LAVENDER PSYCHIATRY

Welcome to Your Care Package

You're holding something we put together just for you. This packet is all about your specific diagnosis — what it is, what treatment can look like, and what you can expect as you move forward with us.

Before we get into that, we want you to know a little about who we are and how we're here for you.

LAVENDER PSYCHIATRY

A little about Lavender

Lavender is an online psychiatry and therapy office led by nurses. We started with a simple belief: care should feel kind, timely, and human — not rushed, not judgmental, and not something you have to fight to access.

Our board-certified psychiatric nurse practitioners provide both talk therapy and medication management, so everything you need lives in one place. No juggling multiple offices. No repeating your story to five different people.

We're in-network with most major insurance plans and we see clients across 40+ states, all from wherever you're most comfortable.

CARE THAT MEETS YOU WHERE YOU ARE

What you can expect from us

Kind. We take a human-first approach. You should feel cared for and understood at every step.

Convenient. Therapy and medication management in a single online visit, from home.

Transparent. We'll build a care plan with you that feels clear, honest, and doable. If something isn't working, we want to hear it.

Your client portal

Your portal is your home base between visits. From there you can:

- Message your care team securely
- View and schedule upcoming appointments
- See your treatment plan and visit notes
- Update your insurance and contact information

Sign in at: login.joinlavender.com

Helpful resources

- FAQ – answers to the questions we hear most
- Mental Health Glossary – plain-language definitions for terms you may run into
- Blog – practical articles on managing symptoms, medications, and daily life
- Insurance & Private Pay – what's covered and what to expect for cost
- Share Your Care – tell us how your care is going

All at joinlavender.com

How to reach us

Phone: 1-855-444-7258

Fax: 1-877-261-8495

Portal: message your care team anytime at login.joinlavender.com

Mail: 245 5th Ave, 3rd Floor, New York, NY 10016

If you need help right now

If you are having a mental health emergency, call 911, call or text the 988 Suicide & Crisis Lifeline, or go to your nearest emergency room.

What's ahead

The rest of this packet is about your diagnosis specifically – understanding it, treating it, and living well with it. Everything here is meant to support the work you and your provider are already doing together.

We're glad you're here.

UNDERSTANDING OCD

Understanding Your OCD

HOW TO USE THIS CARE PACKAGE

This is a gentle, go-to guide to help you understand your OCD and feel more in control. It is not a test, a checklist, or a set of rules to follow perfectly. There is no "right way" to read it.

- Read it in any order. Start with whatever section feels most useful today.
- Take it slowly. One section at a time is completely fine.
- It is normal to notice your OCD reacting to some of this ("Do I have that symptom too?"). That reaction is part of OCD, not a sign something is wrong. You can keep reading anyway.
- This guide does not replace your clinician. Use it alongside the care of your treatment team.

The small numbers in brackets (like this) point to the professional medical sources this guide is based on.[1] A full list is at the very end.

What's inside

Five parts, fourteen sections. Each part has its own color and label so you can always tell where you are.

UNDERSTANDING OCD

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1 • UNDERSTANDING OCD

You were diagnosed with OCD — what does that mean?

THE SHORT VERSION

OCD is a cycle of unwanted, distressing thoughts and the things you do to make that distress go away. It's common, it's treatable, it's not your fault, and it doesn't say anything about who you are.

OCD stands for obsessive-compulsive disorder. In simple terms, it is a cycle of two things:

- **Obsessions** – unwanted thoughts, images, urges, or feelings that pop into your mind and feel distressing, "sticky," or hard to shake.[1,2]
- **Compulsions** – things you do (or do in your head) to try to make that distress go away or to prevent something bad from happening.[1,2]

The tricky part is that compulsions bring relief for a moment, but they teach your brain that the obsession was a real danger – so the cycle repeats and often grows.[3,4]

A few things worth knowing

- **OCD is common and treatable.** It affects roughly 1 to 3 out of every 100 people over a lifetime. Effective treatments exist, and many people improve a great deal.[5,1]
- **OCD looks different for everyone.** Your version of OCD is unique to you. Two people can both have OCD and struggle with completely different things.[1,2]
- **OCD often starts young.** Symptoms most commonly begin in late childhood, the teen years, or early adulthood – but it can begin at any age, and being diagnosed later does not mean anything went wrong.[1,2,4]
- **Having intrusive thoughts does not make you a bad person.** Nearly everyone has odd or unwanted thoughts sometimes; in OCD they simply get stuck and feel meaningful. The distress you feel is a sign these thoughts go against your values – not that they reflect who you are.[3]
- **This is not your fault, and it is not a character flaw.** OCD is a recognized medical condition involving how certain brain circuits process thoughts and fear.[3,4]

Common things you may notice

THE SHORT VERSION

OCD tends to show up in five ways: intrusive thoughts, compulsions and rituals, mental reviewing, seeking reassurance, and avoidance. You may relate to all of them, some, or none.

Everyone's OCD is different, so you may relate to all, some, or none of these. Whatever you experience is valid.[2]

Intrusive thoughts (obsessions)

Unwanted thoughts, images, or urges that feel disturbing and repeat. These are very different from one person to the next. For example:[1,2]

- A sudden fear that you might harm someone you love, even though you would never want to.
- A distressing thought that clashes with your religion, morals, or sexuality.
- A vivid mental image or "what if" that shows up out of nowhere and won't leave.
- A gnawing sense that something is "not right" or incomplete.

WORTH HOLDING ONTO

Nearly everyone has odd or unwanted thoughts sometimes. In OCD, the thoughts simply get stuck and feel meaningful. They are not commands, predictions, or wishes.[3]

Compulsions and rituals

Actions you feel driven to do to ease the distress or prevent something bad. They can look very different:[1,2]

- Washing or cleaning far more than needed.
- Checking things repeatedly (locks, the stove, your phone, your own body).
- Arranging or redoing things until they feel "even" or "correct."
- Mental rituals, like silently repeating a phrase, praying in a set way, or "canceling out" a bad thought with a good one.

WORTH HOLDING ONTO

Compulsions are not a weakness. They are your brain's attempt to feel safe. They just happen to keep the cycle going.[3,4]

Mental review and rumination

Getting caught replaying or analyzing things in your head, trying to reach certainty. This shows up in many forms:[1]

- Going over a past conversation again and again to be sure you didn't offend anyone.
- Mentally "solving" a fear — Am I really in love? Did I actually do that? What if this thought means something?
- Rerunning an event to check whether you're a good or bad person.

This kind of looping feels productive, but it is usually a mental compulsion — the harder you try to be certain, the less certain you feel. Noticing it is a real skill, and it gets easier.[1]

Seeking reassurance

Asking others (or looking things up) over and over to feel sure everything is okay:[1]

- Repeatedly asking a loved one "Are you sure I didn't do anything wrong?"
- Searching online again and again for the same worry.
- Confessing thoughts to feel "clean" or forgiven.

It makes sense to want relief. The catch is that reassurance, like other compulsions, tends to wear off quickly and leaves you needing more.[1,6]

Avoidance

Steering clear of people, places, objects, or situations that trigger the thoughts:[2]

- Avoiding public restrooms, certain news, or shaking hands.
- Not holding a baby or a knife because of an unwanted thought.
- Skipping activities you used to enjoy to sidestep the discomfort.

Avoidance is understandable and human. Gently reclaiming these things, at your own pace, is often part of getting better.[3]

3 • UNDERSTANDING OCD

Other things OCD can come with

> **THE SHORT VERSION**
>
> OCD often occurs alongside depression, anxiety, repetitive habits, or feelings of shame. These experiences do not mean that you are broken — there is no brokenness here. They may reflect ways your

> brain and body have learned to respond to discomfort or try to keep you safe, even when those responses are no longer helping. Support and effective treatment are available, and sharing what you are experiencing with your care team can help them better understand your needs and build a treatment plan that works for you.

It is very common for OCD to occur alongside other challenges, such as anxiety, depression, repetitive habits, or feelings of shame. This does not mean that anything is wrong with you — it is simply part of how OCD can affect people, and each of these challenges can be treated too.[2,7]

You are a whole person exactly as you are. Learning more about how your brain responds to thoughts, feelings, and uncertainty can help us work together to build the life you want to live.

- **Low mood or depression.** Living with intrusive thoughts and rituals is exhausting, and many people with OCD also experience depression at some point. If you notice persistent sadness, loss of interest, hopelessness, or changes in sleep or appetite, tell your treatment team — it is common and treatable.[2,8]
- **Anxiety.** Other forms of anxiety (like panic, social anxiety, or general worry) often travel with OCD.[2,7]
- **Related habits.** Some people also struggle with things like hair-pulling, skin-picking, or intense concerns about appearance. These are related conditions that respond to similar care.[2]
- **Feeling isolated or ashamed.** Because so much of OCD happens inside your head, it can feel lonely or embarrassing — which is exactly why many people wait years before getting help. You are not alone, and there is nothing shameful here.[1]

WHY THIS MATTERS

Naming these openly helps your team treat the whole picture, not just one piece. If any of this fits you, it is worth mentioning — it often changes the plan for the better.[2]

IF YOU ARE IN CRISIS

If you are ever in crisis or having thoughts of harming yourself, in the U.S., call or text 988 (Suicide and Crisis Lifeline), available 24/7.

4 · THINGS YOU CAN DO

Things you can do to help your OCD

THE SHORT VERSION

Label the thought as OCD, let it sit there without arguing, and practice delaying compulsions a little at a time. These support professional treatment — they don't replace it.

These are supportive tools you can try on your own, at home. They work best alongside professional treatment, not instead of it. Go gently and be patient with yourself.

- **Name it as OCD.** When a thought hits, try labeling it: "This is my OCD, not a fact." Putting a little space between you and the thought reduces its grip.[3]
- **Let the thought be there without arguing with it.** You don't have to push a thought away, solve it, or prove it wrong. Notice it, and let it pass like background noise. Fighting a thought usually feeds it.[3]
- **Try delaying or resisting a compulsion.** Instead of "never again," start small: wait a few minutes before checking or washing, or do it one fewer time. Notice that the discomfort rises and then falls on its own. This is the same principle behind the gold-standard therapy for OCD.[3,9]
- **Gently cut back on reassurance-seeking.** Try to notice the urge to ask "Am I sure?" and let it sit unanswered for a bit. Uncertainty is uncomfortable but safe. (Note the difference between reassurance and support: asking a loved one to reassure you tends to feed OCD, while sharing how you feel and being reminded you're cared for can be steadying.)[6]
- **Practice mindfulness or acceptance.** Simple breathing exercises, grounding your attention in the present, or noticing thoughts without judging them can lower overall distress and make urges easier to ride out.[5,10]
- **Take care of the basics.** Regular sleep, movement/exercise, and limiting alcohol and excess caffeine all help your brain manage stress and anxiety.[5]
- **Keep a simple log.** Jotting down triggers, thoughts, and what you did can help you spot patterns — and see your own progress over time. There's a simple one at the back of this guide.[5]
- **Be kind to yourself on hard days.** Setbacks are normal and expected. Recovery is not a straight line, and one tough day does not undo your progress.[5]

5 · THINGS YOU CAN DO

Your coping toolkit — a checklist to try

THE SHORT VERSION

A menu, not a to-do list. Pick one, try it a few times, keep it if it helps. Skipping any of these is not failing.

Think of this as a menu, not a to-do list. Everyone is different, so the goal is simply to give you as many options as possible and let you find what fits you.

How to use it

- **Pick one thing at a time.** Choose whatever feels doable today.
- **Try it a few times before deciding.** One attempt isn't a fair test.
- **Notice how you feel.** If it helps, keep it. If it doesn't, that's fine — just try a different tool. Nothing here is a rule, and skipping one is not "failing."
- **These support you; they don't replace treatment.** The single most effective thing for OCD itself is ERP therapy (see Section 7). The tools below mostly help with the anxiety, tension, or low mood that ride along with OCD.[5,9]

ONE IMPORTANT SAFETY NOTE — PLEASE READ THIS

Almost any coping tool — breathing, grounding, mindfulness, journaling, even the tracker in this guide — can quietly turn into a compulsion if you feel you must do it a certain way, repeat it until you feel "certain" or "completely calm," or use it to prove an intrusive thought is false or make it disappear.[11]

A good rule of thumb: a tool should help you make room for discomfort and get back to your life — not help you reach perfect certainty or erase the thought before you move on. If you notice a tool becoming rigid or repetitive, that's useful information to bring to your clinician.

For riding out an urge or intrusive thought

- ☐ **Name it.** "This is OCD, not a fact." Say it once and move on — not as a phrase to repeat until it feels convincing.[3]
- ☐ **Let the thought be there.** Allow it to stay, unanswered, like a passing cloud. Don't debate it, solve it, or push it away.[3,10]
- ☐ **Delay the compulsion.** Wait 5–10 minutes before acting, or do the ritual one fewer time. Notice the discomfort rise, then fall on its own.[3,9]
- ☐ **Allow uncertainty.** Practice "I don't have to settle this right now," then return to what you were doing.[9]
- ☐ **Skip the reassurance.** Let the urge to ask "Am I sure?" or to look it up go unanswered for a while.[6]

For high distress or feeling flooded (keep these brief and flexible)

- ☐ **Paced breathing.** Breathe in gently for about 4 seconds, out for about 6. Don't force it, and stop if you feel lightheaded. The aim is to settle your body enough to function — not to feel "completely safe." (If breathing focus feels uncomfortable, grounding may suit you better.)[11]
- ☐ **Grounding (5-4-3-2-1).** Name 5 things you see, 4 you hear, 3 you feel. Counting doesn't have to be exact, and you don't restart if you "miss" one.
- ☐ **Progressive muscle relaxation.** Gently tense and release muscle groups, noticing the difference. Helpful for tension and winding down; you don't need to do it perfectly.
- ☐ **Step outside or change rooms.** A brief shift in environment can break a distress spike.

For your overall wellbeing (support, not OCD treatment)

- ☐ **Move your body.** Walking, stretching, dancing, yoga, strength training — whatever you enjoy and is medically okay for you. Exercise can help mood, sleep, and stress; the evidence that it treats OCD directly is mixed, so treat it as general support.[12,13]
- ☐ **Protect your sleep.** Keep wake/sleep times fairly steady and build a simple wind-down. (If a bedtime routine starts feeling like a ritual you must complete, flag it for your clinician rather than reinforcing it.)
- ☐ **Tend to the basics.** Regular meals, daylight, and limiting alcohol and excess caffeine all help your brain manage stress.[5]
- ☐ **Do one small valued thing.** Take a small action tied to what matters to you — a relationship, work, health, creativity — even while anxiety is still present.[5]
- ☐ **Be kind to yourself on hard days.** Setbacks are expected. One tough day does not undo your progress.[5]

IF NONE OF IT IS LANDING

If you try several tools and still feel stuck, that's not a failure — it's exactly the kind of thing to bring to an OCD-trained therapist, who can tailor these to your specific symptoms.[5]

6 · THINGS YOU CAN DO

A quick calming practice you can use anytime

THE SHORT VERSION

Five steps, one or two minutes: notice, breathe, ground, allow, return. The goal is to let the wave pass — not to make the thought go away.

When distress spikes, you don't have to fix the thought — you just have to let the wave pass. Here is a short practice you can do in a minute or two, anywhere:[5]

- **Notice.** Silently name what's happening: "An OCD thought is here, and I feel anxious." Naming it creates a little distance.
- **Breathe.** Breathe in slowly for a count of 4, then out slowly for a count of 6. Let the out-breath be longer. Repeat a few times.
- **Ground.** Look around and name 5 things you can see, 4 you can hear, and 3 you can feel (your feet on the floor, the chair beneath you).
- **Allow.** Instead of pushing the thought away, let it be there like a passing cloud. You can feel anxious and still not act on the urge.
- **Return.** Gently turn your attention back to whatever you were doing.

THE POINT OF THIS

The goal isn't to make the thought disappear — it's to let the discomfort rise and fall on its own while you keep living your life.[5,3]

7 • TREATMENT

Common treatments

THE SHORT VERSION

ERP therapy is the gold standard and most people improve with it. Certain medications help too, often alongside therapy. Many people do best with a combination.

OCD is very treatable, and most people do best with therapy, medication, or a combination.[5,9]

Exposure and Response Prevention (ERP) — the most effective therapy for OCD

ERP is a specific, specialized type of cognitive behavioral therapy (CBT) and is considered the gold standard. With the support of a trained therapist, you gradually and safely face the situations or thoughts that trigger you (exposure), while practicing not doing the compulsion (response prevention). Over time, your brain learns that the fear fades on its own and that you can handle the discomfort – the feared outcome usually doesn't happen. It is done step by step, at a pace you agree to. You are always in control of the process. In studies, most people (roughly 60–85%) improve with ERP.[5,19]

Cognitive Behavioral Therapy (CBT)

Broader CBT helps you notice and gently question the beliefs that make intrusive thoughts feel so threatening (for example, "having a thought is the same as acting on it"). It is often woven together with ERP.[1]

Acceptance and Commitment Therapy (ACT)

ACT helps you change your relationship with unwanted thoughts and feelings – making room for them rather than fighting them – while you focus on living according to your values. It can be a helpful addition for some people.[5]

NoCD — specialized OCD therapy

NoCD is a partner that provides therapy specifically designed for OCD, including ERP delivered by trained OCD therapists (including virtually/online). Specialized, OCD-focused care can make a real difference, and telehealth ERP has been shown to work about as well as in-person therapy.[14,15,16] In a large study of virtual ERP, most people saw meaningful reductions in OCD, anxiety, and depression symptoms, with gains lasting up to a year.[16] Ask your clinician if this is a good fit for you.

Medications

Certain medications can meaningfully reduce OCD symptoms and are often used along with therapy.[5,1]

- **SSRIs (selective serotonin reuptake inhibitors) are the first-choice medications.** Several are FDA-approved for OCD (fluoxetine, fluvoxamine, paroxetine, and sertraline); others in the same family (such as citalopram and escitalopram) are also used. For OCD, these often work best at higher doses and can take 8 to 12 weeks to show their full benefit.[1,5]
- **Clomipramine is another effective option,** usually considered when SSRIs haven't worked well enough, and it requires closer monitoring.[4,5]
- **Watch for side effects.** Side effects can happen when you start a new medication or when your dose changes. When they occur, many early side effects are mild and begin to improve within the first one to two weeks as your body adjusts, although some may last longer. It can also take several weeks to experience the full benefit of your medication. We know that side effects can be uncomfortable and frustrating, but you do not have to manage them alone. There may be ways we can help make the adjustment period more comfortable. Please let your care team know if a side effect is bothering you, getting worse, interfering with your daily life, or not improving.

  Rarely, medications that affect serotonin can cause a serious reaction called serotonin syndrome. Having one symptom by itself does not necessarily mean that you are experiencing this reaction. However, seek prompt medical advice if several symptoms begin together — especially after starting a medication, increasing a dose, or adding another medication — and include agitation or confusion, fever, heavy sweating, a fast heartbeat, shaking, muscle twitching or stiffness, loss of coordination, vomiting, or diarrhea.[5] Seek emergency medical care for severe symptoms such as a high fever, severe confusion, a seizure, fainting, difficulty breathing, or significant muscle rigidity.

- **Finding the right fit can take time.** Some medications used for OCD may require gradual dose adjustments. Your prescriber will work with you to balance symptom improvement with how well you tolerate the medication. Please tell us about any new or worsening symptoms, as well as any other medications, vitamins, supplements, or herbal products you take.

IMPORTANT

Only a prescriber can decide what is right for you. Never start or stop a medication without talking to your clinician. If you respond well, medication is usually continued for a good while (often 1–2 years) before any change, because stopping too soon raises the chance that symptoms return.[4,1]

MEDICATION BENEFITS CAN TAKE TIME

Medications often take longer to improve OCD symptoms than they do for depression or general anxiety. For many medications used to treat OCD, a full trial may take 8 to 12 weeks at a dose determined by your prescriber. Not noticing an improvement right away does not necessarily mean the medication will not work. Give it time, take it exactly as prescribed, and keep your care team updated about how you are feeling. Together, you and your prescriber can decide whether the medication has had enough time to work or whether your treatment plan should be adjusted.

YOUR BODY MAY NEED TIME TO ADJUST

Side effects can be a common part of starting a medication or changing a dose. When they occur, many early side effects begin to improve within the first one to two weeks, although some may take several weeks to settle as your body adjusts. This adjustment period does not mean that anything is wrong, and it does not mean you have to struggle alone.

Giving the medication enough time can help you and your prescriber understand whether it may be helpful, but please tell your care team if a side effect is bothersome, getting worse, interfering with daily life, or not improving. There may be ways to make the adjustment period more comfortable. Do not change your dose or stop your medication unless your prescriber tells you to do so.

8 • TREATMENT

What to expect from treatment

THE SHORT VERSION

It works gradually, progress isn't a straight line, and "better" is the goal rather than "perfect." If something isn't working, say so — plans can be adjusted.

Knowing how treatment usually unfolds can make the process feel less discouraging:

- **It takes time.** Therapy and medication both work gradually. Medications can take 8 to 12 weeks to show their full effect, and therapy builds skill over weeks to months. Slow progress is still progress.[5,1]
- **Progress is not a straight line.** Good weeks and hard weeks are both normal. A setback does not mean treatment isn't working or that you're back to square one.[5]
- **Sticking with it matters.** The people who do best are usually the ones who keep going — attending sessions, practicing between them, and taking medication as prescribed even after they start feeling better. This is hard work, and there will be ups and downs. When it feels like nothing is shifting, or like progress is taking far longer than it should, that experience is normal and it is not a sign you're failing. And if your

current plan isn't meeting your needs, say so — tell your provider what isn't working, and the two of you can adjust it together. We're here with you for all of it.[5]

- **"Better," not "perfect," is the goal.** Treatment isn't about erasing every intrusive thought — everyone has odd thoughts sometimes, and nobody gets a mind that's completely quiet. What treatment does is loosen OCD's grip, so those thoughts take up less and less of your life. They can be hard to sit with when they arrive, and it is not your fault that they do. Saying them out loud to a therapist you trust is often what takes the power out of them.[3]
- **Speak up.** We are here to support you. If something isn't working, you're experiencing something new, or side effects are bothering you, tell your treatment team. Plans can be adjusted, and partial responses can often be improved with a change in approach.[5]

9 · FINDING HELP

Finding the right help (including local, in-person care)

THE SHORT VERSION

Look for a therapist trained specifically in ERP — not just "anxiety therapy." Ask them directly whether ERP is their main approach for OCD. Telehealth ERP works about as well as in person.

OCD responds best to therapists specifically trained in ERP — not all therapists are, even excellent ones. Because your care is virtual and nationwide, NoCD and other telehealth options can connect you with OCD specialists no matter where you live, and telehealth ERP works about as well as in-person care.[14,15,16] If you would also like to look for someone local and in person, here is how to find and vet a good fit.

How to find a local ERP therapist

- **Use a specialist directory.** The International OCD Foundation (IOCDF) has a searchable "Find Help" directory of providers who treat OCD (see the next section).
- **Ask for a referral.** Your current clinician or primary care provider can often point you toward OCD-focused therapists in your area.
- **Search by specific terms.** Look specifically for "ERP" or "exposure and response prevention," not just "anxiety therapy" or general "CBT."

Good questions to ask a potential therapist

- "Do you use Exposure and Response Prevention (ERP) as your main approach for OCD?" (This is the key one.)[5,1]
- "What does a typical course of treatment look like, and how do we track progress?"
- "Will you give me practice ('homework') to do between sessions?" (Between-session practice is a normal, important part of ERP.)[5]

What is a good sign

The therapist is comfortable with ERP, works collaboratively, moves at a pace you agree to, and expects you to practice skills between sessions.[5,9]

A GENTLE CAUTION

It's easy for the search itself to turn into a compulsion — researching and re-researching to feel certain you've found the perfect therapist. An ERP-trained provider you can start with next week is worth far more than the perfect one you're still looking for in three months. And often what makes a therapist the right one isn't on paper at all: it's whether you feel comfortable talking to them. Credentials and reviews are a reasonable place to start, but they can only tell you so much. You usually find out by sitting down and having a conversation to see whether that therapist is the right fit for you.

10 • FINDING HELP

Where to learn more

THE SHORT VERSION

Five places worth trusting when you want to know more — plain-language education, directories to find an ERP therapist, resources for family, and 24/7 crisis support.

Use these resources whenever they feel helpful, and feel free to set them aside when they do not. Learning about OCD can be reassuring and empowering, but if you notice yourself searching for the same information repeatedly or looking for the one answer that will finally make you feel completely certain, the searching may be becoming part of the OCD cycle rather than meeting a need for information. It is okay to pause, close the tab, and return to what you were doing — even if some uncertainty remains. Nothing here is required reading, and these resources will still be here whenever you are ready to come back to them.

- **International OCD Foundation (IOCDF)** — iocdf.org — the leading nonprofit for OCD. Good for: trusted plain-language education about OCD and its many forms, a "Find Help" directory to search for ERP-trained therapists and programs, and resources for families.
- **NoCD** — treatmyocd.com — specialized, OCD-focused therapy. Good for: virtual (telehealth) ERP delivered by therapists trained specifically in OCD, plus app-based tools and support between sessions.[16]
- **NAMI (National Alliance on Mental Illness)** — nami.org — general mental health nonprofit. Good for: broad mental health education, a free helpline, and information about support and local resources — especially helpful if OCD comes alongside depression or anxiety.
- **National Institute of Mental Health (NIMH)** — nimh.nih.gov — the U.S. government's mental health research agency. Good for: concise, reliable overviews of OCD symptoms, diagnosis, and treatment.
- **988 Suicide and Crisis Lifeline** — call or text 988 (U.S., 24/7). Good for: immediate, free, confidential support if you are in crisis or having thoughts of harming yourself.

Connecting with others (support groups)

THE SHORT VERSION

Support groups are a great resource in your treatment plan. Being around people who understand can take a lot of the loneliness out of this. Look for moderated groups tied to organizations you trust, and pay attention to how you feel afterward — you're always allowed to walk away from one.

So much of OCD happens silently, inside your own head — that's a big part of what makes it isolating. Being in a room, or on a video call, with people who recognize exactly what you're describing can lift more of that weight than you'd expect. You don't have to explain yourself from the beginning. And people who find that kind of support, especially from others who understand what you're going through, tend to have an easier time staying with treatment.[17,18] Peer support from people who have been through ERP themselves has been linked to better follow-through with treatment and improvement in symptoms.[18]

A few tips to get the most out of them

- **Look for moderated groups,** ideally ones connected to reputable organizations (like the IOCDF or your treatment provider). Moderation helps keep information accurate and supportive.[19]
- **Notice how a group affects you.** Well-run groups feel normalizing and encouraging. Some unmoderated online or social-media groups can occasionally do the opposite — spreading misinformation, triggering content, or hopelessness, or turning into a place to seek reassurance. If a group leaves you feeling worse or more "stuck," it's okay to step away.[19]
- **Support is not the same as reassurance.** Sharing feelings and being reminded you're cared for is healthy; using the group to get repeated certainty about a specific OCD fear tends to feed the cycle.[6]

12 · TOOLS & SHARING

My OCD Cycle Tracker

THE SHORT VERSION

A worksheet for noticing one moment of the cycle, whenever you feel like it. No right answers, nothing to keep up with.

This is here to help you see your own patterns more clearly — not to score yourself on them. Fill it out when something happens and you feel like writing it down, and skip it entirely when you don't. Even one entry can be enough to show you the shape of the cycle: what set it off, what the thought demanded, and what actually happened to the distress afterward.[5]

A QUICK TIP

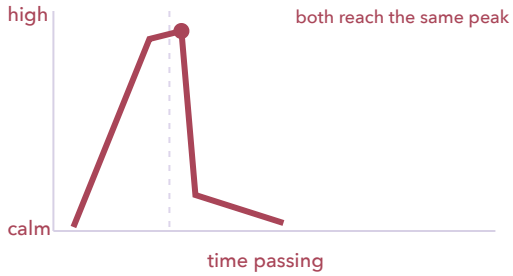
If filling this out ever starts to feel like a compulsion — redoing an entry, needing it to be "just right," or using it to reach certainty about something — that's your cue to set it down. Loose and imperfect is exactly how this is meant to be used. A half-finished entry in messy handwriting is worth more than a perfect one. Loosely and imperfectly is exactly how this is meant to be used.

HOW THE OCD CYCLE WORKS

Trigger → Obsession → Distress → Compulsion or urge → Short relief → and it starts again

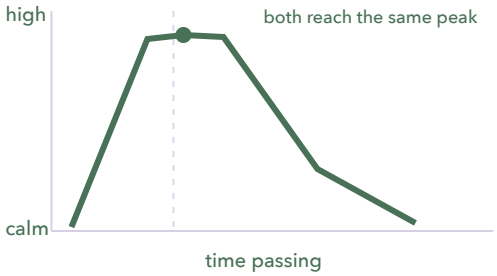
With a compulsion, that relief is real – it just doesn't last. And it quietly teaches your brain that the fear was worth listening to, which is why the thought comes back. The good news is that it works both ways: every time you notice the cycle, or sit with the discomfort without acting on it, you're teaching your brain something new.

With a compulsion



you do the compulsion
relief comes fast, so the compulsion gets the credit

Without it



you do nothing
it still comes down, just more slowly, all on its own

Every time you notice the cycle – or ride out the discomfort without doing the compulsion – you're teaching your brain something new.

Try one entry when you have a moment

1. What happened? (the trigger)

Where were you, and what set it off?

_____

_____

2. What did the thought say? (the obsession)

The "what if…" or the sticky thought, image, or urge.

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3. How strong was the distress?

Circle one. 0 = none, 10 = the most.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

4. What did the urge want you to do? (the compulsion)

Check, wash, ask for reassurance, mentally review, avoid, something else?

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5. What did you do?

- [ ] I did the compulsion
- [ ] I waited a little, then did it
- [ ] I resisted or did less than usual

6. What happened to the distress afterward?

After a while, did it go up, stay the same, or slowly come down?

A gentle reflection (optional)

The feared thing this time – did it happen?

One kind thing to tell yourself right now:

REMEMBER

Noticing the cycle is a real skill, and it takes practice. Discomfort always passes eventually — even when you don't do the compulsion. Be patient and gentle with yourself. Every small step counts.

13 · TOOLS & SHARING

For family and loved ones (optional)

THE SHORT VERSION

A page you can hand to someone who wants to help but isn't sure how. You can give this to any support person to help them learn more about what it means to have OCD and how to support you. This is yours to share, or not — there's no wrong answer.

This part isn't really written for you — it's for the people in your corner. Most of them want to help and honestly aren't sure how, and their instincts will point them toward reassurance, which is nobody's fault. This page gives them somewhere better to start.

Share it whenever you want to, or keep it to yourself. Both are fine.

If someone you love has OCD

The fact that you're reading this already means something. You don't have to become an expert — a few things go a long way.

It's a medical condition, not a choice. OCD isn't a quirk or a personality trait, and it isn't something they can decide to stop. The thoughts are unwanted and genuinely distressing — usually the opposite of what the person actually believes or wants.[1,3]

The hard one: try not to join in the rituals. Answering the same question one more time, offering reassurance, helping them avoid a trigger — every instinct says this is kindness, and it comes from love. But each time it happens, it quietly confirms to their brain that the fear was worth taking seriously, and the OCD asks for a little more next time. This is called accommodation, and higher levels of it are linked to more severe OCD.[20] If you've been doing this for years, you haven't done anything wrong. Nearly everyone does. You just didn't have this piece of information yet.

Support the person, not the OCD. Stepping back from the rituals doesn't mean going cold. Something like "I love you, and I'm not going to answer that one — but I'm right here" does both at once. Warmth, patience, and reminding them you're in this together all help. Repeated reassurance about the specific fear is the part that feeds the cycle.[6]

Ask to be part of treatment. When it fits, family-inclusive therapy can lower accommodation and improve how well treatment works. A therapist can help you find the line between supporting and accommodating — which is genuinely hard to find on your own.[21,22]

Expect the ups and downs. Recovery isn't a straight line. Good weeks and hard weeks both happen, and a setback doesn't undo the progress. Say the small wins out loud, and go easy on them — and on yourself — on the hard days.[5]

This is heavy for you too. Loving someone with OCD is tiring, and that's allowed to be true. There are resources for family members, not only for the person who was diagnosed. Please use them.[5]

14 · TOOLS & SHARING

A one-page explainer to share with family

Feel free to tear this out or forward it.

What OCD is

OCD is a recognized medical condition — not a personality flaw, a choice, or something a person can just stop. It's a cycle of unwanted, distressing thoughts (obsessions) and things the person feels driven to do to relieve that distress (compulsions).[1,3]

What it is not

The thoughts are unwanted and go against the person's values. Having a disturbing thought is not the same as wanting it or acting on it.[3]

The most helpful thing you can do

Support the person, not the OCD. Reassuring them of your love and being patient helps. Repeatedly answering the same OCD question, helping them avoid triggers, or taking part in rituals feels kind but actually makes OCD stronger over time (this is called "accommodation").[20,6]

It's treatable

Effective treatments exist — especially a therapy called Exposure and Response Prevention (ERP) and certain medications. Progress takes time and isn't a straight line, but most people improve.[5,9,1]

If they're in crisis

In the U.S., call or text 988 (Suicide and Crisis Lifeline), available 24/7.

To learn more

International OCD Foundation – iocdf.org

A FINAL WORD

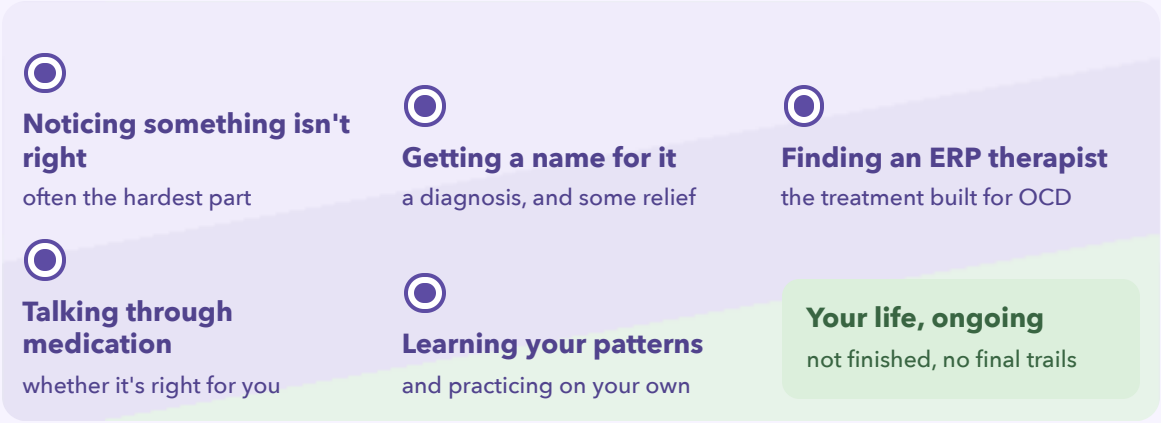
Getting a diagnosis can bring up a lot of feelings – and it can also be a relief to finally have a name for what you've been experiencing. A diagnosis is a starting point, not a label that defines you.

With the right tools and support, this is something you can learn to manage. Be patient and gentle with yourself.

You are not alone in this, and things can get better.

Your path through this

People pass through these places in different orders, and double back through them more than once. There is no wrong route.



The trail climbs and drops, and it keeps doing that. That isn't the trail going wrong – that's what this one looks like. The goal was never to arrive somewhere and stop. It's to be out walking, in a life that's yours, ups and downs included.

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