OCD-NET & BDD-NET therapist resources

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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 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*).

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.

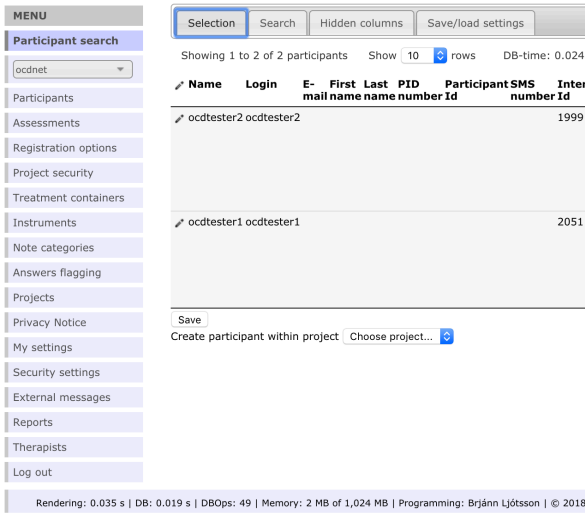
Therapists access the platform via this URL: https://webcbt.tst.ki.se/t1. This is where therapists enter their username and password to enter the treatment platform.

Note that URLs will change once OCD-NET and BDD-NET are used in clinical work, the current ones are for testing the platform only.

2.2 Platform use overview

There are five common scenarios during the course of treatment:

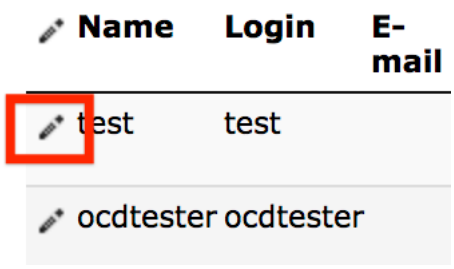
- Responding to messages
- Reviewing homework
- Opening new treatment modules
- Reviewing questionnaires
- Responding to warning flags



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

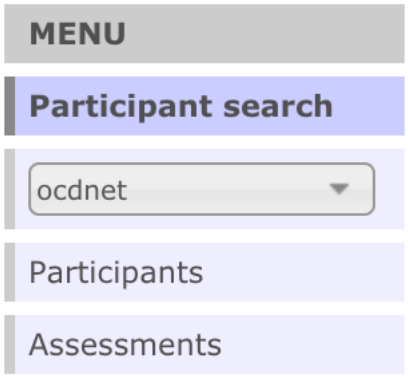
A typical day as a therapist includes responding to one or more messages, reviewing homework and opening up a new module. Once in a while therapists contact inactive patients or assess a warning flag.

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.



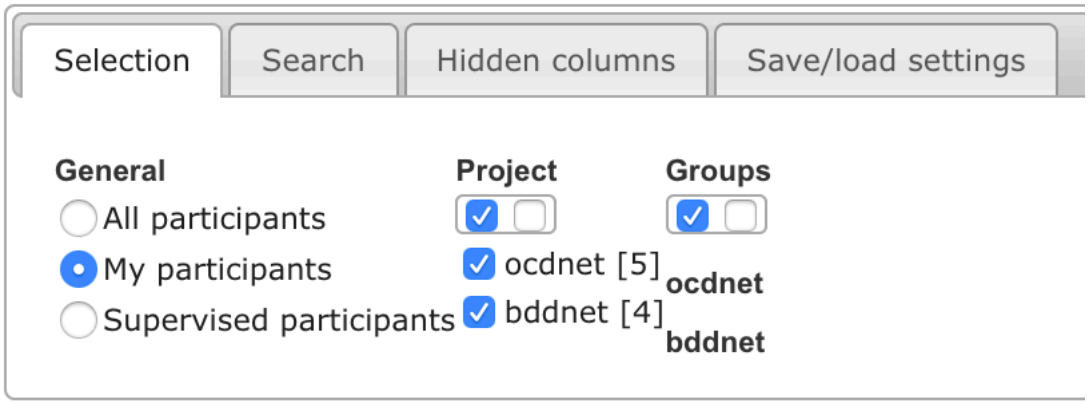
2.3 Navigation

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.



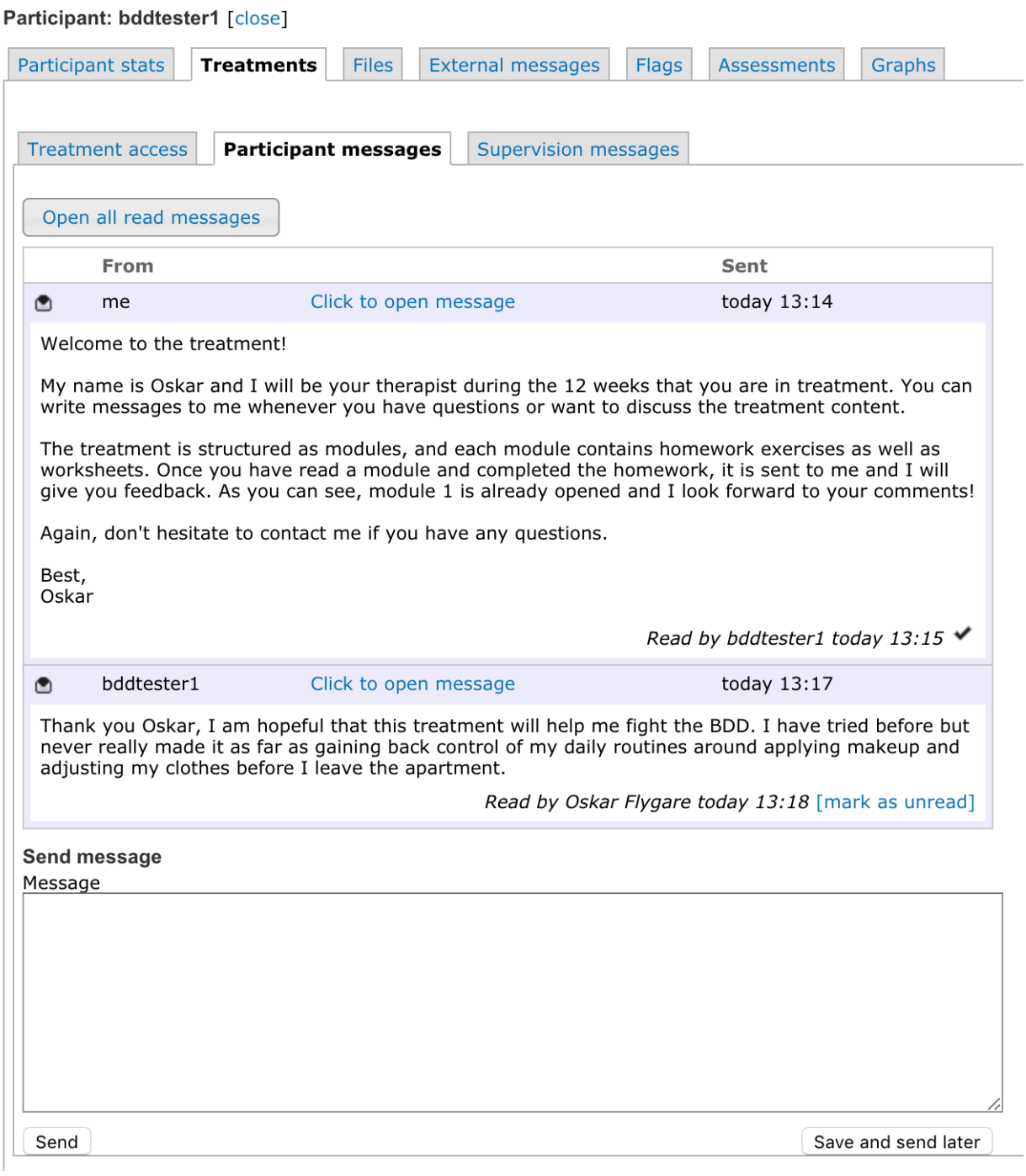
2.4 Filtering the participant overview

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



2.5 Writing and responding to messages

A new message from a patient will be indicated by this icon  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.



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.

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.

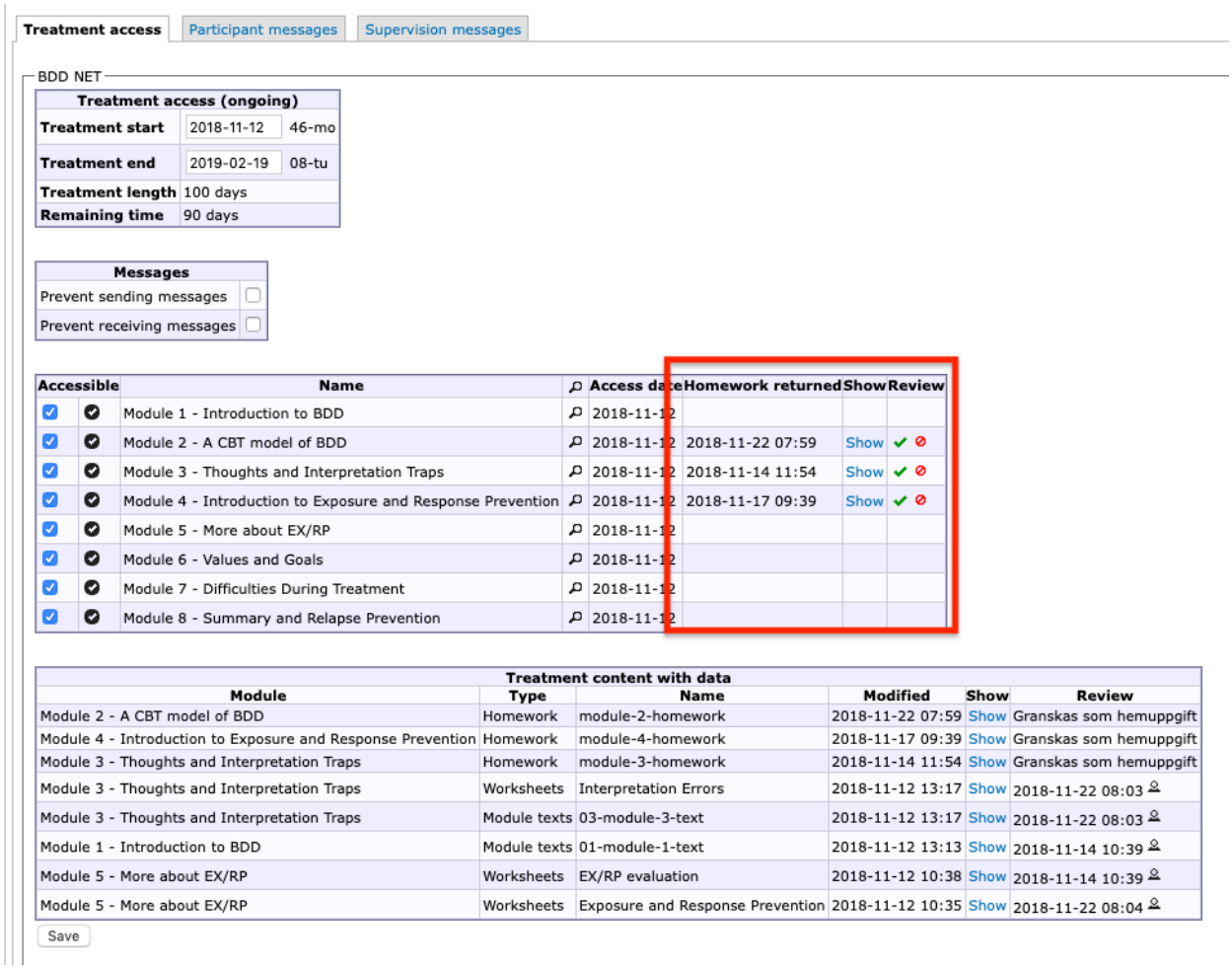


Figure 2.1: Completed homework assignments will show up for review in the treatment overview, click the checkmark or red button to mark it as completed or send back to the participant.

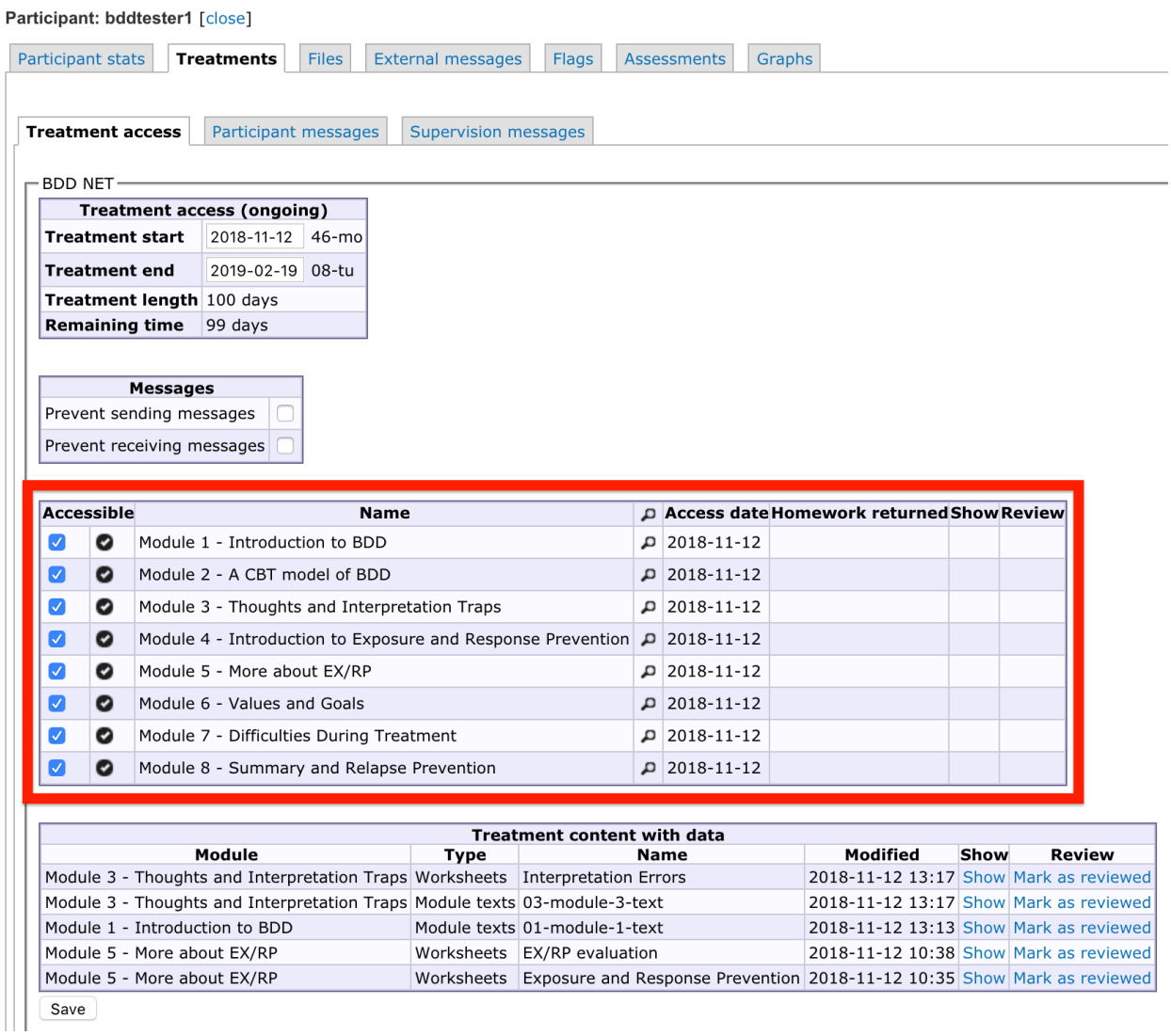


Figure 2.2: Check the box to the left to open a new module

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.

2.7 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.

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.

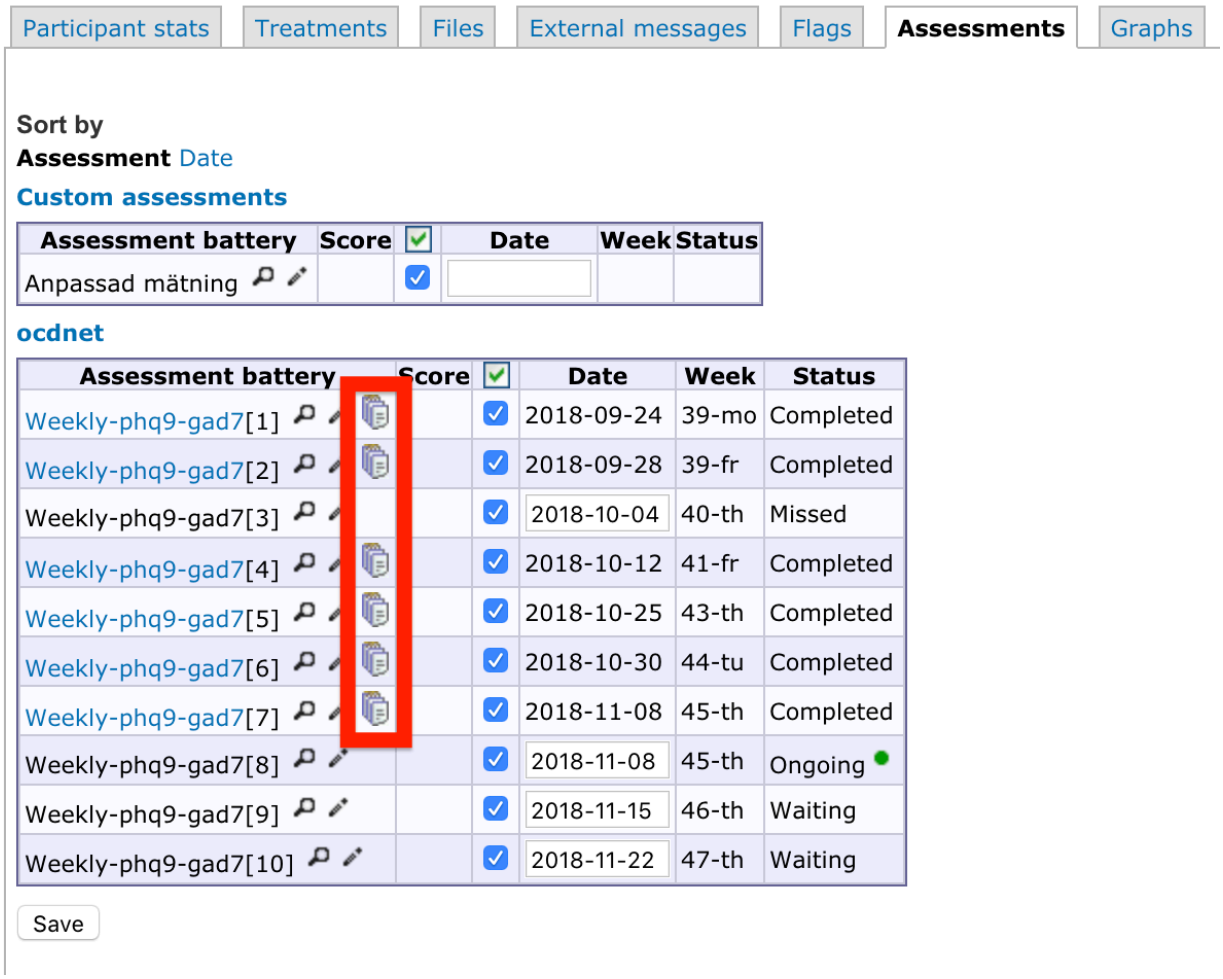


Figure 2.3: Click the paper icon to view responses

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

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 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

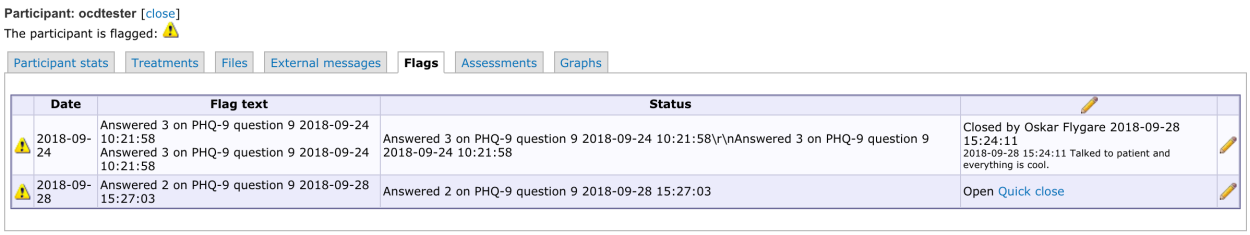
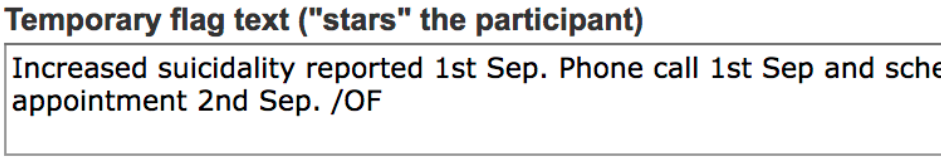


Figure 2.4: Click on the pencil to edit a flag.



in the *Participant stats* tab (shown below).

- Patient has not responded to measurement in time: 

2.9.1 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: 

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

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. It will look different for the therapist that is supervised and the supervisor.

The notes are only visible to the supervisor, so that he/she can write comments about the supervision for future reference. If you are a supervisor, new messages to review are indicated by an icon for messages.

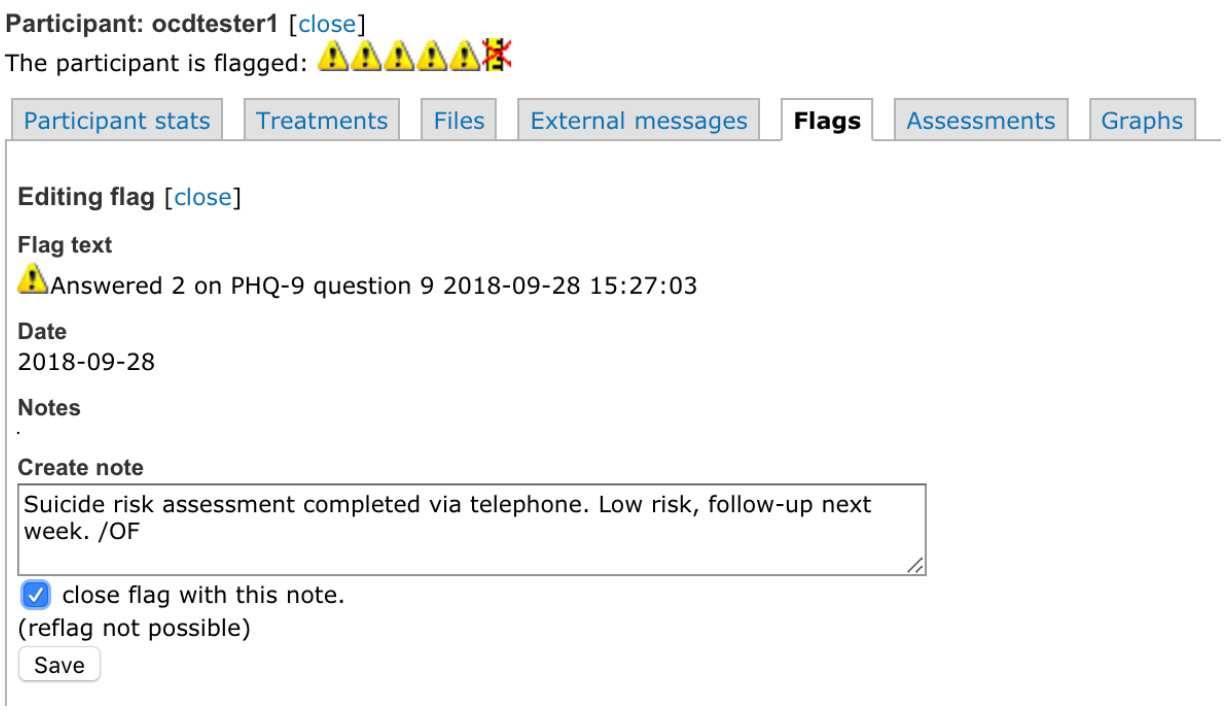


Figure 2.5: Once you have managed a flag, you can make a note that lists actions taken, and remove the flag.

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.

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

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

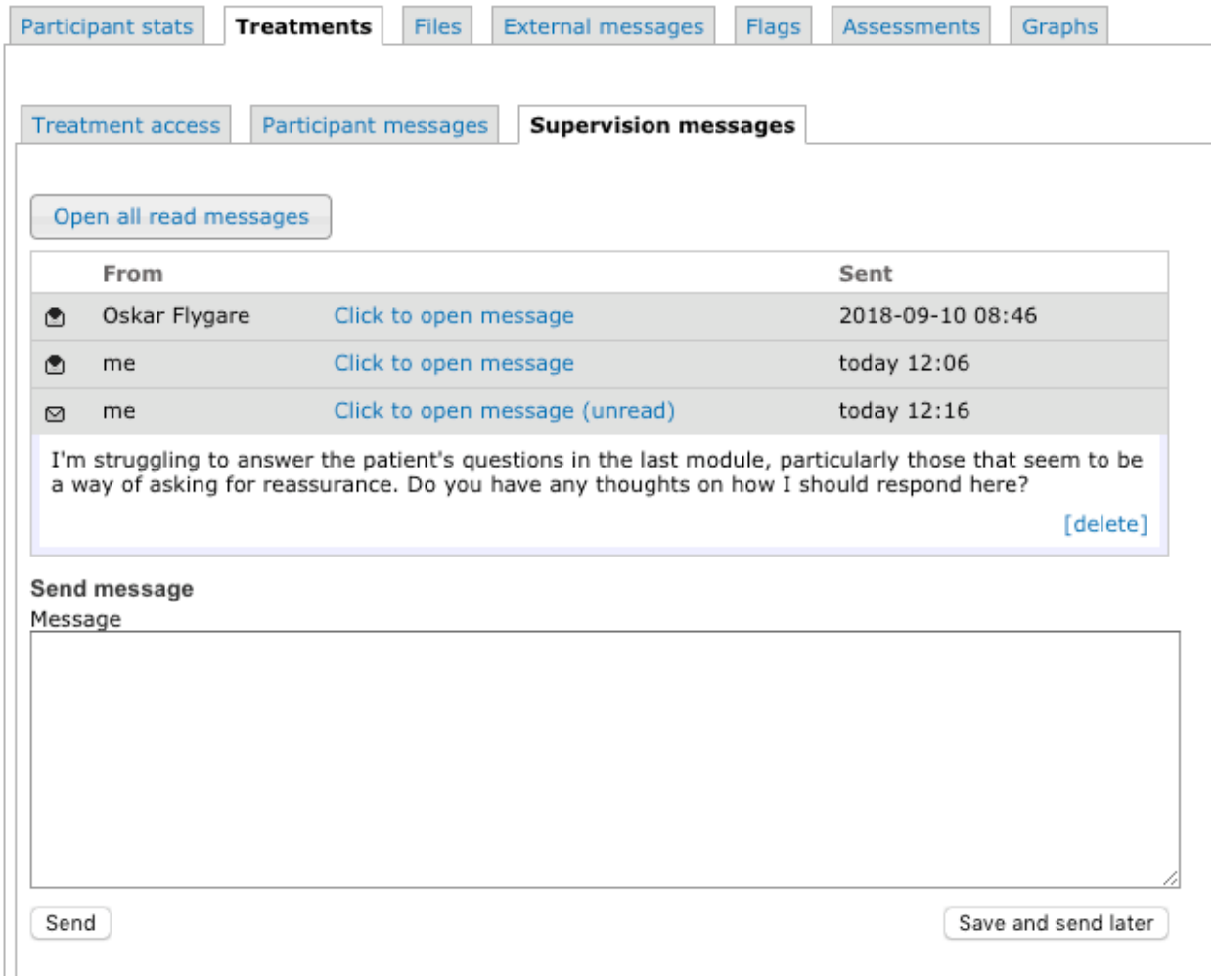


Figure 2.6: Therapists have a simple interface to write and receive messages from their supervisor

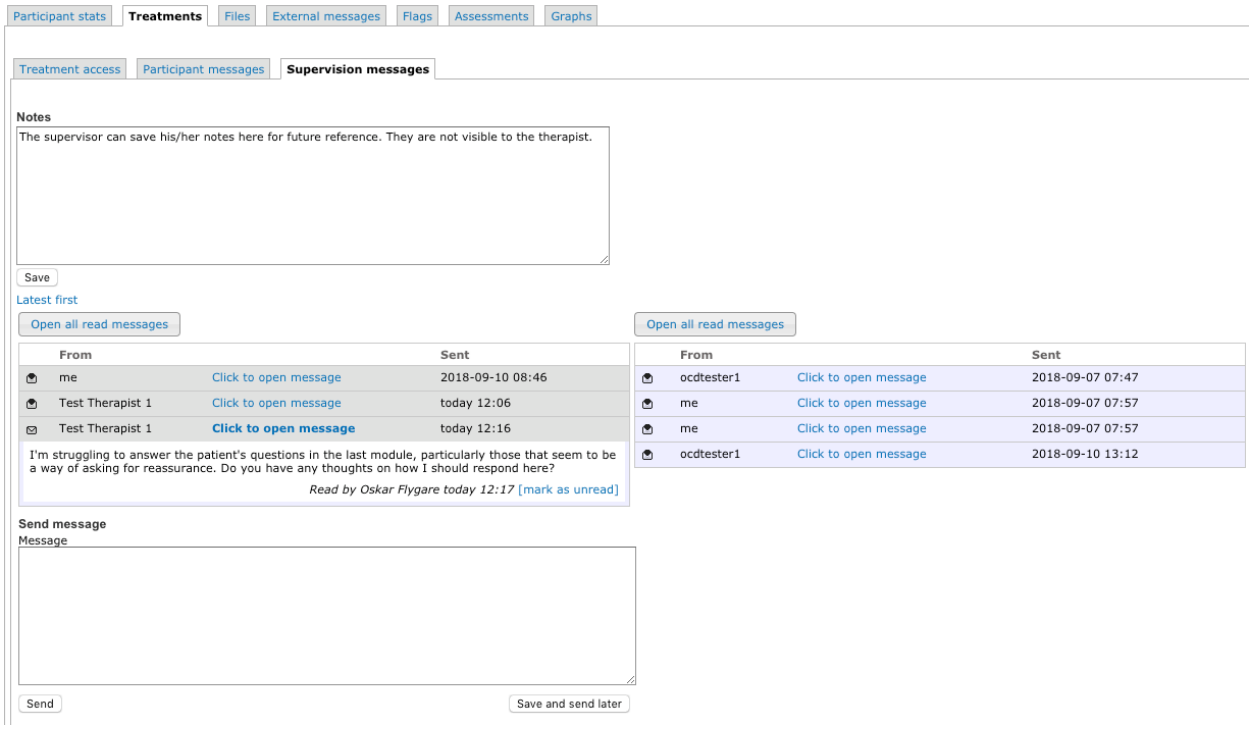


Figure 2.7: Messages between therapist and supervisor to the left, participant messages to the right for reference

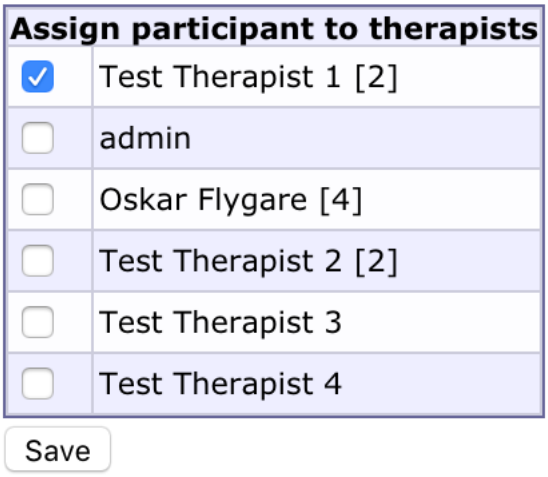


Figure 2.8: The numbers next to therapists indicate how many patients they are assigned to

Stats

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

User information

Login	Username
E-mail	Enter valid e-mail
First name	
Last name	
PID number	Personal identification number
Participant Id	Used to connect other data sources
SMS number	Enter valid phone number
Group	(no group)

Password

Participant has no password

Change password

Temporary flag text ("stars" the participant)

Temporary notes

Assign participant to therapists	
☐	admin
☐	Oskar Flygare [4]
☐	Test Therapist 1 [2]
☐	Test Therapist 2 [2]
☐	Test Therapist 3
☐	Test Therapist 4

Save

Figure 2.9: Therapists can generate secure passwords for patients using the “change password” button

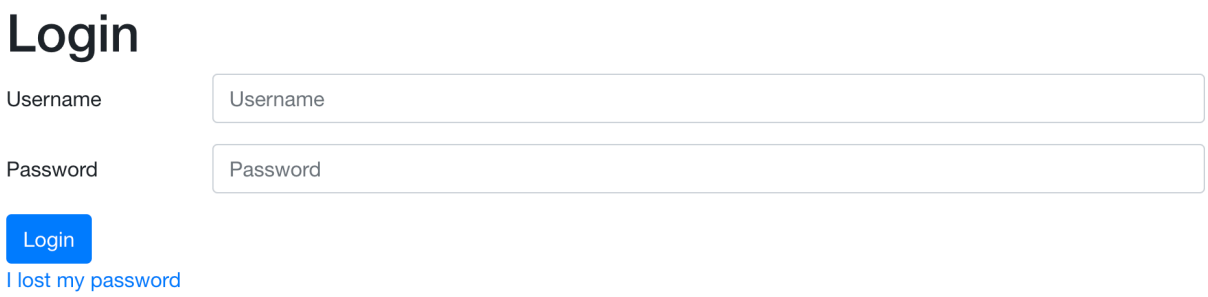


Figure 2.10: Patients can click the "I lost my password" text to receive a new password.

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*.

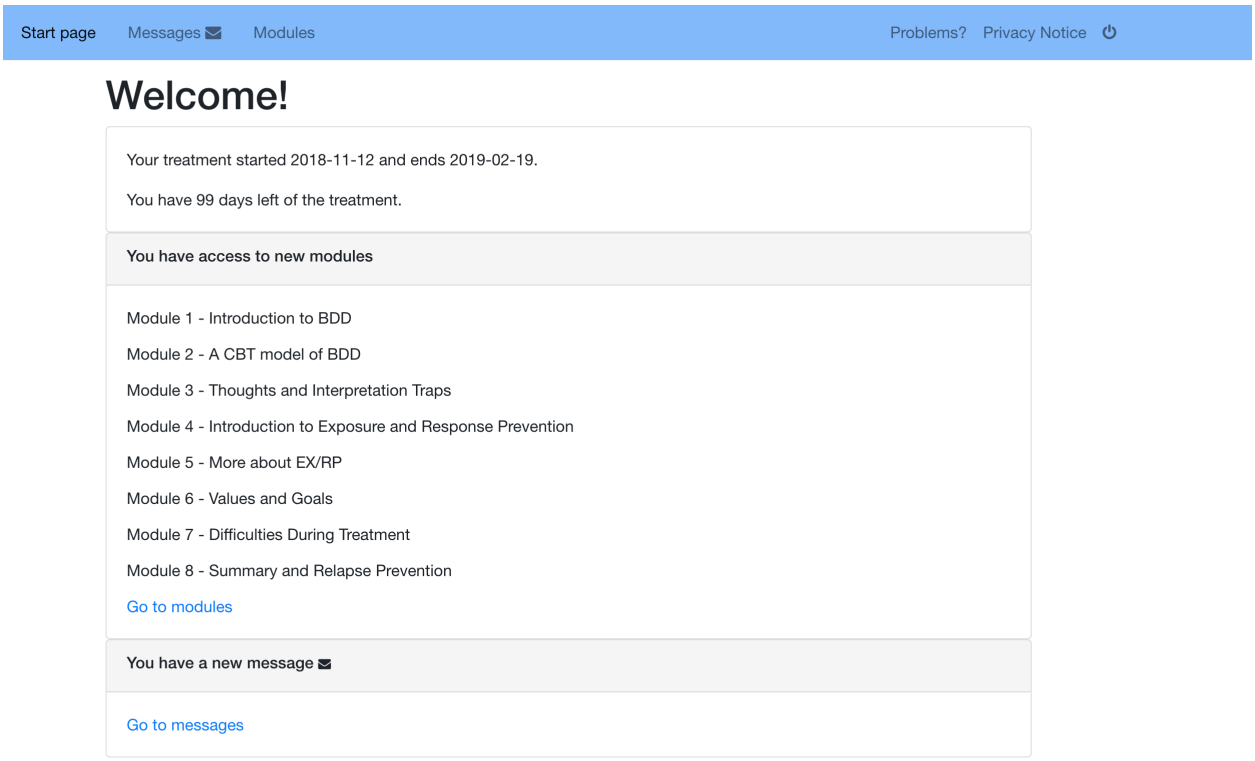


Figure 2.11: Landing page for patients

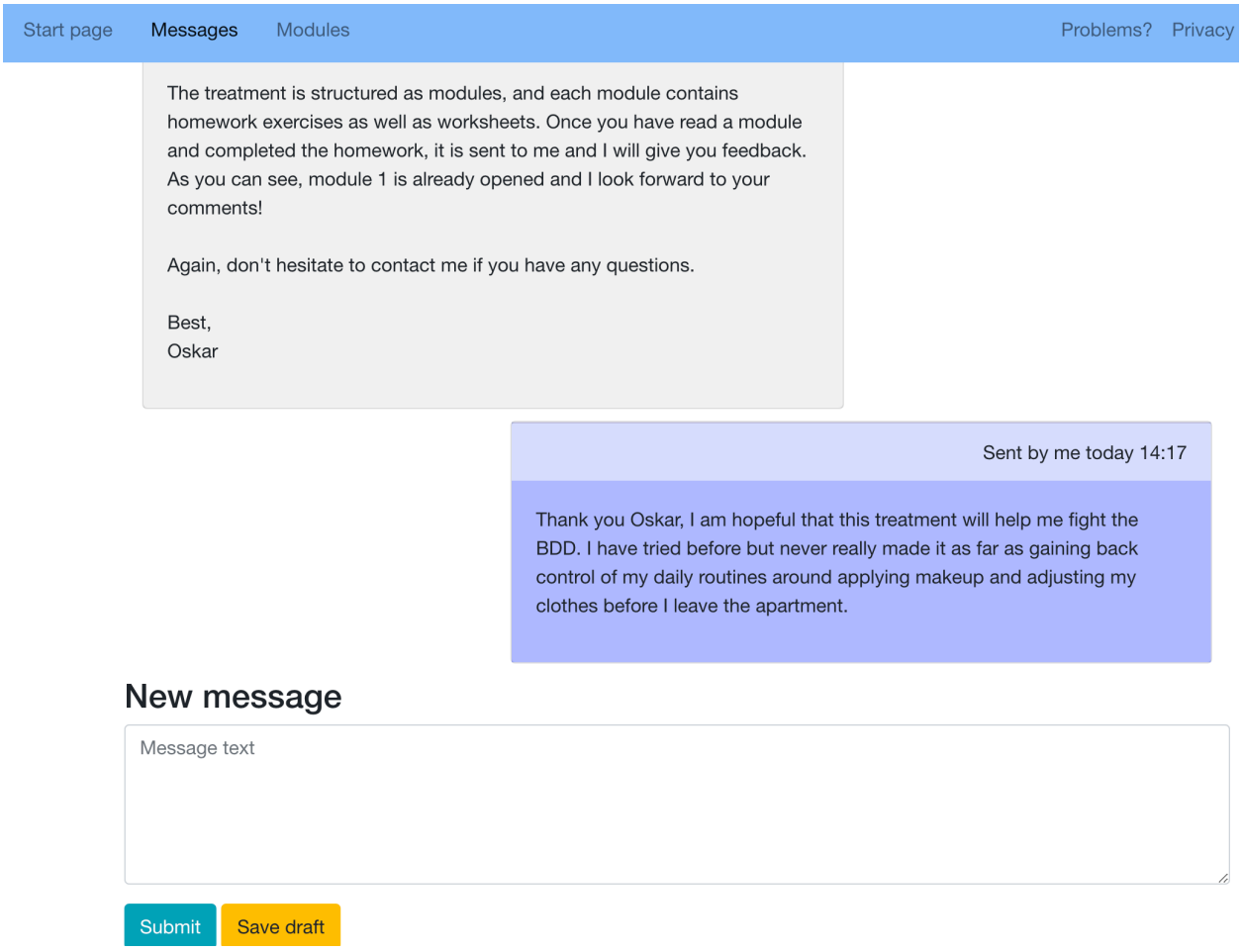


Figure 2.12: Messages in the patient platform

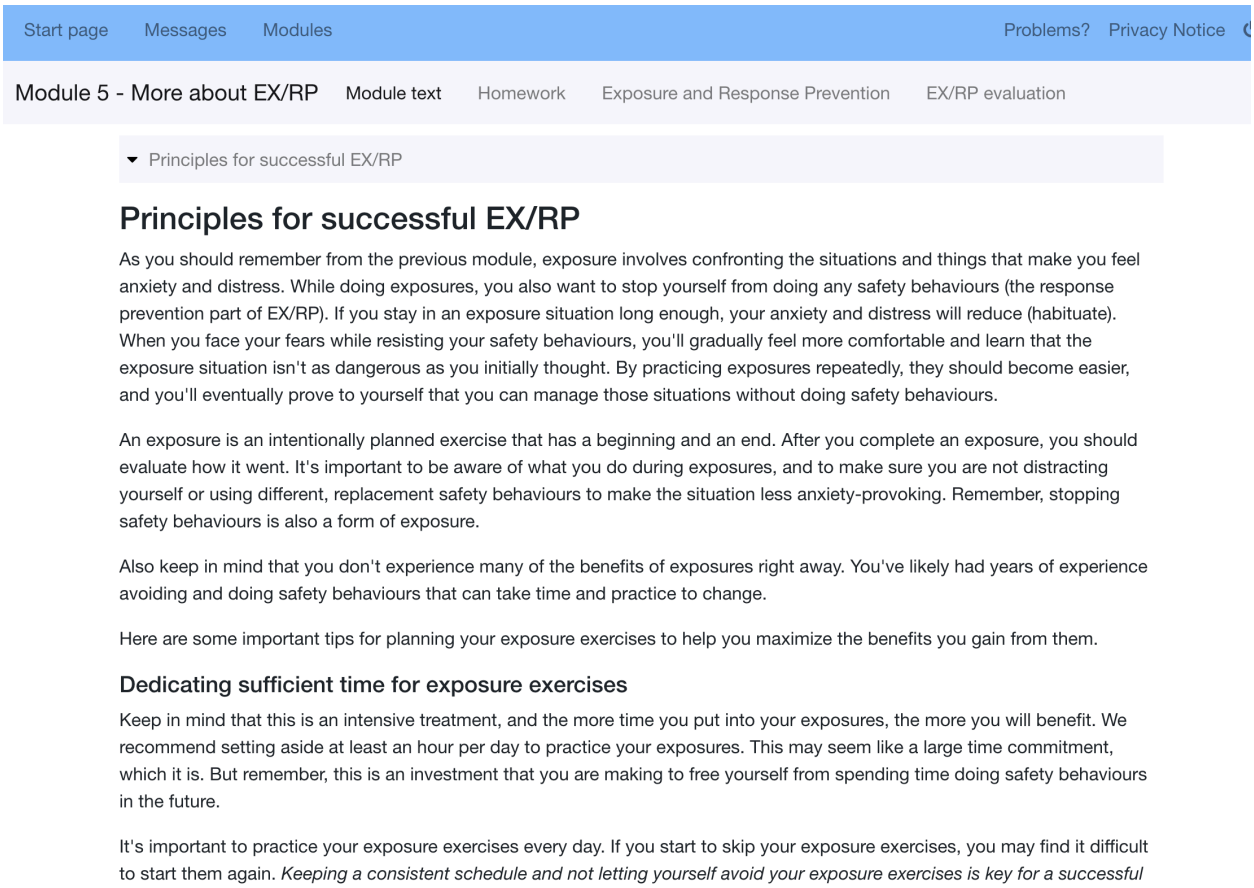


Figure 2.13: Module text

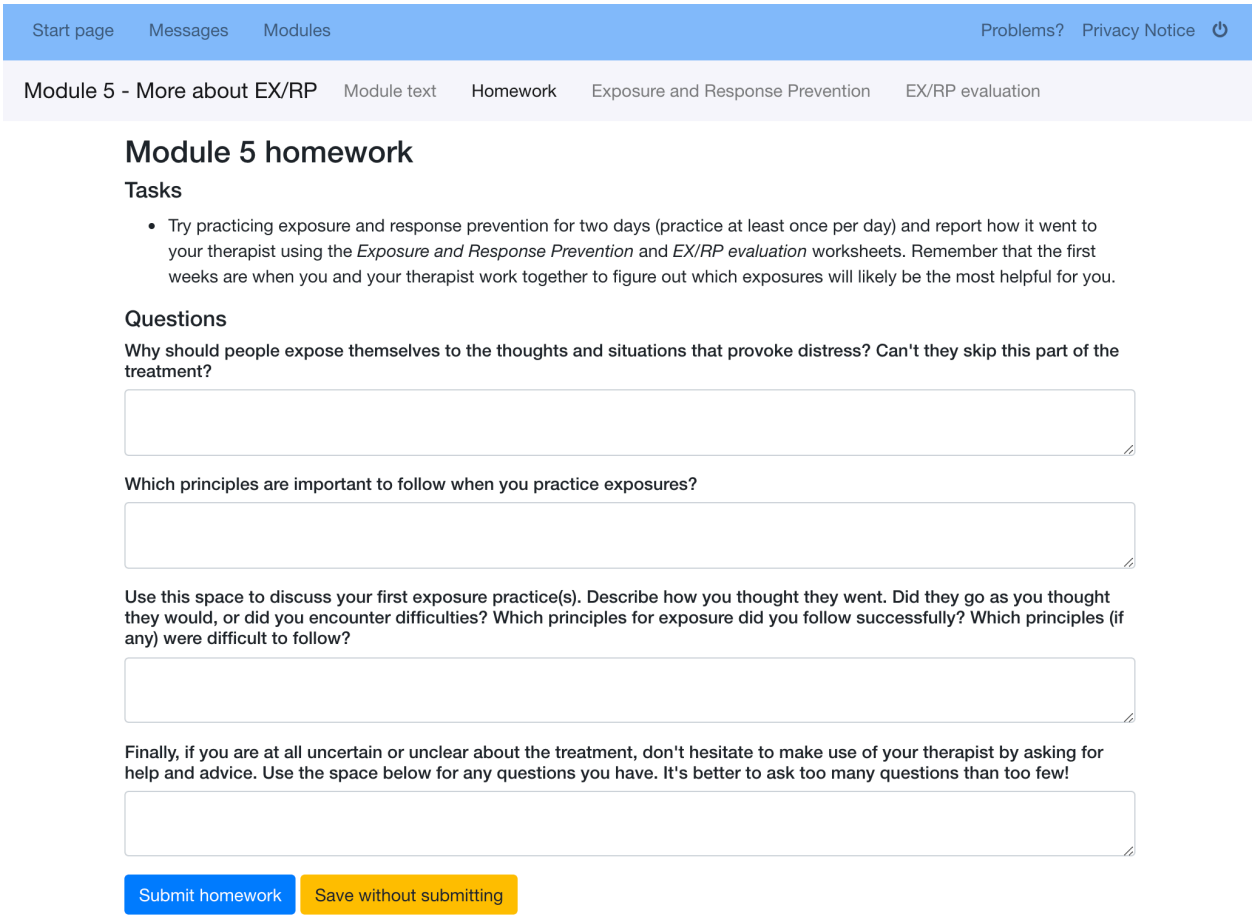


Figure 2.14: Homework assignments

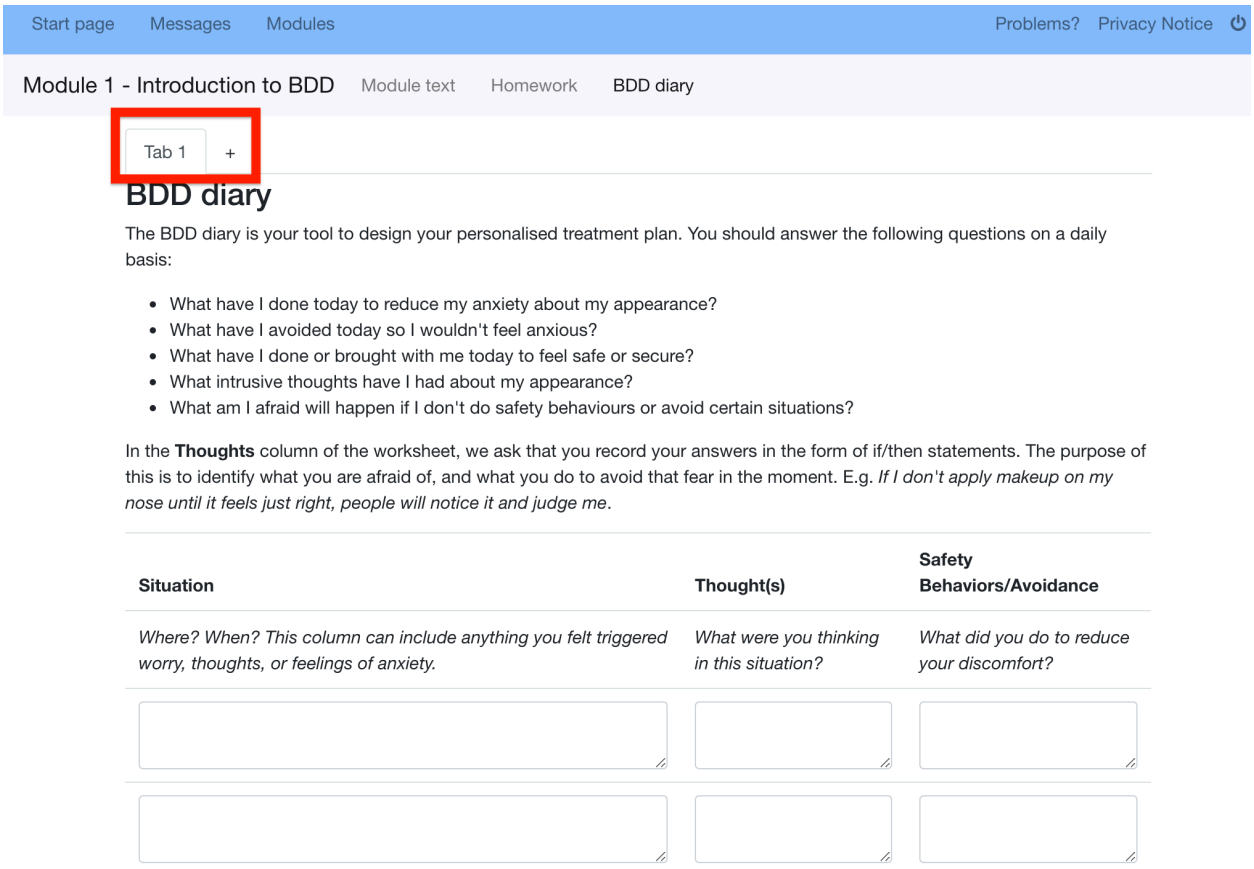


Figure 2.15: Worksheets, patients click the + sign to add new tabs with information

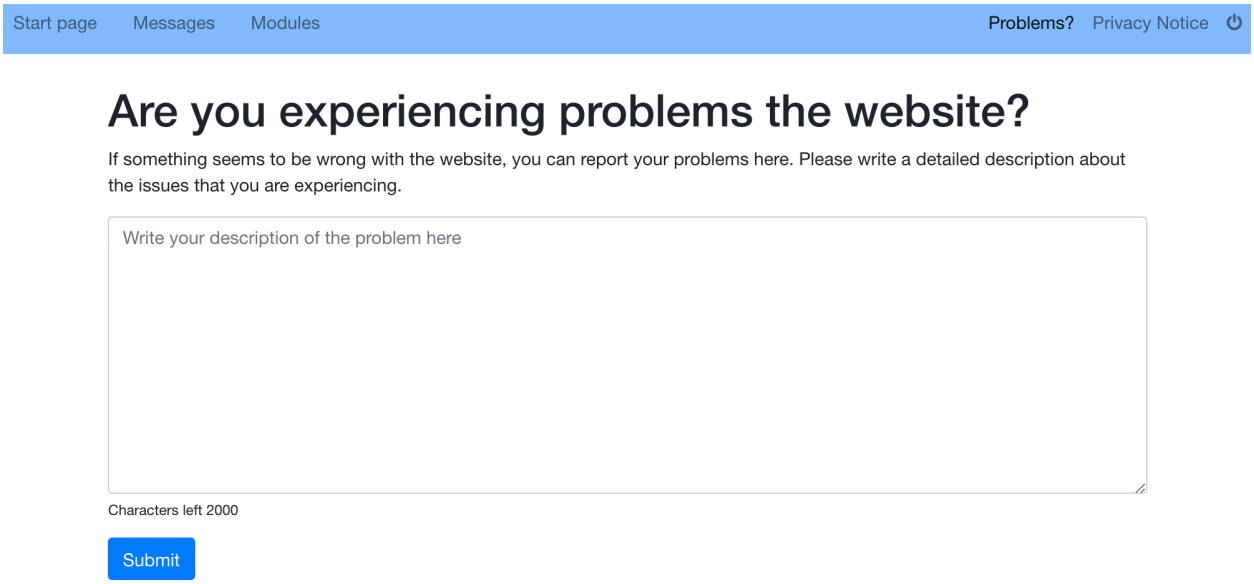


Figure 2.16: Patients can report problems, which will display as a flag in the therapist view

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. 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.

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 recommend that OCD-NET is primarily used for patients without comorbid autism spectrum disorder, psychotic symptoms, or substance use disorder. OCD-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 there are indications that OCD-NET may not be a suitable treatment option.

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 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. 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.

Treatment module	**Content**	**Key knowledge and skills**
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
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. We recommend that BDD-NET is primarily used for patients without 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 there are indications that BDD-NET may not be a suitable treatment option.

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. 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.

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: *What goes through your mind as you do ERP, are you trying to manage your anxiety in any way?*

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: *What have you learned from staying in the situation? What new skills have you acquired from doing this ERP exercise?*

Chapter 6

Technical support

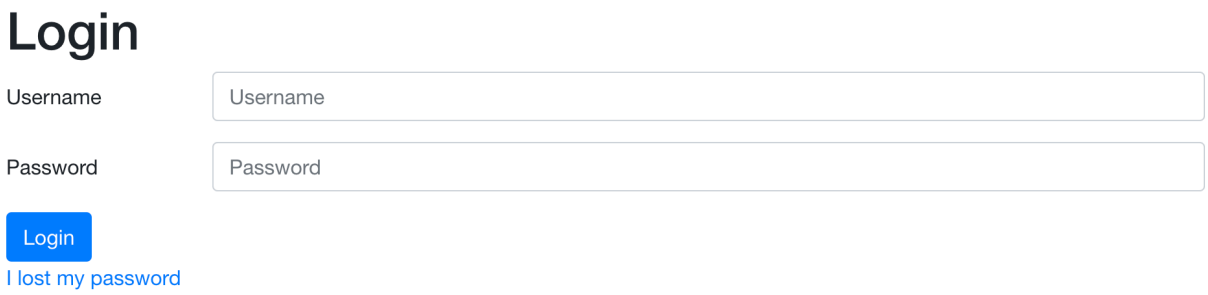
This page contains support for common issues that might arise when using the OCD-NET and BDD-NET treatments.

6.1 Technical support for patients

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

6.1.1 Forgotten username or password

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



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

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

6.1.2 The website does not work

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

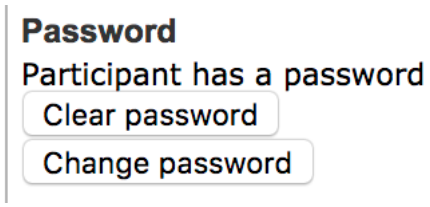


Figure 6.1: Change password button

6.1.2.1 Wrong URL/username/password

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

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

6.1.2.2 Recommended web browsers

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

6.1.2.3 Cookies and cache

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

- Google Chrome
- Firefox
- Safari desktop
- Safari iOS

6.2 Technical support for therapists

6.2.1 Creating an account

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

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

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

6.2.2 Forgotten password

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

6.3 Other technical issues

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

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

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

Chapter 7

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