

Intrusive Thoughts & Compulsions *Information Sheet*

About intrusive thoughts

Intrusive thoughts (or obsessive thoughts - the “O” in OCD) are unwanted thoughts that pop into our minds. Most people experience intrusive thoughts, but some people find they get stuck and cause a lot of distress (especially with conditions like obsessive-compulsive disorder). Although we cannot control intrusive thoughts, our reactions play a significant role in the power intrusive thoughts have over us. These worksheets are intended to help individuals work on taking power away from their intrusive thoughts.

Reactions to intrusive thoughts

In cognitive behavioural therapy (CBT), we refer to our thought reactions as “automatic thoughts.” Automatic thoughts can be self-critical and harsh, especially when we’re reacting to intrusive thoughts that contrast our values. Intrusive thoughts are not our faults, and we can tune our automatic thoughts to be more helpful.

Example: I had an intrusive thought about endangering someone else while driving.

Automatic thought: I am a terrible person. How could I think of something like that? I don’t deserve to drive, I’m not safe to other people on the road.

Compulsion: Avoid driving.

Alternative thought: That was a rough intrusive thought. My intrusive thoughts are not my fault. This feels upsetting because I care about people and would not hurt anyone.

Result: I still feel some distress from the intrusive thought, but know that it doesn’t mean anything about me. I use a coping mechanism like deep breathing or a grounding exercise, and I move forward.

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About Compulsions

Compulsions (the “C” in OCD) are our brains’ way of trying to protect us from experiencing painful thoughts in the future. The problem with this is that compulsions can impact our daily lives in significantly negative ways, and performing them only strengthens intrusive thoughts and resulting anxiety.

A few tips for coping with compulsions:

- Use self-soothing methods, distractions, and grounding exercises to help you resist performing the compulsion. Although your anxiety may increase at first, it will peak and begin to decline as you sit with it in a safe, comfortable space (see tip #3 if this does not feel realistic).
- If you cannot resist the compulsion altogether (this is normal!), try to create space between the thought and the compulsion. If you feel compelled to act right away, tell yourself you’ll perform the compulsion in 2 minutes (or an appropriate amount of time for you) instead.
- Work with your therapist to come up with ways to resist performing compulsions while sitting with anxiety. This is done gradually, typically through a process called exposure & response prevention (ERP).

Intrusive Thoughts & Compulsions *Worksheets*

Noticing the Intrusive Thought

What was the content of the intrusive thought?

What was the format of the intrusive thought (words, images, etc.)?

Did this intrusive thought belong to a theme of intrusive thoughts I experience?

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Breaking Down My Reaction

What did I think in response (automatic thought) when I experienced the intrusive thought?

What did I feel emotionally and physically when I experienced the intrusive thought and automatic thought?

Did my feelings or thoughts continue down a particular path following the intrusive thought and automatic thought (e.g. self-criticism, fear, doubt)?

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Noticing My Compulsions

Did I feel driven to perform a compulsion following the intrusive thought?

If yes, what did I do in response to the urge to perform a compulsion?

Is this a new or recurring compulsion?

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Alternative Reactions

Considering my answers above, what would have been a more helpful thought *following* my intrusive thought?

If I were to believe the alternative thought, what would the likely result be?

Note: It is normal to not believe the alternative thought right away. Offering it to yourself as an alternative repeatedly is a great way to show your mind that it has another option.