encouragement in written messages
3. Promptly calling patients that do not respond to messages
4. Providing 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 have stopped working with the treatment or have given up on the treatment. Some inactive patients are doing a lot of treatment work in their daily life but do not report this spontaneously to their therapist.

#### 5.4.4 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 therapists encourage any small steps the patient takes and that they prioritise ERP exercises over reading additional modules.

If a patient is completely unable to work on the treatment right now, ask him/her if it is possible to delay the start of treatment. The 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 treatment is delayed, it is still possible to achieve a significant improvement provided that the patient works with the treatment intensively during the remaining weeks.

Click to read a therapist response when a patient writes that they might not have time to work on the treatment

*Hi, thank you for reaching out. It sounds like you have a hectic schedule right now and I understand that it might be difficult to find time for the treatment with everything that is going on.*

*Our recommendations regarding the pace to complete modules is what we have learned works for most people, but it is not a one-size-fits-all. You can complete the treatment at a pace that suits you!*

*The treatment lasts for 12 weeks, and after that you will no longer be able to write to me on the platform. Even if you don't complete all the modules during this time, you can still learn the key insights from modules 1 and 2, and try a few exposure exercises in modules 4 and 5. This will give you a good start when continuing to work towards your long-term goals. Keep in mind that the treatment materials will be available for one year after the active treatment phase, giving you plenty of time to implement the strategies in your life.*

*How does that sound? Can you commit to reading the core modules and trying a few exposure exercises during the treatment period? Perhaps you can schedule time to read the next module in the week to come?*

#### 5.4.5 Scepticism about ICBT

Some patients may be sceptical about ICBT in general or about their ability to complete a remote treatment without face-to-face support from a therapist. We recommend that therapists validate and acknowledge that these concerns are common early in treatment and, importantly, help sceptical patients experience *early wins* by starting with swift and easy ERP exercises.

Click to read an example response to a patient who is ambivalent towards CBT

*Hi X! I notice that you are ambivalent about doing this treatment and that you have some doubts whether CBT will really help you. First of all, I really appreciate that you are honest about this!*

*It is completely normal to be ambivalent early in the treatment. Most people feel that their rituals are excessive and out of control, but still worry that a disaster might happen if they stop doing them. Others might be afraid that they will be asked to do absurd things in treatment. Another reason for being ambivalent is not feeling like you have enough time to devote to treatment. If one or more of these apply to you, know that others who have ended up benefitting greatly from the treatment have also been ambivalent.*

*Overcoming OCD/BDD is challenging, and you will have to face your fears and reduce (or stop) your rituals at some point. But it's worth it. The anxiety and fear provoked by the treatment are temporary side effects, and they don't have any long-lasting harmful consequences. If you engage with this treatment, you have a good chance of reclaiming control and freedom in your life.*

*My role as your therapist is to support you throughout treatment, and I want to stress that **you** are the one in the driver's seat. You decide which goals are important, and you will do the work to get better. I therefore ask that you give this treatment a chance and do your best to follow the instructions, because then you will be giving yourself the best possible chances of getting over your OCD/BDD.*

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 very sceptical about ICBT will probably not benefit from this treatment modality. Alternative formats and treatments are probably better options in these cases.

#### 5.4.6 Perceived external pressure

Some patients are pressured to come for an assessment, typically by a close relative or, in the case of BDD, sometimes by a cosmetic surgeon. Patients who are under external pressure to undergo treatment should not be selected for ICBT treatments such as OCD-NET or BDD-NET, since these treatments require self-guided exposure exercises to be effective.

#### 5.4.7 Deterioration in symptom measures

A deterioration in symptom measures can sometimes occur when patients start doing ERP exercises and this is usually not an issue if symptoms are reduced in the following weeks. If symptom levels remain high despite frequent ERP exercises, share this information with the patient and discuss what might explain this pattern. We list some common explanations below.

Reason for increased symptoms	Proposed solution
Subtle avoidance or safety behaviours during ERP	Help the patient identify and remove these by probing mental safety behaviours: <i>What goes through your mind as you do ERP, are you trying to manage your anxiety in any way?</i>
Lack of habituation despite proper ERP	Suggest longer ERP exercises or variations of the same ERP exercise Ask for other signs of improvement: <i>What have you learned from staying in the situation? Have you been able to continue doing valuable things despite having anxiety?</i>

## 5.5 Ending treatment prematurely

### 5.5.1 Due to inactivity

We recommend that patients who have been inactive for **20 days** end treatment. However, the treatment platform will create a flag after 7 days of inactivity to alert therapists. Before ending treatment, there are several steps that therapists can take to avoid long periods of inactivity.

#### When the inactivity flag appears:

- Ensure that SMS reminders are working properly: Do you still have the correct number? Are the text messages being sent?
- Check previous messages: Has the patient indicated in a previous message that they will be away? Do they have a plan for how to work on treatment while being away from a computer?
- Write a message on the platform where you encourage the patient to log onto the platform and report their progress in treatment.
- Wait 4 days.

#### 4 days after inactivity flag:

- Make a telephone call to the patient. If no response, write a text message with information about when you will call. Then try at the indicated time.
- Send a letter to the patient with instructions to log onto the platform. Inform the patient that treatment will end prematurely if the patient is inactive for 20 days.

#### After 20 days of inactivity:

- Check that the assessment dates are correct.
- Write one more message to the patient where you inform them that the treatment has ended and ask that they complete assessments.
- Move the patient to “post-assessment” group.

### 5.5.2 Increased suicidality or self-harm

Patients who express ongoing suicidal thoughts or have ongoing self-harm behaviour should be referred to treatments with more intensive monitoring and are generally not recommended to start ICBT. However, some patients who undergo CBT for OCD and BDD express a short-term increase in suicidal ideation or self-harm behaviour while in treatment.

If this is detected either through patient-therapist messages or in weekly measurements, we recommend that therapists follow local guidelines to assess and manage risk. If a patient requires more intensive monitoring, recurring telephone assessments can be added while continuing with the treatment. In other cases, treatment will need to be ended prematurely in order to manage the increase in suicidality.

### 5.5.3 Other reasons

A patient may request that they end treatment early for another reason than the two outlined above. Our recommendation is that therapists encourage patients to continue if they express common difficulties (e.g., struggling with the first ERP exercise or sceptical of OCD-NET/BDD-NET prior to trying ERP for the first time). Most of these difficulties can be resolved within a week or two with increased therapist support. Seek supervision when necessary.

**If a patient asks to end treatment early, call them. Go through the following points in the call:**

- What is the reason, are there any misunderstandings about the treatment that you can clarify? Are they concerned about not doing well enough in the treatment? See if you can motivate the patient to at least try a few exposure exercises.
- Does the patient feel that the treatment does not address their main concerns? See if you can understand what type of help the patient wants and assess whether the ongoing treatment is likely to address that.
- Is the patient likely to benefit from the treatment if they perform key behaviours (e.g., exposure with response prevention)? If not, it is advisable to end treatment early rather than complete the full duration.

You may come to the conclusion that the treatment is not suitable for the patient



(see the list in the OCD-NET and BDD-NET manuals), or that the patient is unlikely to benefit from OCD-NET or BDD-NET. Weekly assessments should then be de-activated on the platform, but keep the post-assessment as is. If no further action is necessary, inform the patient that they will be asked to return to the clinic for a post-assessment after the treatment period is over. See more detailed instructions in Ending treatment.



## 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](mailto:ocdnet.support@webcbt.se) and ask for assistance.

#### 6.1.1 Forgotten username or password

How to reset participant password from Oskar Flygare on Vimeo.

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

#### Login

Username	<input type="text"/>
Password	<input type="password"/>
<input type="button" value="Login"/>	
<a href="#">I lost my password</a>	

This request will trigger a ? symbol next to their name in the participant overview. Navigate to the patient in question and the *Participant stats* tab. Click the *Send password link* button. This sends an email or text message to the patient where they can select a new password.

**Password**

Participant has a password. Last password change: 2020-06-05 09:40

Clear password

Change password

Send password link

Figure 6.1: Send password link button

## Send update password link

Links are valid for 48 hours.

User has been sent a password link that is valid until 2020-06-07 09:50. If you send a new link, the old link will become unusable.

Send by Email: oskarflygare@gmail.com

Subject

Subject

Message

{LINK}

Characters left 960

Send password link

Figure 6.2: The {LINK} in the email body includes the generated link

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

### 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 there are no errors in the username!

- URL is <https://ocdnet.webcbt.se> for OCD and <https://bddnet.webcbt.se>

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](mailto:ocdnet.support@webcbt.se) containing the following information:

- Username
- Full name
- e-mail
- Phone number

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

### 6.2.2 Forgotten password

Send an email to [ocdnet.support@webcbt.se](mailto:ocdnet.support@webcbt.se) using the NHS-email that was used at registration, and request a password change. We will then generate a new temporary password that is used once, and you will be requested to change the password upon login.

### 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 us know by sending an e-mail to us at [ocdnet.support@webcbt.se](mailto: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

# Workshop material

Use this page to complete the workshop for OCD-NET and BDD-NET. In the workshop, you will use the platform as both therapist and patient in order to familiarise yourself with the platform. If you get stuck anywhere along the way, ask one of the trainers or look for help material on this site!

Our support email is [ocdnet.support@webcbt.se](mailto:ocdnet.support@webcbt.se).

### 7.1 Registration for therapists

Go to this link and fill out your contact details. We will create an account for you.

### 7.2 Quick links

- [Therapist-login](#)
- [Patient-login OCD-NET](#)
- [Patient-login BDD-NET](#)

### 7.3 Workshop overview

We will begin by introducing the technology and the treatments. You will find written information regarding OCD-NET and BDD-NET in their respective treatment manuals on this site.

After the introduction, it's time to practice using the treatments as both therapist and patient. You will practice in pairs, where one is a patient and the other

is a therapist. You will use your real therapist account and create test patient accounts to use in the workshop.

You will work through common scenarios together, one acting as patient and the other acting as therapist. When you have completed the scenarios you change roles.

## 7.4 Preparations

### 7.4.1 Create patient account

Navigate to the **Participant search** tab on your left. At the bottom of the participant list, there is a button to create a participant, select **ocdnet** as the project.

You will now be taken to another page where you are asked to provide basic information about the participant. You will need the following:

- Login: This is the username. Use your own name followed by “TEST”, for example janedoeTEST
- First name: Enter a first name, anything goes
- Last name: Enter a last name, anything goes
- Group: Select **Test patients**
- Password: Click “Change password”, then **copy the generated password**, click “Change password in the pop-up window
- Temporary flag text: **Paste the password** and click “Save” at the bottom of the page.
- Assign your colleague as the therapist, click “Save” again

### 7.4.2 Activate the first module and measurements

- Click on the **Treatments** tab and choose OCD-NET at the “Connect treatment” button. The page will now load the options for treatment access.
- Select today’s date at “Treatment start” and click **Save**. The checkbox under “Accessible” should now indicate that Module 1 is accessible from today’s date.
- Click on the **Assessments** tab and select today’s date on the first row for “Weekly-phq9-gad7”, then **Save**.
- The status for the first weekly assessment should now be “Ongoing” and the status for the other measurements should be “Waiting”.

All set! You can now swap login credentials for your patient account with your colleague. If you need a reminder of the username and password, navigate to the **Participant stats** tab.



## 7.5 Scenario 1 - first day in therapy

In this scenario you'll practice several of the core tools in therapy: sending messages, homework assignments, and worksheets.

Scenario 1 for therapist

- The patient is supposed to fill out the homework assignment and the OCD diary
- Write a first message to the patient where you welcome them to the treatment. **Go to Treatments -> Participant messages to write your message**
- Navigate to **Treatments -> Treatment access** and wait for module 1 homework. You will need to refresh the page when your partner has answered the homework.
- Click *Show*, look at the answers, and close the window. Click *Mark as reviewed*.
- The patient has some questions regarding the OCD diary. Navigate back to **Treatments -> Participant messages** to read their questions and answer.
- The patient will now fill in the OCD diary. Worksheets work the same way as homework assignments, so repeat the above procedure.

**Scenario 1 is complete!**

Scenario 1 for patient

- Log onto the platform using your patient credentials.
- You will see two questionnaires. Fill them in, and make sure to indicate **more than half the days OR nearly every day on item 9** ("Thoughts that you would be better off dead...") on the PHQ-9.
- Once you have completed the questionnaires you will enter the treatment platform. Navigate to module 1 and scroll through (just to get a sense of what the platform looks like)
- Give answers to the module's homework questions. You can write anything here.
- You are instructed to fill out the OCD diary, but you have some questions... Write a message to your therapist and ask for clarification.
- When you receive an answer from your therapist, write something in the OCD diary and save.

**Scenario 1 is complete!**

## 7.6 Scenario 2 - progressing in therapy

When the patient has completed a module, we give access to the next module and write a short message to encourage further progress through the treatment.

## Scenario 2 for therapist

- Your patient has now completed module 1. Let's give them access to the next module!
- Go to **Treatments** -> **treatment access** and click the checkbox on the row for Module 2. Click **Save**.
- Navigate to **Treatments** -> **participant messages**, write a short message to the patient. We typically give positive feedback on the previous module and introduce the next module. We also indicate the expected time to complete the module.
- Review homework assignments and worksheets for modules 1 & 2, navigate to **Treatments** -> **treatment access** to view them.

**Scenario 2 is complete!**

## Scenario 2 for patient

- The therapist will give you access to module 2, check it out!
- Answer the homework questions for module 2
- Fill out something in the OCD diary and CBT model
- Write an answer to the message from the therapist
- You have noticed that something is not working properly on the platform! Click the **"Problems?"** button and write something.

**Scenario 2 is complete!**

## 7.7 Scenario 3 - managing flags

You have now tried the basic functions of the platform. For some patients, this will be everything you need to use. One of the more advanced features of the platform is a flagging system, which will react to certain events by displaying a symbol next to the patient in the participant list.

## Scenario 3 for therapist

- Open up the remaining modules so that your colleague can view the full treatment. Navigate to **Treatments** -> **treatment access** and click the checkbox for all remaining modules.
- Close the patient and navigate to **Participant search** in the left-hand menu on the screen. This is a list of all the participants registered in the OCD-NET/BDD-NET project.
- If you prefer, you can filter out your own patients by clicking **Selection** -> **My participants** at the top of the screen.
- You will see that your patient has two flags next to the "last login" column. Hover over the flags to learn more about them.
- Now it's time to manage them. **Click on the pencil** at the far left of the table display to edit that specific participant.

- Navigate to the **Flags** tab to view the flags. Select the error report flag by **clicking the pencil** to the right
- When patients report errors, you will need to review them in order to determine whether there is a misunderstanding or easy fix that you can help them with, or something more complex that you need to escalate to ocdnet.support@webcbt.se. See more information regarding common technical issues at the *Technical support* chapter on this site.
- Let's now pretend that it was a simple problem about navigating the site. You'll then create a note where you comment on actions taken (in this case, sending a message to the patient where you clarify how they can navigate the site). Select **close flag with this note** to remove the flag, then **click save**.
- (In a real treatment, you would now send a message to the patient with your answer to the error report)
- Close the participant to go back to the Participant search overview. The flag should no longer display.
- Let's now manage the other flag regarding suicidality. Go back to the **Flags** tab for that patient.
- You see another symbol (a warning triangle with an exclamation mark) that indicates that the patient has answered item 9 on the PHQ-9 with "more than half the days / nearly every day".
- Open the flag by **clicking the pencil**, write a note about actions taken, and select **close flag with this note**, then save.
- Perhaps you need to do a follow-up with the patient a few days later? A good way to display such information is to create a temporary note that "stars" the patient. Navigate to the **Participant stats** tab.
- Below the User Information there's a text box that says "Temporary flag text ("stars" the participant)". Write a note about actions to be taken, e.g. *telephone assessment for suicidality on March 31st, follow-up by April 3rd*,
- Click **save** on the bottom of the page. Close the participant and go back to the **Participant search** overview.
- There's now a star next to the "Last login" column, if you hover over it you can read your comment. This will give you an easy overview of actions to be taken for different patients. Once you remove the text in the **Participant stats** tab the star will disappear.

### Scenario 3 is complete!

#### Scenario 3 for patient

- You are given access to all the remaining modules so that you can look through the content and familiarise yourself with the OCD-NET/BDD-NET treatment. Feel free to fill out a few worksheets and homework assignments as well.

### Scenario 3 is complete!

Now switch roles and complete the scenarios from the other perspective.

## 7.8 Additional functionality

Good job! You have now completed the basic walkthrough and have seen the functions that will be used in most treatments. Now let's look at some additional things that are useful to know as a therapist.

### 7.8.1 Questionnaires

Throughout treatment, your patients will be assigned questionnaires. You can view them at the **Assessments** tab. If you would like to see detailed information regarding a particular assessment, click the icon that looks like documents on that row. You'll see the total score for common instruments like the PHQ-9 and GAD-7. You can also see the responses to each question. Responses over time are presented as line graphs in the **Graphs** tab.

You might have to adjust the dates for assessments if, for example, a patient is delayed in the start of treatment. If you do, note that the weekly assessments are linked so that later assessments will also be adjusted if you change one of them.

### 7.8.2 My settings

You can change your own settings at the **My settings** tab in the left-hand menu.

- Email: Add or change the email address associated with your account. You may choose to receive notifications this way.
- SMS number: This is the number that receives a temporary login code for the two-factor authentication. Choose a telephone that you have nearby whenever you want to access the platform.

You can also choose to have SMS/email sent to you when one of your participants write a message.

## 7.9 I'm done. What now?

- Read the chapters on OCD-NET and/or BDD-NET therapist manual to get an in-depth take on how we use the technology in treating OCD and BDD. In particular, the sections on modules will be informative for new users.

- Read the chapter *Being an effective ICBT therapist* for best-practice guides in internet-delivered therapy and our thoughts on common clinical issues.
- Read through the modules from a patient perspective in order to get a good grasp of the treatment content.

Please answer a short survey about the workshop: <https://tinyurl.com/ocdnet-form>

---

Do you have suggestions for how to make this workshop better? Please send us an e-mail at [ocdnet.support@webcbt.se](mailto:ocdnet.support@webcbt.se) or talk to us in person! We are training therapists at several locations and want to improve the workshop along the way.



## Chapter 8

## References





# Bibliography

- Andersson, E., Enander, J., Andrén, P., Hedman, E., Ljótsson, B., Hursti, T., Bergström, J., Kaldø, V., Lindefors, N., Andersson, G., and Rück, C. (2012). Internet-based cognitive behaviour therapy for obsessive-compulsive disorder: A randomized controlled trial. *Psychological Medicine*, 42(10):2193–2203.
- Andersson, E., Hedman, E., Enander, J., Radu Djurfeldt, D., Ljótsson, B., Cervenka, S., Isung, J., Svanborg, C., Mataix-Cols, D., Kaldø, V., Andersson, G., Lindefors, N., and Rück, C. (2015). D-Cycloserine vs Placebo as Adjunct to Cognitive Behavioral Therapy for Obsessive-Compulsive Disorder and Interaction With Antidepressants: A Randomized Clinical Trial. *JAMA Psychiatry*, 72(7):659.
- Andersson, E., Ljótsson, B., Hedman, E., Kaldø, V., Paxling, B., Andersson, G., Lindefors, N., and Rück, C. (2011). Internet-based cognitive behavior therapy for obsessive compulsive disorder: A pilot study. *BMC Psychiatry*, 11(1).
- Andersson, E., Steneby, S., Karlsson, K., Ljótsson, B., Hedman, E., Enander, J., Kaldø, V., Andersson, G., Lindefors, N., and Rück, C. (2014). Long-term efficacy of Internet-based cognitive behavior therapy for obsessive-compulsive disorder with or without booster: A randomized controlled trial. *Psychological Medicine*, 44(13):2877–2887.
- Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., and Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behav. Res. Ther.*, 58:10–23.
- Enander, J., Andersson, E., Mataix-Cols, D., Lichtenstein, L., Alström, K., Andersson, G., Ljótsson, B., and Rück, C. (2016). Therapist guided internet based cognitive behavioural therapy for body dysmorphic disorder: Single blind randomised controlled trial. *BMJ*, page i241.
- Enander, J., Ivanov, V. Z., Andersson, E., Mataix-Cols, D., Ljótsson, B., and Rück, C. (2014). Therapist-guided, Internet-based cognitive-behavioural therapy for body dysmorphic disorder (BDD-NET): A feasibility study. *BMJ Open*, 4(9):e005923.

- Enander, J., Ljótsson, B., Anderhell, L., Runeborg, M., Flygare, O., Cottman, O., Andersson, E., Dahlén, S., Lichtenstein, L., Ivanov, V. Z., Mataix-Cols, D., and Rück, C. (2019). Long-term outcome of therapist-guided internet-based cognitive behavioural therapy for body dysmorphic disorder (BDD-NET): A naturalistic 2-year follow-up after a randomised controlled trial. *BMJ Open*, 9(1):e024307.
- Foa, E. B., Yadin, E., and Lichner, T. K. (2012). *Exposure and Response (Ritual) Prevention for Obsessive-Compulsive Disorder: Therapist Guide*. Treatments That Work. Oxford University Press, Oxford ; New York, 2nd ed edition.
- Gentile, A. J., La Lima, C., Flygare, O., Enander, J., Wilhelm, S., Mataix-Cols, D., and Rück, C. (2019). Internet-based, therapist-guided, cognitive-behavioural therapy for body dysmorphic disorder with global eligibility for inclusion: An uncontrolled pilot study. *BMJ Open*, 9(3):e024693.
- Patel, S. R., Wheaton, M. G., Andersson, E., Rück, C., Schmidt, A. B., La Lima, C. N., Galfavy, H., Pascucci, O., Myers, R. W., Dixon, L. B., and Simpson, H. B. (2018). Acceptability, Feasibility, and Effectiveness of Internet-Based Cognitive-Behavioral Therapy for Obsessive-Compulsive Disorder in New York. *Behavior Therapy*, 49(4):631–641.
- Rück, C., Lundström, L., Flygare, O., Enander, J., Bottai, M., Mataix-Cols, D., and Andersson, E. (2018). Study protocol for a single-blind, randomised controlled, non-inferiority trial of internet-based versus face-to-face cognitive behaviour therapy for obsessive-compulsive disorder. *BMJ Open*, 8(9):e022254.
- Veale, D. and Neziroglu, F. A. (2010). *Body Dysmorphic Disorder: A Treatment Manual*. Wiley-Blackwell, Chichester, UK.
- Wilhelm, S., Phillips, K. A., and Steketee, G. (2013). *Cognitive-Behavioral Therapy for Body Dysmorphic Disorder: A Treatment Manual*. The Guilford Press, New York.