

OCD-NET & BDD-NET therapist resources

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Chapter 1

Introduction

Welcome to our online therapist resource for the *Web-CBT* platform for *OCD-NET* and *BDD-NET*. 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 or talk to us in person at a training session.

1.1 Description of OCD-NET and BDD-NET

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

1.2 Type of treatment

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

1.3 Background

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

1.4 Tasks for Kristin

1.4.1 Using the platform as therapist and patient

As therapist:

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

As patient:

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

For these tasks you will need to look at the chapter called “Using the technology” and perhaps “Technical support”. I would like feedback on whether anything is missing to perform the tasks, if anything is redundant, if the order of information is logical, etc. Basically whether you think this works as a guide or if you have suggestions for how to make the “onboarding” of new ICBT therapists easier in any way.

1.4.2 Reviewing the written material

Read the other chapters (OCD-NET and BDD-NET manuals, Being an effective ICBT therapist). I would like to get feedback on the language used and the structure here. Are things presented in logical order? Is anything unclear and needs more explanation?

Chapter 2

Using the technology

2.1 Quick start

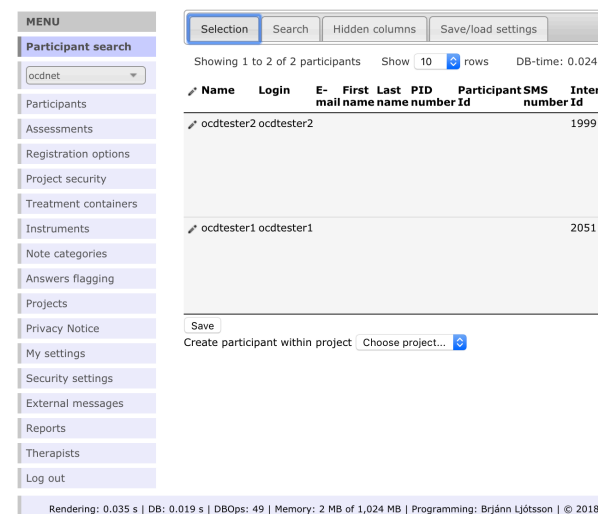
If you want to explore the platform yourself, you can use test therapist and test patient logins provided to try out the features. We generally recommend that you use the platform while reading this manual, to test features as you go along.

Therapists access the platform via this URL: webcbt.tst.ki.se/t1

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






The screenshot shows the webcbt.tst.ki.se/t1 interface. On the left is a 'MENU' sidebar with 'Participant search' highlighted. Below it is a search dropdown menu with 'ocdnet' selected. The main area displays a table of participants. The table has columns: Name, Login, E-mail, First name, Last name, PID, Participant ID, SMS number, and Inter. Two participants are listed: 'ocdtester2' and 'ocdtester1'. The table also shows 'Showing 1 to 2 of 2 participants' and '10 rows'. At the bottom, there is a 'Save' button and a 'Create participant within project' button with a 'Choose project...' dropdown.

Name	Login	E-mail	First name	Last name	PID	Participant ID	SMS number	Inter
ocdtester2	ocdtester2							1999
ocdtester1	ocdtester1							2051

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

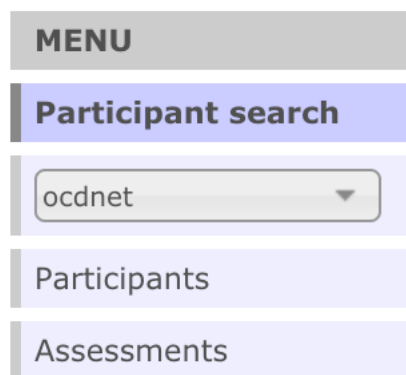
A typical day as a therapist includes responding to one or more messages, reviewing homework and opening up a new module. Once in a while therapists contact inactive patients or assess a warning flag.

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

 Name	Login	E-mail
 test	test	
 ocdtester	ocdtester	

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, changing the way flags appear, and changing settings to the site itself. These will not be relevant to most therapists and we do not cover them in detail here. Just remember that you can always go back to the default view by navigating to *Participant search* in the left-hand menu.




2.4 Filtering the participant overview



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

Selection	Search	Hidden columns	Save/load settings
General <input type="radio"/> All participants <input checked="" type="radio"/> My participants <input type="radio"/> Supervised participants	Project <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> ocdnet [5] <input checked="" type="checkbox"/> bddnet [4]	Groups <input checked="" type="checkbox"/> <input type="checkbox"/> ocdnet bddnet	

2.5 Writing and responding to messages

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

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	Click to open message	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	Click to open message	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 [mark as unread]</p>		

Send message

Message

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

2.6 Homework review

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

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

Treatment access

Participant messages

Supervision messages

OCD NET

Treatment access (ongoing)

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

Messages

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

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

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

Spara

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

Participant: bddtester1 [close]

Participant stats
Treatments
Files
External messages
Flags
Assessments
Graphs

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	99 days	

Messages

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

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	Show	Mark as reviewed
Module 3 - Thoughts and Interpretation Traps	Module texts	03-module-3-text	2018-11-12 13:17	Show	Mark as reviewed
Module 1 - Introduction to BDD	Module texts	01-module-1-text	2018-11-12 13:13	Show	Mark as reviewed
Module 5 - More about EX/RP	Worksheets	EX/RP evaluation	2018-11-12 10:38	Show	Mark as reviewed
Module 5 - More about EX/RP	Worksheets	Exposure and Response Prevention	2018-11-12 10:35	Show	Mark as reviewed

Save

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

2.7 Treatment modules

When a patient has read a module and completed the corresponding homework assignment(s), they are ready for the next module. To grant access to a new module, navigate to *Treatments* -> *Treatment access* and check the box next to the next module. A date will appear next to the module indicating when the module was activated. Patients automatically get a text message when they get access to a new module.

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

Participant stats
Treatments
Files
External messages
Flags
Assessments
Graphs

Sort by
Assessment Date
Custom assessments

Assessment battery	Score	✓	Date	Week	Status
Anpassad mätning		✓			

ocdnet

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

Save

Figure 2.3: Questionnaires for each patient are listed in this view, click the paper icon to view responses

2.8 Questionnaires

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

2.9 Warning flags

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







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

Temporary flag text ("stars" the participant)

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

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

2.9.1 Common warning flags

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

2.9.2 Suicidality warning flags

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

- Warning flag to indicate suicidal ideation: 

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

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

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

2.10 Supervision

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

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

Date	Flag text	Status	
2018-09-24	Answered 3 on PHQ-9 question 9 2018-09-24 10:21:58 Answered 3 on PHQ-9 question 9 2018-09-24 10:21:58	Answered 3 on PHQ-9 question 9 2018-09-24 10:21:58 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.
2018-09-28	Answered 2 on PHQ-9 question 9 2018-09-28 15:27:03	Answered 2 on PHQ-9 question 9 2018-09-28 15:27:03	Open Quick close

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

Participant: ocdtester1 [\[close\]](#)
 The participant is flagged: ⚠️⚠️⚠️⚠️⚠️⚠️

Participant stats	Treatments	Files	External messages	Flags	Assessments	Graphs
<p>Editing flag [close]</p> <p>Flag text ⚠️ Answered 2 on PHQ-9 question 9 2018-09-28 15:27:03</p> <p>Date 2018-09-28</p> <p>Notes .</p> <p>Create note</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> Suicide risk assessment completed via telephone. Low risk, follow-up next week. /OF </div> <p><input checked="" type="checkbox"/> close flag with this note. (reflag not possible)</p> <p><input type="button" value="Save"/></p>						

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 number 2 next to Oskar Flygare indicates that he is assigned to 2 patients

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

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

Notes

- * This participant tends to write short messages. Try asking open-ended questions to prompt him/her to reflect on triggers for the obsessions
- * Make sure to save questions and actions to the end of your message!

Save

Latest first

Open all read messages

From		Sent
me	Click to open message	2018-09-10 08:46

Send message

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

Message

Therapists can write their draft message here, use "Save and send later" and prompt the supervisor to review before sending.

Send

Save and send later

Open all read messages

From		Sent
ocdtester1	Click to open message	2018-09-07 07:47
me	Click to open message	2018-09-07 07:57
me	Click to open message	2018-09-07 07:57
ocdtester1	Click to open message	2018-09-10 13:12

2.11 Assign new therapist

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

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


2.12 Create new patient login

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

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"/>
SMS number	<input type="text" value="Enter valid phone number"/>
Group	<input type="text" value="(no group)"/> 

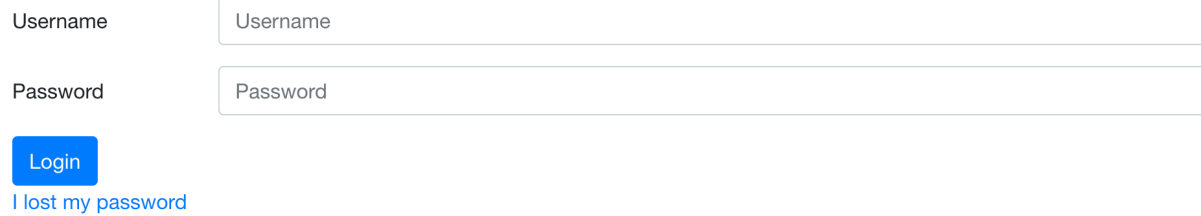
Password

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

Login



Username

Username

Password

Password

Login

[I lost my password](#)

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

Fields not needed are:

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

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. See below for a quick overview of the registration process.


2.13.1 Access

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

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 Notice](#) 

Welcome!

Your treatment started 2018-11-12 and ends 2019-02-19.

You have 99 days left of the treatment.

You have access to new modules

Module 1 - Introduction to BDD

Module 2 - A CBT model of BDD

Module 3 - Thoughts and Interpretation Traps

Module 4 - Introduction to Exposure and Response Prevention


Module 5 - More about EX/RP

Module 6 - Values and Goals

Module 7 - Difficulties During Treatment

Module 8 - Summary and Relapse Prevention

[Go to modules](#)

You have a new message 

[Go to messages](#)

Figure 2.9: Landing page for patients

[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

[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, while autism spectrum disorder, psychotic symptoms and substance use disorder have been exclusion criteria.

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

3.3 Presenting OCD-NET as an option to the patient

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

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

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

3.4 Modules in OCD-NET

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

Treatment module	Content	Key knowledge and skills
1. Introduction to the treatment	Introduction to CBT	Identifying obsessions and compulsions
2. A CBT model of OCD	Information about 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
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 in a relatively quick pace in order to get to the active treatment as soon as possible. It is not crucial to have a detailed plan for each ERP exercise before starting; you should encourage patients to get started and fine-tune ERP exercises as they go along.

You can consider modules 3 and 6 as optional for the patient. We advise all our patients to read the text

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

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

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

3.5 Closing remarks

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

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

Chapter 4

BDD-NET therapist manual

4.1 What is BDD-NET?

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. Contraindications include having a personality disorder that might interfere with treatment (such as borderline personality disorder), psychotic symptoms, an ongoing substance abuse, or acute suicidal ideation. BDD-NET is text-based and requires sufficient reading skills

and understanding of English. We recommend that the patient is referred to face-to-face treatments if contraindications are discovered.

4.3 Presenting BDD-NET as an option to the patient

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

4.3.1 Assessing insight

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

4.3.2 Managing expectations

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

4.3.3 A good start in BDD-NET

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

To give patients a positive first impression of the treatment, we suggest that therapists write their first message on the first day of treatment to welcome the patient and 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.

4.4 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.

Treatment module	Content	Key knowledge and skills
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.

4.5 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 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 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 for 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

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 registrations 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.

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 practicing 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

5.2 Therapists and the rest of the content in ICBT

As previously mentioned, ICBT is in many ways a high intensity treatment. Patients not only respond to messages but also read module texts, answer homework questions and questionnaires, and fill in worksheets. The treatment becomes particularly intensive once patients start performing daily ERP exercises. Thus, what might feel like a low-intensity treatment from the therapist perspective is actually be very intensive for patients.

Therapists should keep in mind that patients do many other things besides writing and responding to messages. Corrective feedback is sometimes necessary in order to design, do, and evaluate effective ERP exercises. We recommend that therapists are generally restrictive about corrective feedback when it is not clearly needed for ERP, but therapists should use their clinical judgment in these situations.

5.3 Promoting hands-on ERP exercises

With the restrictions on therapist input in ICBT, what therapists attend to in messages signal what patients are expected to work on during treatment. A typical message from a patient mid-treatment might include

a summary of their latest ERP exercise, comments about what they have found challenging, and a couple of questions about the treatment content. It is very tempting to try to answer the questions and make suggestions for how to deal with the challenges in the response, but that could shift attention away from doing ERP exercises. Rather, we want to encourage the patient to continue doing ERP because that is the key behaviour for them to get better in the long-term.

Therapists should therefore strive to balance feedback to aid understanding with 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 that is better suited for the situation. 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.

5.3.1 Lack of therapist-guided exposure exercises

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

5.4 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 normalise that having unwanted thoughts is not dangerous.

5.5 Dealing with patients who struggle in treatment

This list of struggles in ICBT 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 struggles, so please discuss difficult cases with your colleagues and in supervision. If you want to make us aware of a common struggle not listed below, send an email to ocdnet.support@webcbt.se.

5.5.1 Patients who ask many questions

Asking questions to receive 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.

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.

5.5.2 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. Therapists should write the responses in their own words rather than copying text from the module.

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!

5.5.3 Patients with low engagement

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

5.5.4 Patients express lack of time to work on the treatment

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

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

5.5.5 Patients express skepticism about ICBT

Some patients may be skeptical about ICBT in general or in 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 skeptical patients experience *early wins* by starting with swift and easy ERP exercises.

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

5.5.6 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 that 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.

5.5.7 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 or use the following outline as a guide:

1. Call the patient immediately
2. Explain that it is standard procedure to call when a patient indicates heightened suicidal ideation or increased risk of self-harm
3. Follow a hierarchy of questions, such as those in the M.I.N.I. interview (Sheehan et al., 1998)
4. If the immediate risk is low (i.e. PHQ-9 score of 2), make an agreement to check back in with the patient in a few days and give them contact information to the nearest 24-hour psychiatric care unit
5. If the immediate risk is high (i.e. PHQ-9 score of 3), advise the patient to seek help at your centre or at a 24-hour psychiatric care unit.

5.5.8 Deterioration in symptom measures

A deterioration in symptom measures can sometimes occur when patients start doing ERP exercises and 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>

Reason for increased symptoms	Proposed solution
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? What new skills have you acquired from doing this ERP exercise?</i>

Chapter 6

Technical support

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

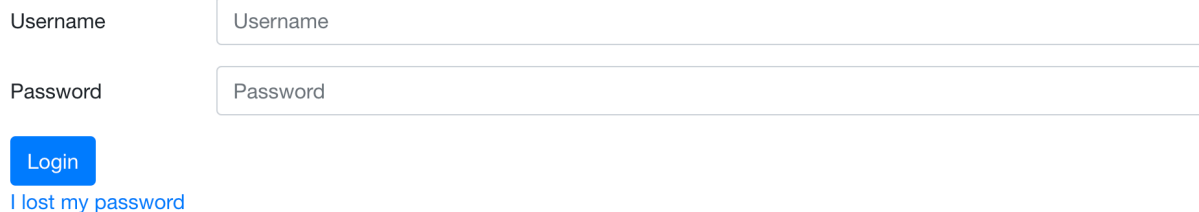
6.1 Technical support for patients

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

6.1.1 Forgotten username or password

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

Login



The login screen features two input fields: 'Username' and 'Password'. Below these fields is a blue 'Login' button and a link that reads 'I lost my password'.

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

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

6.1.2 The website does not work

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

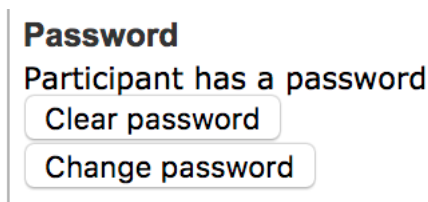


Figure 6.1: Change password button

6.1.2.1 Wrong URL/username/password

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

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

6.1.2.2 Recommended web browsers

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

6.1.2.3 Cookies and cache

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

- Google Chrome
- Firefox
- Safari desktop
- Safari iOS

6.2 Technical support for therapists

6.2.1 Creating an account

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

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

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

6.2.2 Forgotten password

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

6.3 Other technical issues

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

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

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

Chapter 7

References

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