## *Overview of the IBT Stages of Treatment*

The present Inference Based Treatment (IBT) has been developed over the course of the last 15 years utilizing information building upon clinical case studies as well as numerous psychometric, experimental and treatment outcome studies. The approach is truly a reasoning therapy that focuses on the resolution of the initial doubt or obsession responsible for the client's symptoms. The therapy is highly cognitive in nature often requiring a lot of attention from the therapist in correctly applying the model to your specific needs. At the same time, there is also a great deal of structure in the current approach, and the accompanying materials are intended to benefit both the therapist and client. Broadly speaking, the current stepped program, consisting of a series of different steps, can be subdivided into the following three parts,:

### Education

*Step one*: When Doubt Begins

*Step two*: The Logic Behind OCD

*Step Three:* The Obsessional Story

*Step Four*: The Vulnerable Self

### Intervention:

*Step one*: OCD is 100% Imaginary

*Step two*: Doubt and Possibility

*Step Three:* The OCD bubble

Step Four: Reality Sensing

### Consolidation

*Step one*: A different Story

*Step two*: Tricks and Treats of the OCD Salesman

*Step Three:* The Real Self

The duration of treatment may vary from person to person depending on the specific nature of your OCD, how long you have had OCD and co-existing conditions. This allows your therapist to sometimes spend two treatment sessions on one particular step in treatment if you experience difficulty, or if further reinforcement is necessary before proceeding to the next step. In practice, the amount of sessions dedicated to the steps can vary enormously.

*Note: In my work, I spend more time on each unit and phases of treatment and often can back track, before moving forward. I also can change the order of units and stages*

Each step in treatment includes accompanying worksheets that form the basis for the sessions covering the specific step in treatment. The worksheets are provided to you after the session to ensure proper integration of the material. In addition, you are provided with an exercise sheet and a training card as it pertains to each step in treatment. The exercise sheets and training card are intended to ensure the practical application of the material learned during the therapy, and form an essential part of the treatment. In addition, supplementary information sheets and quizzes are provided to further consolidation of learning, enhance understanding, and increase the overall engagement of the client and effectiveness of the delivery of treatment

## *I- Education and Foundation*

Step one: *When Doubt Begins* shows the client how doubt is responsible for most of their symptoms. This step is intended to ensure a proper adherence to the model, as well an increase the client`s awareness on the origin of their symptoms.

*Step Two: The Logic Behind OCD* focuses on the reasoning preceding the doubt and is intended to show the client that the doubt or obsession does not appear out of blue. Exercises are intended to increase awareness that there is reasoning behind the doubt rather than the doubt just "happening" to the person.

Step Three: *The Obsessional Story* expands upon the previous step by showing how obsessional doubt gains its strength and reality value from a convincing narrative leading logically onto the doubt. This is the *narrative unit* giving credibility to the doubt and will be a primary focus in the course of therapy. The OCD narrative is constructed in collaboration with your therapist, utilizing the information on reasoning collected so far, and filling in any gaps in the story. Your therapist will demonstrate how the narrative leads to absorption into the obsession.

Step Four: *The Vulnerable-Self Theme* locates the OCD within a wider self-theme that makes the you vulnerable to create doubt in specific domains. The self-theme also throws light on the your type and form of OCD. The vulnerability theme is the self the you fear becoming or fear that you are and is itself yet another OCD story. This self-theme can be addressed right from the beginning of therapy, especially when the theme already forms a principal doubt in, for example, some ruminative doubts, or introduced at a later stage when the person has already overcome doubts leading to more everyday overt compulsions. All of these four steps of education and foundation combine to form the fruitful ground for optimizing effectiveness of subsequent interventions.

## *II- Intervention*

The second part of treatment called ***Intervention*** attempts to directly change the obsession or doubt. It introduces the central tenet of IBT which is that obsessions are constructed and always occur without any direct evidence. Most crucially, in normal doubt there is always direct evidence or information that supports the doubt. No such direct evidence occurs in obsessional doubt. This concept is introduced from a number of angles in a series of distinct steps eventually resulting in an alternative non-obsessional narrative more in line with reality.

**The first step:** i *OCD is 100% imaginary.* In this step it is established that there is no direct evidence in the here and now, and so the OCD story is entirely subjectively generated. You are shown that the doubt originates for a 100% from within you rather than fuelled from an immediate outside source. The purpose is not yet to invalidate the doubt. The main point to get across is that the doubt originates from the person as opposed to from reality in the here and now.

**The second step:** *Doubt and Possibility* takes the point a little further and shows you that IF the obsessional doubt solely originates from within the person rather than from the outside THEN it is 100% irrelevant to the here and now. The crucial point here is that even though the doubt may very well be possible in the treatment, it is still irrelevant 'now'. Incomplete intellectual adherence to this idea should not prevent the therapist to proceeding to the next step, but may negatively affect the effectiveness of future interventions. Resolution of the obsessional doubt is possible in subsequent steps if the client intellectually grasps the idea that obsessions are irrelevant.

**The third step:** *The OCD Bubble* helps you to identify the exact point where you crossed over into the imagination and leaves the world of senses into the world of the imagination. It is shown to the client that while inside of the OCD bubble client contact with the physical senses and common sense is lost, and further compulsions only serve to fuel their imagination, rehearse the doubt and so OCD makes them less secure.

**The fourth step**: *Reality Sensing* elaborates on how obsessional doubt is always a false doubt because it goes against reality. Reality sensing is simply trusting and going with the senses rather than doubting and going away from them. An alternative narrative is introduced that takes the senses into account leading to an entirely different conclusion than that of the obsessional doubt. You are encouraged to begin acting on alternative stories in combination with proper reality sensing. Potential problems with reality sensing are addressed, such as trying to do too much to 'get into' reality. The client may experience a void due not a sense of not doing enough, and is taught how to sense reality without effort.

These four steps of the intervention form the basis for *consolidation* of the gains made so far in the course of treatment and to boost further progress.

## *III*- Consolidation

The final part of treatment termed attempts to further weaken the obsessional doubt by further invaliding the obsessional story, strengthening the alternative story and encouraging the client to act upon this knowledge.

**The first step**: *A Different Story* is where you are encouraged to elaborate on the non-obsessional story in natural and practical way. You learn to develop the art of story telling and how creating and telling stories about events and selves can transport emotions and perceptions and change beliefs. Remember your OCD is already solidly embedded in a story that you have created outside of your awareness. That is you did not go about "creating" a story; you merely created it and lived in it.

**The second step:** *Tricks and Treats of the OCD Salesman* familiarizes you with the many tricks and cheats of the OCD that make it seem obsessional doubt has something to do with reality. Elements in the obsessional story of the client are addressed as specific devices used by the OCD to generate doubt. This is then followed up with teaching specific counterstrategies to trick the OCD salesman.

**The Third Step:** *The Real Self* highlights the selective nature of obsessional doubt as well as the vulnerable self-theme running through the doubt. Here you are shown that the selectivity of the obsessional doubt only further invalidates the reality of obsessional doubt. A positive message is transmitted to the client to show that the OCD only affects a specific portion of the client's life, whereas functioning is often healthy in other spheres. Specific exercises are given to the client to strengthen awareness of this selectivity and in knowing the difference between their authentic and OCD self.

The vulnerable self-theme underlying the OCD is also explored since this theme renders the person vulnerable to doubt in certain areas and not other areas. This OCD self is also a false self in the same way that the obsessional doubt is also false. An important part of overcoming OCD is to find and recognize who the client really is… the authentic self. The authentic self since it is based in reality is usually the opposite to the OCD self. The self which achieves constructive accomplishments is the world and which was always there, albeit, masked by the OCD.

**The Fourth Step:** *Knowing and Doing: Relapse Prevention* focuses on the translation of knowledge into action. You are encouraged to act upon the knowledge that the doubt is false and to identify and correct any thoughts that keep him/her from acting 'sensibly'. This section addresses the split between knowing how to act and acting on it. Knowing implies behaving. It is not a leap in the dark but a natural progression of the same attitude. Every single thought and belief that still prevents the person from behaving in a non-compulsive way has to be specifically addressed as invalid GIVEN the lack of sense of information in the here and now.

Relapse prevention also addresses strategies to maintain gains, foresee difficulties and if necessary strengthen contact with reality and the senses and dispel imaginary doubts.