

Little Minds: Big Days Ahead

**A CBT Web-Based Self-Help Program for Children and Adolescents with Obsessive-
Compulsive Disorder**

**Paige Clutton
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PAIGE CLUTTON

Lorraine Beaudin
Project Supervisor

Associate Professor

Ph.D.

Elaine Greidanus
Project Committee Member

Associate Professor

Ph.D.

Dedication

I would like to dedicate this project to my younger brother who like myself knows all too well what it is like growing up with obsessive-compulsive disorder and all of the challenges that can accompany this mental health concern. You are so brave and this one's for you bud!

Abstract

The purpose of this master's level project is to develop a web-based CBT self-help program for children and adolescents managing Obsessive-Compulsive Disorder (OCD). Obsessive-compulsive disorder is a relatively commonly experienced mental health concern across the global population. The program will be hosted on a website consisting of five modules: psychoeducation, somatic management skills training, cognitive restructuring, exposures, and relapse prevention that children and youth can work through at their own pace. Each module will consist of a brief outline of learning objectives, a brief video from the author, a supplementary video, and additional resources.

Cognitive behavioral therapy was selected as the therapeutic modality as CBT has been shown to be effective for the treatment of anxiety-based disorders in that this therapeutic modality challenges and attempts to reframe the negative thinking or behavioral patterns of the individuals (Rickwood & Bradford, 2022). It has been observed that youth often consult the internet as their initial point of contact when seeking help for mental health-related concerns (Hanley et al., 2021). Therefore it is hoped that an online web-based program could hopefully offer support to individuals who may have certain physical or psychological barriers which may interfere with their abilities to access traditional in-person therapy. This website can either be used independently by adolescents (12+) or could be utilized by counsellors as a resource to share with clients to supplement their in-person sessions.

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Glossary

Term & Definition

Cognitive-Behavioral Therapy

Is a type of psychotherapeutic treatment that helps people learn how to identify and change the destructive or disturbing thought patterns that have a negative influence on their behaviors and emotions. CBT combines cognitive therapy with behavior therapy by identifying maladaptive patterns of thinking, emotional responses, or behaviors and replacing them with more desirable patterns.

Compulsion

Repetitive behaviours a person feels the urge to do, often in response to an obsession.

Common Compulsions

Excessive cleaning or hand washing, ordering or arranging things in a particular, precise way, repeatedly checking things, such as that the door is locked or that the oven is off, compulsive counting, praying or repeating words silently.

Common Obsessions

Fear of germs or contamination, fear of forgetting, losing, or misplacing something, fear of losing control over one's behaviour, aggressive thoughts towards oneself or others. Unwanted, forbidden, or taboo thoughts involving sex, religion, or harm, desire to have things symmetrical or in perfect order.

Good Days Ahead Program

A web-based program for helping individuals manage mild to severe symptoms of depression and related anxieties.

Obsession

Repeated thoughts, urges, or mental images that are intrusive, unwanted, and make most people anxious.

Obsessive-Compulsive Disorder

A long-lasting disorder in which a person experiences uncontrollable and recurring thoughts (obsessions), and engages in repetitive behaviours (compulsions) or both.

People with OCD have time-consuming symptoms that can cause significant distress or interfere with daily life.

Web-based

An application that is accessed via a web browser over the internet. Web-based applications often run within a web browser.

Chapter One: Introduction and Purpose

Introduction

Anxiety disorders are very common among the general population (Farvolden, et al., 2005). More recently, it has been understood that approximately 4% of the general population are living with an anxiety disorder (Romanoff, 2023). The most common age of onset for either mood or anxiety disorders is 15-24 years of age. In 2018, the global rate of significant symptoms of depression or anxiety for youth was 28% (Zhou et al., 2021). Furthermore, according to Klein et al., (2022), 12.9% of individuals between the ages of 12-24 years of age are living with a professionally diagnosed anxiety disorder.

Two core issues exist at a global scale concerning current service delivery for anxiety disorders (Alonso et al., 2018). The first is the low levels of individuals utilizing services, and secondly, consequently, those receiving services lacking in specificity toward anxiety disorders (Alonso et al., 2018). Farvolden et al., (2005), found self-help therapy for anxiety disorders to be effective when the interventions are tailored to the individual's specific needs and the program is administered with a minimal amount of professional guidance (Farvolden et al., 2005).

This project focuses on OCD which is considered an anxiety based disorder. Obsessive-compulsive disorder is a common anxiety disorder that at its core presentation are unreasonable thoughts, fears, or worries which are attempted by the individual to be managed through ritualized behaviours (John Hopkins Medicine, 2023). The anxiety, discomfort, and distress begin to emerge when the individual experiences those unreasonable thoughts, fears, or images. They then attempt to reduce this level of anxiety and in turn gain relief from engaging in certain compulsions (Anxiety Canada, 2022). OCD is relatively common amongst children and adolescents and often is a chronic diagnosis (Ivarsson & Valderhaug, 2006). In accordance with the DSM IV (Diagnostic and Statistical Manual of Mental Disorders), for an individual to be

diagnosed with obsessive-compulsive disorder, there has to be the presence of both obsessions and compulsions (Ivarsson & Valderhaug, 2006). The lifetime prevalence of OCD is generally found to be within the range of 1-3 % (Paul, 2022). It is especially common among younger individuals to seek reassurance from caregivers as opposed to coping independently likely resulting from their cognitive and emotional immaturity (Ivarsson & Valderhaug, 2006).

Web-based self-help is arguably the most effective option in that it can be interactive, tailored to the users' specific needs, monitor progress and offer peer support (Farvolden et al., 2005). Cognitive-behavioral therapy is a form of psychotherapeutic treatment that helps people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on their behaviors and emotions (Cherry, 2023). CBT combines cognitive therapy with behavior therapy by identifying maladaptive patterns of thinking, emotional responses, or behaviors and replacing them with more desirable patterns (Cherry, 2023). To expand on this, one such CBT-based program offered by the Panic Centre, which targets both panic disorder and agoraphobia demonstrated some benefit for users despite many users not completing the entirety of the program (Farvolden et al., 2005). To extend this, a more recent study expressed the findings that interventions and assessments whether delivered over telehealth platforms or in-person held similar benefits for users (Calkins, 2023).

Purpose

The purpose of this master's project is to develop a web-based CBT self-help program for children and adolescents dealing with obsessive-compulsive disorder. This project does not intend to form any correlations. Given the prevalence of today's youths' use of the internet, a web-based therapeutic-oriented self-paced program has the potential to both increase accessibility of services and increase individuals' willingness to seek out support.

Project Format

The format for this project will be a web-based, self-paced program tailored towards children and youth managing obsessive-compulsive disorder. The program will be in the format of a website consisting of five modules that children and youth can work through on their own time. If the child or youth is under the age of 18 (the age of majority in Alberta), then a guardian will have to sign a brief consent form for them to gain access to this program. Once they begin the program, the users will be asked to fill out a brief survey that will be used as a screening measure for which subtype of OCD best describes their lived experience. Following this, they will gain access to the different modules.

The website will include the following five modules: psychoeducation, somatic management skills training, cognitive restructuring, exposure, and relapse prevention. Each module will consist of a video outlining the core themes, a supplementary video, and additional resources for continued education on the topic.

Rationale

The implementation of this master's level project aims to increase the accessibility and awareness of cognitive-behavioral therapy to treat OCD in children and youth. The onset of youth mental health concerns is commonly associated with chronic and severe mental health disorders in adulthood (Zhou et al., 2021). Furthermore, the prevalence rates of anxiety and depression among individuals between the ages of 13-17 are found to be between 18-38 % (Yap et al., 2017). This highlights the need for more accessible self-paced therapeutic programs that are catered to the individualized mental health needs of youth. This program would hopefully assist youth in the interim while they are placed on waiting lists for more long-term and in-depth psychological services. To underline the value of cognitive-behavioral approaches when working

with youth with either anxiety or depression, CBT is an accepted evidence-based approach for treating anxiety disorders (Rickwood & Bradford, 2022). This is as it challenges and attempts to reframe the negative thinking or behavioral patterns of the individual (Rickwood & Bradford, 2022).

It has been observed that youth often consult the internet as their initial point of contact when seeking help for mental health-related concerns (Hanley et al., 2021). It could be that children and youth prefer the anonymity that can be associated with online forums, outreach programs, apps, and so forth. An online web-based program could hopefully offer support to individuals who may have certain physical or psychological barriers which may interfere with their abilities to access traditional in-person therapy. Rickwood & Bradford (2022) identified it has been observed that there are five primary components of CBT work with children; psychoeducation, somatic management skills training, cognitive restructuring, exposure, and relapse prevention. These will comprise the 5 modules of my online CBT-based program.

Personal Statement of Interest

My personal interest in creating a web-based, self-paced program stems from my work as a volunteer with a youth crisis line. For 2 years, I volunteered as a crisis responder, where my main role was to build rapport, actively listen, and apply crisis stabilization techniques virtually with youth in my community. I was able to observe first-hand the power of an online resource for youth who are experiencing mental health-related distress. Many of these youth disclosed to me that I was the first person whom they were sharing their experience with.

The second piece of my personal interest in focusing on the treatment of obsessive-compulsive disorder stems from my personal experience with this diagnosis. I have been living with contamination, morality, symmetry, and relationship OCD for most of my life. When I was

younger, I often felt alienated as I knew most people did not experience obsessions or take part in the compulsions that felt compulsory to me. It was not until the end of high school that I sought out formal therapy. If I had been aware of web-based resources at a younger age, I may have gotten support and help at an earlier age. This is because the anonymity and accessibility of an online program would have been appealing to me. I spent much of my former years unsure of what was going on for me and why I could not rid myself of these intrusive worries and thoughts. I want to create a space where individuals can connect in a safe, anonymous, and informational network online who are going through similar experiences. I hope that the implementation of this project will reduce some of the stigma associated with OCD and increase the accessibility of OCD-focused resources.

Chapter Two: Review of the Literature

Introduction

The focus of the present study will be on creating a web-based module program for children and youth living with obsessive-compulsive disorder (OCD). OCD can be characterized by the presence of repetitive thoughts and actions that generally interfere with daily activities and functioning (Mataix-Cols & Marks, 2005). It is noted that many OCD clients do not seek out help for fear of being stigmatized (Mataix-Col & Marks, 2005). Furthermore, previous work has suggested that self-help platforms are perceived as a convenient mode of therapy and oftentimes help in the reduction of stigma (Zhou et al., 2021). In response, telehealth is both a clinically effective and widely accepted means of mental health treatment (Zhou et al., 2021).

Cognitive Behavioral Therapy

Cognitive-behavioral therapy has been an effective means of treatment for a wide variety of psychological disorders as well as certain somatic conditions, such as irritable bowel syndrome, chronic pain, and diabetes (Wright et al., 2018). Cognitive-behavior therapy is based

on two core principles. The first being that our cognitions have a strong influence on our emotions and behaviors. Secondly, how we act or behave can strongly affect your thought patterns and emotions (Wright et al., 2017). CBT utilizes the negative cognitive triad to explore the content of individuals' thinking patterns. Furthermore, it is felt that cognitions fall into one of three common categories, which encompass the self, our world, and future (Wright et al., 2017). CBT can be utilized for a wide range of purposes including the treatment of depression, anxiety disorders, eating disorders, schizophrenia, bipolar disorder, chronic pain, personality disorders, and substance abuse (Wright et al., 2017). Automatic thoughts are a central tenet of CBT and are felt to be thoughts that are often intrusive in nature and outside of one's subconscious control (Wright et al., 2017). The general cycle for CBT includes a precipitating event, cognitive appraisals about the event, emotional responses, and behaviors (Wright et al., 2017). According to the theoretical approach of CBT, it is felt that individuals' thinking is maladaptive and unhealthy in the sense that they engage with certain cognitive distortions (Wright et al., 2017).

Other core features of CBT are a highly collaborative therapeutic relationship, application of Socratic questioning methods, alongside structure and psychoeducation (Wright et al., 2017). Cognitive reframes are a common intervention technique of CBT by which individuals are encouraged to think about certain events and their appraisals of these events within their life from differing perspectives (Wright et al., 2017).

CBT has been suggested as an appropriate therapeutic modality for remote delivery in that it is a highly structured approach (Rooksby et al., 2015). CBT is a recommended therapeutic approach for several presenting concerns in both children and youth (Porter et al., 2022). There are many additional barriers that exist when it comes to children and youth accessing mental

health services. One of these is that their attendance and commitment to therapy is largely influenced by parental figures (Porter et al., 2022).

Internet Usage and Young People

Given the increased use of the internet among children and youth, it is not surprising that younger individuals perceive the internet as a convenient and affordable medium for accessing services and information and as a tool for fostering social connections (Smith et al., 2015).

Young individuals often fuse together leisure activities and active learning when it comes to internet usage (Smith et al., 2015).

Web-Based Self-Help

Cost, stigma, and available resources are all substantial barriers for individuals receiving individualized and OCD specific treatment (Abramowitz et al., 2018). Self-help programs offer individuals opportunities to take charge of their own wellness trajectory and to manage their personal care (Donahue, 2000). One means to define recovery is the management of symptoms, which can be achieved through the implementation of self-help-oriented programs (Donahue, 2000). Generally speaking, both clients and therapists view the implementation of telehealth modes of delivery favorably (Calkins, 2023). One such study expressed the findings that interventions and assessments whether delivered over telehealth platforms or in-person held similar benefits (Calkins, 2023). Among the population utilizing self-help programs, 16 % of self-help consumers are found to be between the ages of 18-24 (Gitnux, 2023). Furthermore, 11 % of smart phone users within the United States of America have downloaded a self-help based application (Gitnux, 2023).

A large production in behavioral health-based applications which are oftentimes inclusive of symptom assessment, psychoeducation, resource management, and progress tracking, has

been observed in part from the increase in popularity of smartphones, (Abramowitz et al., 2018). Approximately 45% of college-aged students have utilized the internet to access information about a personal problem they are experiencing (Chang, 2005). It has been reported that approximately 33% of individuals who were in need of and received treatment for a mental health related concern, were very likely to use an online library to gain knowledge (Chang, 2005). Two main positive attributes of online services is that they increase accessibility and target underserved populations (Chang, 2005).

One principle area of change that web-based programs can target is attitudes and stigmatization of certain mental health concerns. Interactive online programs have been observed as beneficial regarding both the treatment and prevention of depression and anxiety (Chang, 2005). As counselling psychologists hold a great breadth of knowledge regarding mental health, attitudinal changes, and behavioral changes, they can play an important role in both the development and oversight of internet-based psychoeducational content (Chang, 2005). It is felt that when mental health related information is provided in an interactive format and the acquiring of knowledge facilitates thorough skill-based exercises, this approach can help bridge the gap between psychoeducation and self-help (Chang, 2005).

Dangers and Limitations of Self-Help

On average it has been understood that the majority of information found within online resources is poor in regards to quality, accuracy, and coverage. Furthermore certain web sites within the realm of mental health were seen to be biased or contain misleading information (Chang, 2005). An important consideration when evaluating self-help programs is the degree to which they consider a user's severity and chronicity in regards to mental health concerns (Papworth et al., 2015). Another consideration is taking the participants level of education and

readiness for change into account (Papworth et al., 2015). A downfall of certain self-help programs and resources are their broadness of scope which discounts some of their credibility in regards to the specificity of treatment towards certain clinical conditions (Papworth et al., 2015).

Teletherapy and Web-Based Therapy

When it comes to therapy one-to-one individual in-person counselling has remained as the dominant form of delivery of service. Over recent years it has been increasingly observed that this delivery mode is not accessible and feasible for all individuals (Fernandez et al., 2021). Certain barriers exist for individuals accessing mental health support such as individuals living with mobility difficulties, financial constraints, chronic illness, and so forth (Fernandez et al., 2021). For this particular study, effect sizes were larger for those individuals whose primary concerns were OCD related in comparison to eating disorders. One hypothesis is that individuals experiencing OCD-related concerns or tendencies may be fearful of leaving their home for appointments or be routinely late resulting from perfectionistic tendencies (Fernandez et al., 2021). Offering remote therapeutic options to this sector of the population could potentially increase therapeutic attendance and commitment (Fernandez et al., 2021).

One of the earliest eHealth reviews for the treatment of depression explored web-based interventions and their benefit towards the following attributes of one's mental health concern: severity, comorbidity, and the individual's overall well-being (Bennett et al., 2020). These effects were consistent for differing age groups, such as children, adolescents, and adults (Bennett et al., 2020). The review of most web-based programs targeting anxiety and anxiety-related disorders are CBT focused. Across this review moderate to large effects were seen in the reduction of anxiety symptomatology (Bennett et al., 2020). Overall increased satisfaction of differing web-based programs pertained to therapist guidance, structured interventions, inclusion

of examples, and peer connections (Bennett et al., 2021). Parents of children and youth who were utilizing web-based therapeutic programs found the anonymity of the designs to be highly appealing (Bennett et al., 2020).

Technological advances have led to rapid changes in the delivery of many professional services which highlights certain benefits alongside other unique difficulties (Stoll et al., 2020). One of the largest benefits of online therapy is the increase of accessibility and flexibility of therapeutic delivery (Stoll et al., 2020). Many different therapeutic modalities are felt to be easily translated into online-modes of delivery, with CBT being the most versatile (Stoll et al., 2020). Another potential advantage of web-based therapy is that it can increase anonymity for clients and oftentimes is more cost-effective than in-person therapy (Stoll et al., 2020).

It has been noted that web-based formats of therapy delivery are often empowering to clients. This is as they help foster increased flexibility of attendance of sessions, rescheduling, and increase assertiveness when making the decision if the therapist is a good fit for their needs (Stoll et al., 2020). Online delivery of therapy allows for worldwide and cross-border access to psychotherapy (Stoll et al., 2020). Furthermore, online delivery of psychotherapy can increase accessibility of services during times of crisis or emergencies. One of the arguments to be cautioned when accessing or utilizing web-based therapeutic services is that there are commonly found research gaps within the literature (Stoll et al., 2020). Another important consideration is ensuring that online therapeutic formats take certain cultural and diversity considerations into account (Stoll et al., 2020).

Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is a mental health diagnosis that is characterized by the presence of both obsessions and compulsions. Obsessions are characterized by intrusive

undesirable thoughts and/or images (Abramowitz, 2006). Obsessions tend to be related to either the fear of uncertainty, the safety of self, or the safety of others (Abramowitz, 2006). In contrast compulsions are characterized as ritualized repetitive behaviors (Paul, 2022). Further explored, compulsions are willingly completed with the intent of reducing uncertainty or offering the self-temporary relief from distress (Abramowitz, 2006). The lifetime prevalence of OCD is generally found to be within the range of 1-3 % (Paul, 2022). OCD is generally characterized into different subtypes, which include tics and anxiety-related disorders (Paul, 2022). The degree of insight regarding how foreseeable individuals deem their obsessions to come true varies across cases (Abramowitz, 2006). It is important to explore this degree of insightfulness as this can influence the direction and nature of treatment (Abramowitz, 2006). Many researchers demonstrate that various rituals and compulsions can coexist within the same individual (Boileau, 2011).

Boileau (2011) identifies four broad subcategories for categorizing OCD subtypes, which include symmetry, forbidden thoughts, cleaning, and hoarding. Some of the commonly comorbid disorders with OCD presentation are anxiety disorders, clinical depression, Tourette's Syndrome, and disruptive disorders (Boileau, 2011). It is understood that cognitive-behavioral therapy alongside psychoeducation and family counselling should be the primary approaches in regards to the therapeutic treatment of OCD (Boileau, 2011). Oftentimes, CBT for OCD involves the implementation and application of exposure and response prevention (Boileau, 2011).

Subforms of OCD

Checking OCD

Checking OCD is often conceptualized as one of the more common ways that OCD manifests itself. To add it is also often one of the forms of OCD that is commonly portrayed in the media (McGrath, 2023). People who experience this form of OCD often believe that if they

don't engage in certain checking compulsions, they will cause serious harm to other people. For example, if they don't check that the stove is turned off, they will cause a house fire. Common obsessions with checking OCD often center around the core themes of safety, making mistakes, or behaving inappropriately (McGrath, 2023).

Contamination OCD

People with contamination OCD, often experience an extensive fear that they will either contract an illness or spread germs to other individuals (McGrath, 2023). Some common forms of compulsions with this subtype are researching illnesses for extended periods of time, showering multiple times per day, or washing hands in a ritualized manner (McGrath, 2023). The presentation of this sub-form of OCD tends to vary greatly from person to person (McGrath, 2023).

Counting OCD

Counting OCD can be characterized as feeling as though something bad will happen if one does not engage in a counting-related compulsion (McGrath, 2023). Often, people ritualistically count to ensure safety for both themselves and others around them. Sometimes this subtype involves counting after exposure to a triggering or traumatic event (McGrath, 2023). Sometimes this subtype can evolve into tapping behaviors or a desire to complete a certain activity a given number of times (McGrath, 2023).

Existential OCD

Individuals with this subform of OCD often spend many hours a day contemplating the purpose of their lives and whether or not they exist (McGrath, 2023). The compulsions may present themselves as seeking reassurance from others or extensive research on the purpose or meaning of life.

False-Memory OCD

This subform is categorized as the false recall of memories being an extremely anxiety-inducing experience for someone (McGrath, 2023). People with this subform of OCD often find themselves compulsively recalling certain memories. Other compulsions may include reassurance seeking or returning to the site of the memory (McGrath). This subform of OCD creates a vicious cycle where an individual feels the need to relive certain memories, but with each recall, this can increase the uncertainty of the accuracy of their memory (McGrath, 2023).

Harm OCD

The core fear of harm OCD is inflicting harm on other people. More specifically, these individuals tend to fear the harm that would result if they were to act on their distressing obsessions (McGrath, 2023). Some of the compulsions that can be associated with trying to relieve some of the fear associated with this subtype of OCD is reassurance seeking or avoidance of the object or person you fear harming (McGrath, 2023).

Hoarding OCD

Individuals with this subform may fear something bad will follow if they get rid of certain belongings or items within their lives. The difficulty with ridding themselves of certain belongings may also be tied to a general obsession with experiencing incompleteness if they were to part with something (McGrath, 2023).

“Just Right OCD”

This subtype is often characterized as a generalized fear of something feeling dissatisfied or being not quite right (McGrath, 2023). The compulsion tied to this obsession of something not being quite right may be restarting a task to make it right. This may come in the form of either

repeating certain activities or rearranging objects until they are in their correct placement (McGrath, 2023).

Magical Thinking OCD

This subtype manifests as an intense manifestation of superstitions. This form of OCD is generally associated with certain compulsive behaviours in the form of completing certain superstitions (i.e., knocking on wood). The individual's distress originates from either the fear of something bad happening to them or something good not coming true (McGrath, 2023). Generally speaking, people with this sub-form hold the core belief that their thoughts directly influence their physical world (McGrath, 2023).

Pedophilia OCD

Pedophilia OCD is characterized by intrusive, unwanted thoughts, and ritualistic behaviors that attempt to neutralize the thoughts. The theme that these intrusive obsessions are centered around is unwanted sexual thoughts about children (McGrath, 2023). Individuals with this subform despite feeling uncertain as to whether they would act on the obsessions, experience distress from this uncertainty (McGrath, 2023). Individuals with this subform often feel shameful in disclosing these obsessions to their therapist, and as a result, it often goes untreated (McGrath, 2023).

Perinatal OCD

This subform follows the general pattern of OCD with certain obsessions and compulsions that follow with an attempt to neutralize the thoughts. Most individuals who develop this sub-form had preexisting OCD and then the pregnancy and delivery exacerbated certain symptoms (McGrath, 2023). Certain realms of perinatal OCD are contamination, symmetry, and the health or safety of the young child (McGrath, 2023).

Postpartum OCD

This subform is differentiated from perinatal OCD in that it develops following the delivery of the child as opposed to during the pregnancy. Certain common compulsions may include reassurance seeking and avoiding spending time with your child alone (McGrath, 2023).

Real Events OCD

Someone with real events OCD will correlate an event from the past with an event currently taking place, even if the two are not related in any form (McGrath, 2023). Individuals with this subform tend to experience an increasing level of guilt and responsibility for past events in their life. Compulsions may manifest as reviewing the details of past events or over-analyzing their actions (McGrath, 2023).

Relationship OCD

Individuals with relationship OCD may doubt if they are with the right person or if their partner truly wants to be with them (McGrath, 2023). Any sign of doubt within a relationship for these individuals can lend the individual to engage with the obsession-compulsion cycle (McGrath, 2023).

Scrupulosity (religious) OCD

Someone with religious OCD experiences obsessions that center around violating religious, moral, or ethical beliefs (McGrath, 2023). They can manifest as lying, causing harm to someone, or committing a sin. Certain compulsions that may arise are excessive praying or avoiding certain places (McGrath, 2023).

Sexual Orientation OCD

Individuals with sexual orientation OCD experience obsessions related to their sexual orientation (McGrath, 2023). Obsessions may contain content related to being in denial of their

sexual orientation or suppression of their true romantic attractions. It may also present as a hyper-awareness of their actions and how others perceive their sexuality (McGrath, 2023). This sub-form may present with certain compulsions in the form of reassurance seeking from your partner or analyzing past romantic encounters (McGrath, 2023).

Suicide OCD

Suicidal OCD centers on an intentional desire to harm the self. The obsessions in this case relate to suicide (McGrath, 2023). To differentiate between someone with active suicidal ideations and suicide OCD, the former tends to be deliberate and voluntary, whereas the latter tends to experience the obsessions as out of the individual's control (McGrath, 2023).

Treatment of OCD

Inhibitory Learning Model of Exposure

There is a great deal of evidence in support of both the efficacy and efficiency of utilizing CBT as the main theoretical framework for approaching the treatment of OCD (Abramowitz et al., 2018). There is a need for worthwhile treatment options for OCD, as both those individuals struggling with the disorder as well as their caregivers oftentimes experience a decline in their overall quality of life (Abramowitz et al., 2018). OCD is often underrepresented within mental health settings as individuals managing such experiences routinely express shame and embarrassment in relation to their obsessions and compulsions collectively (Abramowitz et al., 2018). The two most researched and evidence-based CBT interventions that are streamlined for OCD treatment are exposure and response prevention (Abramowitz et al., 2018). It is understood that exposure-related techniques encourage the individual to form new responses to the feared outcome (Abramowitz et al., 2018). Furthermore, the goal is for individuals to strengthen inhibitory responses and, in turn, weaken fearful responses (Abramowitz et al., 2018).

Acceptance and Commitment Therapy

This approach encourages individuals to increase their mental flexibility in terms of being present within the given moment and fighting the urge of obsessions and compulsions (Abramowitz et al., 2018). The individual is also encouraged here to seek out meaningful experiences that are absent of their obsessions and compulsions (Abramowitz et al., 2018). Furthermore, there does exist an acceptance and commitment-based exposure program which emphasizes both willingness and diffusion from thoughts/feelings (Abramowitz et al., 2018). Within this theoretical orientation, metaphors are commonly reflected upon, such as a swamp, to describe what the person's current state of functioning and quality of life is and then what the other side of this way of living could look like (Abramowitz et al., 2018).

CCBT

CCBT utilizes multimedia computer programs to deliver CBT with the implementation of training videos, interactive exercises, quizzes, assessments, and tools that are tailored towards the user as they progress through the program itself (Mindstreet Science, 2005). Mindstreet is considered to be the founder of CCBT in their completion of the program Good Days Ahead which is a web-based program for helping individuals manage mild to severe symptoms of depression and related anxieties (Mindstreet Science, 2005). Many studies have spoken to the excellent acceptance and adherence of CCBT by patients themselves (Mindstreet Science, 2005).

Review Online Programs

There are several web-based programs available for children and youth. It is beyond the scope of this project to review all programs. I am choosing to review the programs below as they are most in alignment with what I hope to create with my project, *Little Minds: Big Days Ahead*.

In general, the programs reviewed below are widely accessible, affordable, youth-centered, and self-paced.

Good Days Ahead

This program utilizes interactive exercises, audio, and videos with their basis founded within cognitive-behavioral therapies' theoretical beliefs. Furthermore, these online modules are geared towards individuals experiencing depression (Center for Technology and Behavioral Health, 2023). Good Days Ahead consists of 6 modules that include restructuring automatic thoughts, taking action, shifting schemas, and continuation of care following completion of the program. Each module includes an audio portion from a skilled clinician, a video of someone implementing the coping strategy, interactive exercises, and a multiple-choice quiz to assist with revision of the content (Center for Technology and Behavioral Health, 2023). Each session is 20-45 minutes in duration, and the entire program can be completed within 8 sessions (Center for Technology and Behavioral Health, 2023).

Stronger Minds by MindBeacon

Stronger Minds by Mindbeacon offers some of the most comprehensive CBT-based digital programs in all of Canada. This program can help with specific mental health concerns, such as sleep stress, anxiety, alcohol use, panic disorder, and PTSD (MindBeacon, 2011). Each user's program is customized to their individualized needs with collaboration from both the client and the therapist (MindBeacon, 2011).

Table 1
Steps of Stronger Minds by MindBeacon

Step #1	Fill out an in-depth self-assessment that is designed to mimic a traditional intake session within the field of counselling
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Step #2	The individual will be matched with a therapist and if there is felt to be no good match, the site will refer the individual to external resources within the community
Step #3	Therapist will ask further questions to get to know the individual, which may include certain exercises or readings with the intent of guiding them through the program and reducing discomfort that current concerns are associated with
Step #4	Following each week within the program, the client will be asked to reflect on their learnings/progress. The therapist will in turn modify the program as necessary, following these check-ins
Step #5	Once the client completes their goals, they will be released from the program (similar to termination in therapy)

Sanvello Application

Some of the common topics that are addressed within this application are self-care strategies, peer support, coaching, and therapy. Support is in the form of channels users can join related to various presenting concerns (i.e., eating disorders). Within these channels users can either share their thoughts, comment on others posts, or scroll through feeds (Sanvello, 2022). One of the functions of this application is a daily mood tracker, where users answer simple questions that then provide a rating of their mood. This function allows users to monitor their mood, receive daily health-related reminders, track their health and fitness goals, and view their progress (Sanvello, 2022). Another function is guided imageries that are readily available within the application. The application also has readily available coping tools for common experiences of anxiety and depression (Sanvello, 2022). The application also provides progress assessments,

which are thought to be a road map of the individual's progress across a given timeline (Sanvello, 2022).

One Bright Mental Health

This program is considered to be a self-guided version of seeking therapy. This program is a self-guided CBT oriented program that is module-based. It also offers an option to be connected to a therapist for additional support (One Bright Mental Health, 2021). Some of the modules consist of videos, worksheets, and activities (One Bright Mental Health, 2021). To begin this program, the individual would complete an initial assessment with their designated therapist. Alongside this therapist, you will collaboratively decide if self-guided CBT is the best fit for your needs (One Bright Mental Health, 2021). If it is deemed to be a good fit, your therapist will provide access to the relevant modules. This program can be self-led, or you can also add virtual or in-person sessions with your counsellor (One Bright Mental Health, 2021). This program is felt to be targeted toward general stress management, depression related to pregnancy, social anxiety, and skin picking. This program requires a 12-month commitment (One Bright Mental Health, 2021).

Mindshift CBT Application

Mindshift application can be downloaded and is compatible with both Android and IOS. It is marketed as free evidence-based anxiety relief. This application utilizes scientifically grounded research to provide CBT to the public (Mindshift, 2019). Integrated within this application, the community forum allows users to access and offer peer support. This application is felt to be beneficial for worry, panic, perfectionism, social anxiety, and phobias. Some of the features include thought journaling, coping cards, and brief experiments (Mindshift, 2019). This application encourages users to keep track of their anxiety and mood across time by making use

of the integrated graphs and journal entries. This application is structured for individuals who are 18 years and older (Mindshift, 2019).

Summary of Web-Based Self-Help Programs

Overall, the majority of the web-based self-help programs that were reviewed within the literature review are CBT-oriented. This refers to the therapeutic modality that was referenced and utilized when building the framework of the various programs. Regarding time commitment, most of the programs mentioned here are within the range of 8-12 sessions in length, with each session or module being approximately 20-40 minutes in duration. All of the programs are either accessed through a website or by downloading the mobile application. The majority of the programs are targeted towards the following mental health concerns: anxiety, depression, stress, and phobias. Many of the web-based programs under review are therapist-led in the sense of a therapist conducting an initial assessment to determine if the individual is a good candidate for the program, and furthermore, some have the option to seek out formal therapy sessions within the platform.

One limitation of some of the web-based programs under review was that they are only currently offered and accessible to residents within the United States of America. Another limitation noted with the web-based self-help program *Sanvello*, in particular, is that it has an affiliated cost associated with its membership. One final observation is that most of these programs are for older individuals who are above the age of majority.

Table 2
Overview of Differing Web-Based Self-Help Programs

Program	Theoretical Approach	Target Symptoms	Target Audience	Length
Good Days Ahead https://mindstreet.com/product#gda	CBT	Depression	18 – 30 +	20- 40 minutes: 8 sessions

Stronger Minds by MindBeacon	CBT	Sleep stress, anxiety, alcohol use, panic disorder, and PTSD	Adults (over age of 18)	Varies depending on severity of presenting concern
Sanvello Application	CBT	Depression and anxiety	Adults	6-8 weeks
One Bright Mental Health	CBT	General stress management, depression related to pregnancy, social anxiety, and skin picking	Adults	12 months
Mindshift CBT Application	CBT	Worry, panic, perfectionism, social anxiety, and phobias	18+	Not stated

Inclusivity Within an Online Environment

Within an inclusive online environment, it is valuable to ensure that images are both clear and formatted in high resolution (Hurix Digital, 2024). To add on, it is important to have audio and visual content that mirrors each other, to ensure that individuals with differing abilities can access the content. Additionally, there should be audio notifications for common information found on the website so that all individuals can be informed (Hurix Digital, 2024). Two more considerations that may increase the accessibility and inclusiveness of the material is to consider color contrast and to consider translating the information into different languages (Hurix Digital, 2024). I will be utilizing Visual Presentation SC to ensure that my website takes into account the diverse needs of those individuals who are visually impaired so that the website can be just as accessible for them (Hurix Digital,2024).

Current Web-Based Program Gaps

A current research gap is that through this literature review, there appeared to be few web-based self-help programs that are directed toward the awareness and management of OCD. Some of the most well-researched and educated web-based programs, such as Good Days Ahead, are only accessible to residents of the United States of America, which is in turn, limiting for Canadian residents. Another research gap is that many of the web-based self-help programs were found to be therapist-led which may deter individuals who are experiencing certain barriers accessing traditional in-person therapeutic services or those individuals who desire a more anonymous learning environment. Furthermore, many of the programs with the option to see a therapist would have costs associated with this portion of the program, which could create a divide between those individuals who can afford it and those who can't. A final observation and gap in the current research is that the majority of web-based programs for mental health-related concerns were for an older target audience (18+), leaving few web-based options for younger individuals.

Little Minds Big Days Ahead Contributions to Research

One major contribution of this current program is that the modules are tailored towards the treatment of OCD as opposed to a more globalized approach to working with individuals with anxiety or stress. A push for this largely stems from the author's professional and personal experience of OCD often getting mislabeled or misidentified as general anxiety which in turn can be experienced as dismissing for the individual as it does not accurately capture their lived experience. Furthermore, this program aims to increase both the accessibility and affordability of mental health resources for those individuals living with OCD. Accessible in terms of being available to individuals across Canada. Affordable in terms of having no membership agreement

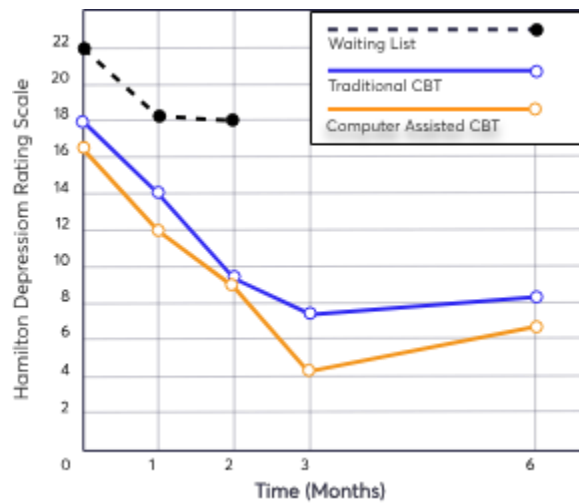
and no costs associated with any component of the program. Another research gap that this program will meet is that it is not therapist-led and instead is fully self-help based. This is to offer a resource to those individuals who are truly ready and want to tackle OCD at their own pace and within a fully anonymous setting. This program is also meeting the research gap of most web-based programs targeting an older audience in that this program is tailored towards individuals between the ages of 12-17.

Chapter Three: Implementation of Web-Based Design

Research Focus

Computer-Assisted Cognitive Behavior Therapy (CCBT) utilizes digital tools to allow learners to immerse themselves in an online self-paced program that aims to teach them the principles for identifying, understanding, and managing their mental health concerns (Mindstreet Science, 2005). Comparatively, CBT and CCBT have been observed as having similar reported dropout trends, and users experienced long-term impacts (Mindstreet Science, 2005). CCBT has been seen to be more impactful in comparison to traditional methods of delivery for CBT in regards to improving dysfunctional attitudes and enhancement of awareness (Mindstreet Science, 2005). A recent study of Good Days Ahead presented at the National Network of Depression Centers Annual Meeting shared preliminary findings that depression, anxiety, and quality of life ratings improved following the implementation of the program. Furthermore there appeared to be drastic impacts of the program on symptomatology at both 3 and 6-month post-treatment check-ins (Mindstreet Science, 2005).

Figure 1
Hamilton Depression Rating Scale



(Mindstreet Science, 2005).

This graph above exemplifies the differences in outcome measures for individuals on a mental health facility waiting list, enrolled in traditional CBT therapy, and enrolled in computer-assisted CCBT. Good Days Ahead (GDA) is the combination of a 9-module multimedia program alongside shortened sessions with a clinician (Thase et al., 2020). Research studies conducted to date demonstrates that the Good Days Ahead program has similar efficacy to traditional delivery modes of CBT despite the substantial reduction in therapist contact (Thase et al., 2020). Those participants who completed the 16-week GDA program had similar progression results in comparison to individuals who received individualized CBT-oriented therapy in addition to saving approximately \$925 in costs that would have been spent on traditional delivery methods of therapy (i.e., one-on-one therapy sessions) (Mindstreet Science, 2005).

Many clinicians are beginning to integrate mobile applications and web-based programs into traditional treatment plans (Wright & Mishkind, 2020). CCBT allows clients to learn core CBT skills and interventions without the dependence of face-to-face service delivery (Wright &

Mishkind, 2020). In regards to anxiety disorders, CCBT programs are seen to be more efficacious in comparison to waitlist conditions and equally efficacious to face-to-face delivery methods (Wright et al., 2019). In comparison to CCBT modes of delivery, many mobile applications are seen to lack in regards to their tailored approach to treating the presenting concern (i.e., panic disorder) (Wright et al., 2019). Another major concern with mobile applications is the heightened possibility of breaches of confidentiality (Wright et al., 2019). CCBT holds the potential to increase the accessibility of therapy, reduce the financial burden for users, and provide data tracking features that could enhance other delivery modes of CBT (Thase et al., 2018). In one such study, both the CBT group and CCBT group showed improvements in the following areas: depressive symptoms, negative cognitions, global functioning, and interpersonal functioning (Thase et al., 2018). The CCBT group acquired greater psychoeducation in regard to CBT in comparison to the CBT group (Thase et al., 2018).

Specifically for the treatment of OCD, 71% of subjects who used an interactive voice response system declared the program improved their overall quality of life (Wright et al., 2002). In one such study, around 75% of participants completed the full module web-based program, and 90% of participants completed a minimum of 3 modules (Wright et al., 2002). Measures of depression, anxiety, and automatic thoughts were improved throughout the implementation of the CCBT program (Wright et al., 2002). The intended audience for this project will be children between the ages of 12-17 who are experiencing obsessive-compulsive-related concerns. The cognitive load of the program will be taking a younger population's preferred learning styles and abilities into consideration.

The Modules

As discussed previously, this project will use the primary components of CBT work with children as outlined by Rickwood & Bradford (2022); psychoeducation, somatic management skills training, cognitive restructuring, exposure, and relapse prevention. Below is a summary of the 5 modules of the current online CBT-based program.

Psychoeducation

Psychoeducation within the realm of therapy is believed to consist of four main subcomponents; briefing about the presenting concern, problem-solving training, communication training, and self-assertiveness training (Bauml et al., 2006). A number of studies have evidenced the superiority of psychoeducational-oriented therapeutic interventions as opposed to other treatment options (Bauml et al., 2006). Within the psychoeducational web-based module, users will be provided with a briefing about what OCD is and how OCD can impact functioning. Then, users will be provided with some exercises for increasing problem-solving skills, communicating with others within their life about OCD, and assertiveness skills development. All of this will be communicated in the form of a short video alongside some formal exercises.

Somatic Management Skills Training

Somatic experiencing aims to reduce the negative lived impacts of stress, shock, and trauma within our nervous system. Furthermore, individuals experiencing anxiety are often stuck in patterns of freeze, flee, or fight responses by which somatic experiencing can help individuals begin to release some of the tension and recover (Somatic Experiencing International, 2024). Within the somatic management skills training module users will be briefed on what somatic experiencing is and then will be instructed to practice somatic experiencing through differing

interventions. All of this will be communicated in the form of a short video alongside some formal exercises.

Cognitive Restructuring

Cognitive restructuring is a CBT-oriented technique that aims to help an individual identify any self-damaging beliefs and then work towards refuting and modifying them so that they become more reasonable across time (APA Dictionary of Psychology, 2024). Within the cognitive restructuring module users will be briefed on what differing cognitive distortions are and how they impact us. To follow this, they will be instructed on what the reframing of cognitive distortions process can look like. Differing techniques will be discussed here for reframing and refuting cognitive distortions as they arise. All of this will be communicated in the form of a short video alongside some formal exercises.

Exposure

Exposure therapy involves systematized and repeated exposure to the feared stimulus (i.e., germs) either in real life or imaginal. Some of the benefits of exposure therapy are that it is believed to reduce the intensity of anxiety, disconfirm fearful predictions, and can increase feelings of mastery (APA Dictionary of Psychology, 2024). The exposure therapy module will be delivered by briefing participants on what exposure therapy is and some of the benefits. Users will then be instructed to build an exposure hierarchy ladder. All of this will be communicated in the form of a short video alongside some formal exercises.

Relapse Prevention

This portion of therapeutic treatment is aimed at reducing the risk of relapse of a condition, disease, or disorder (APA Dictionary of Psychology, 2024). The relapse prevention module will be delivered by briefing users on what relapse prevention is and some of the

common procedures that are utilized during this phase of therapeutic treatment. Users will then be instructed to create a coping plan for themselves upon completion of the CCBT program. Within this module users will be exposed to a variety of community resources if they want further support with OCD. All of this will be communicated in the form of a short video alongside some formal exercises.

Overview of Website

The figure below is a site map of the web-based self-help program Little Minds: Big Days Ahead located at <https://littlemindsbigdaysahead.weebly.com>

Figure 1
Little Minds Big Days Ahead Site Map

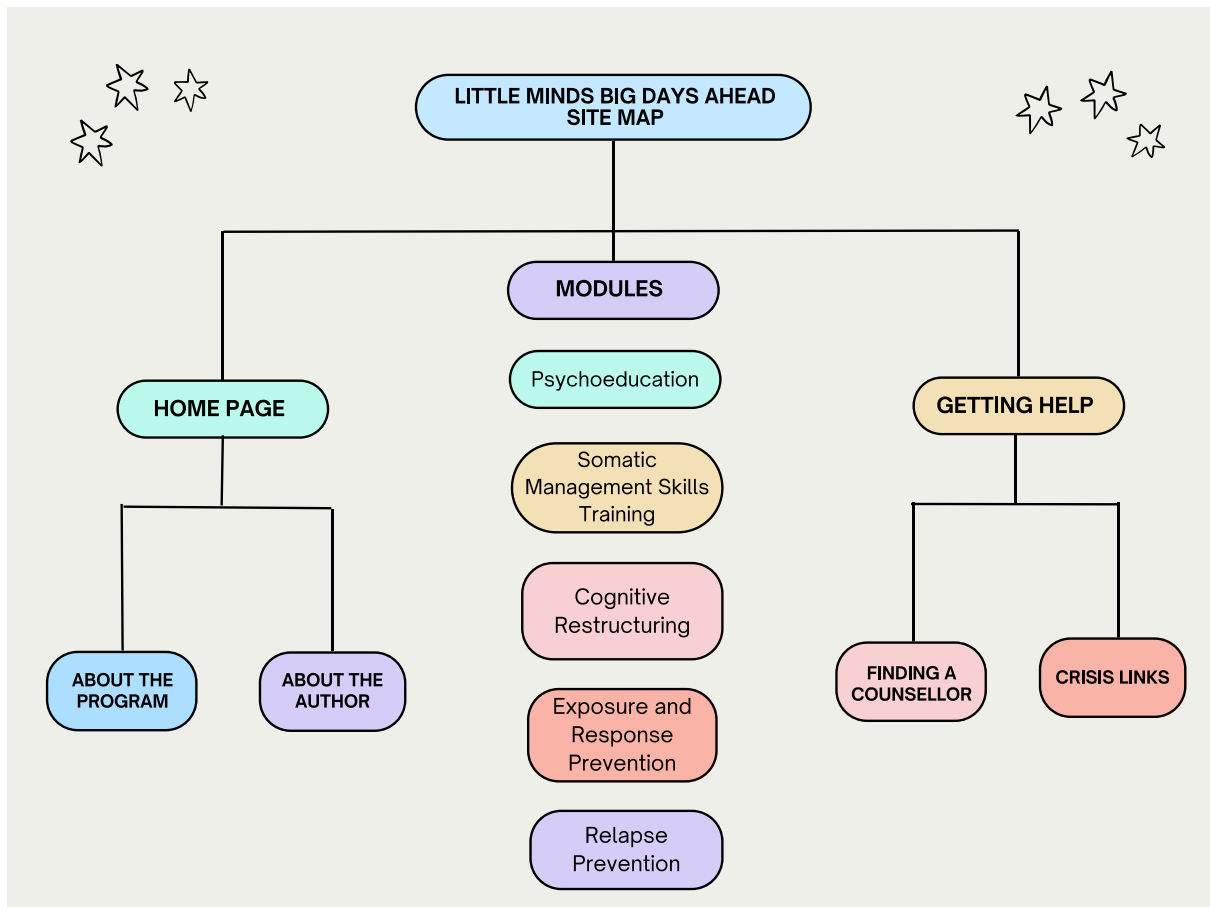
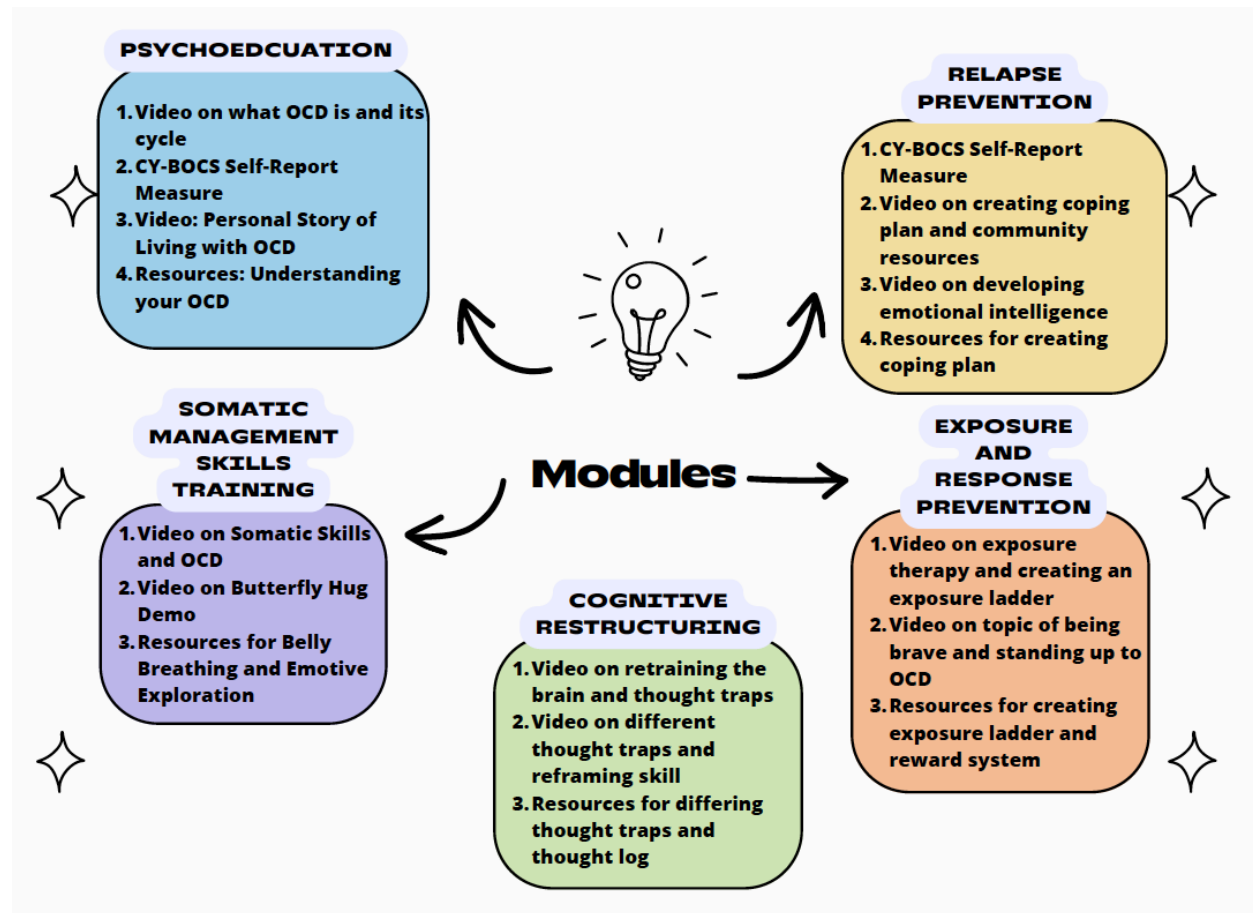


Figure 3
Module Structure



You can find a full overview of the website layout in the appendices following the references of this document.

Ethical Considerations

A primary ethical consideration for the implementation of this project is the concern of data storage. No collection of user data will be stored as users can use the web-based program anonymously and without making an account. This is because the primary project publisher does not believe that collecting data would benefit the implementation of the project in any way and could actually pose a risk to the public. Subsequent ethical considerations would be voluntary

participation, informed consent, anonymity and confidentiality. To ensure voluntary participation, no coercion or rewards will be used to entice individuals to use the web-based program. To ensure informed consent there will be a portion of the website dedicated to disclosing the purposes, limitations, and disclaimers for potential risks of using the web-based program. To ensure anonymity and confidentiality, users of the web-based program, will not be inputting any personal identifying information (i.e., address, legal name, etc.).

Chapter Four: Discussion and Limitations

Strengths

Few current web-based self-help programs are specialized and narrowly focused on the understanding and treatment of obsessive-compulsive disorder. A further strength of the literature review is that both benefits and risks were examined regarding the implementation of web-based self-help programs.

A strength in relation to the website component of the project is that it has been created with youth between the ages of 12-17 in mind which is often rare to find mental health resources that are created in a consumption format that are both feasible and interactive for younger individuals. Another strength is that each module has differing components which can allow users to tailor the modules to best suit their own personalized learning preferences. To extend this the modules are rather short in duration to increase the accessibility for youth and to hopefully reduce partial completion of modules. Another strength is that each module is consistent in its arrangement of information and ordering of tasks to be completed. This was set with the intent of fostering familiarity and security for users. Another strength is that the author of the modules has compiled differing resources so that this web-based self-help program does not become a last resort for users and instead one component of their mental health journey.

Another strength of the program is that it is free to use and there is no membership required to access the content.

Limitations

One limitation of this project is that the author is not a fully certified mental health practitioner, and therefore the web-based program has no formalized therapy components to it. Another limitation is that the web-based program does not have any opportunities for users of the site to connect virtually and create a sense of community. This was considered during the implementation phase of the project, but due to the simplicity of the program and concerns surrounding the monitoring of a chat function; the author chose against this function being available in the initial framework of the program. Another limitation is that differing cultural preferences for the transmission of knowledge were not considered during the creation of the program. During further revisions, the author would further take this into account.

A further limitation is that this web-based self-help program was created without consultation from experts or the target audience. This web-based self-help program assumes that youth have access to a functioning computer and a reliable internet connection to utilize all of the functions of the program. Moreover, if a user begins exposure work without a trained professional, there is the risk of them becoming dysregulated and, unlike in the therapy room, not having someone to guide them through a regulation exercise. A final limitation is that certain users may not be readily willing to label their lived experience as obsessive-compulsive disorder, and they may misuse the program to provide themselves with a formal diagnosis as opposed to utilizing it as a resource.

Future Areas of Research

There are ways that this program could be further developed and areas for future research. One of those is to implement a chat function for users so that they connect with other individuals experiencing obsessive-compulsive disorder and, in turn, foster a virtual sense of community. Another way that this program could be further developed is by breaking the modules down further into sub-categories of OCD so that they are more streamlined and narrowly focused on certain areas of concern. Another area for development is to consider having a survey at the end of the modules to store data in regards to the benefits and limitations of the program that are user reported.

A subsequent area for future research is the impact of comorbid disorders on the effectiveness of treatment, in particular in this case, web-based self-help programs. Another consideration would be reflecting on when the use of self-help programs in crosses a line into enforcing avoidant behaviors, and as a result these programs become an enabler to those tendencies. An area for future research would be recording the completion rates of users for the full five modules. This could offer valuable information in regard to the appropriateness of the length of modules and the amount of content per module. Another area for future research would be taking into consideration parents' perceptions of having their children and youth access self-help-based web programs for mental health concerns. In the future, it would also be relevant to get input from expert figures within the field and the intended audience.

Chapter 5: Discussion and Impact to Field Benefits and Impacts

The main intended impact of this program is to increase both the accessibility and affordability of mental health services that are tailored toward the treatment of obsessive-compulsive disorder in youth. A significant benefit of the program is that it is accessible to

anyone with access to a computer and a reliable internet connection. This program increases the affordability of mental health services in that it is free to use and does not require a membership to access the material. Another impact of this program is that, hopefully, it can offer knowledge and insight to youth who are dealing with obsessive-compulsive disorder and could potentially act as a steppingstone to accessing formalized therapy down the line. Another impact of this program is that the content was created with the learning capabilities of youth in mind, and therefore, the modules are in a digestible format for a younger audience.

Another potential impact of this program is that it can hopefully increase the awareness and knowledge of obsessive-compulsive disorder amongst the general population. The more we speak about differing mental health concerns and recognize them, the more we can collectively work towards reducing stigma and increasing treatment options. Another implication is that this program could allow individuals with certain psychological or physical barriers who are struggling to access traditional therapy to access an alternative mental health resource. Furthermore, this program also introduces users to other virtual forms of therapy that are available to them.

Implications for Counselling

The web-based program Little Minds Big Days Ahead offers professionals a resource to offer to clients to increase the translation of skills learnt in session to the real world. It also allows our younger generation to gain support in an anonymous, affordable, and accessible format. This program is tailored towards the needs of those individuals living with obsessive-compulsive disorder with the hope of reducing stigma and increasing awareness of this mental health concern. The intent of this program is to present valuable resources and information on the topic of obsessive-compulsive disorder in a digestible, creative, and fun way.

Closing Remarks

The purpose of this master's level project was to develop a web-based CBT self-help program for children and adolescents managing obsessive-compulsive disorder. Obsessive-compulsive disorder is a relatively commonly experienced mental health concern across the global population. It has been observed that youth often consult the internet as their initial point of contact when seeking help for mental health-related concerns (Hanley et al., 2021). Therefore it is hoped that an online web-based program could hopefully offer support to individuals who may have certain physical or psychological barriers which may interfere with their abilities to access traditional in-person therapy. This website can either be used independently by adolescents (12+) or could be utilized by counsellors as a resource to share with clients to supplement their in-person sessions. It is hoped that the implementation of this program could foster a reduction in regards to an individual's felt sense of loneliness within their experience of OCD and for them to begin the process of decreasing the power of the invisible bully of OCD inside their head.

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Appendix A

Homepage of Little Minds: Big Days Ahead

LITTLE MINDS BIG DAYS AHEAD

[HOME](#)

[MODULES](#)

[GETTING HELP](#)



A CBT Web-Based Self-Help Program for OCD



About the Program

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About the Author

Appendix B

Homepage Continued of Little Minds: Big Days Ahead

About the Program

This web-based self-help program is being completed for a Master's level Counselling Psychology Project.

This web-based self-paced program is tailored towards children and youth living with obsessive-compulsive disorder. The program will consist of five 5 modules that children and youth can work through on their own time.

The individual modules will consist of the following main topics: psychoeducation, somatic management skills training, cognitive restructuring, exposure, and relapse prevention.

Each module consists of a video outlining the core themes, a related printable worksheet, access to a grounding exercise, and additional resources for continued education on the topic.

About the Author

Hello! My name is Paige Clutton (she/her). I am a student completing my Master of Counselling degree through the University of Lethbridge.

Offering a web-based therapeutic- oriented self-paced program could hopefully help increase accessibility of services and increase one's willingness to seek out support



Appendix C

Module 1 Homepage: Psychoeducation

LITTLE MINDS BIG DAYS AHEAD

HOME MODULES GETTING HELP

LEARNING ABOUT OCD

A MODULE ON PSYCHOEDUCATION

Step #1: Read Learning Objectives

What you will learn...

1. Meaning of the term psychoeducation
2. OCD broken down into its components
3. OCD cycle
4. Common myths about OCD
5. CBT and the OCD toolbox



Image by pch.vector on Freepik

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Appendix D

Module 2 Homepage: Somatic Management Skills Training

CALMING YOUR BODY

SOMATIC MANAGEMENT SKILLS TRAINING

Step #1: Read Learning Objectives

What you will learn...

1. What Somatic Skills Training is
2. Why this is relevant for OCD
3. Different somatic skills
4. Nervous System and OCD



Sabelskaya. (2023). Yoga children class, cute girls and boys in yoga pose, happy little kids doing yoga, healthy exercise. [Stock image]. <https://www.istockphoto.com/vector/yoga-children-class-cute-girls-and-boys-in-yoga-pose-happy-little-kids-doing-yoga-gm1571109767-527948254>

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Appendix E

Module 3 Homepage: Cognitive Restructuring

LITTLE MINDS BIG DAYS AHEAD

HOME MODULES GETTING HELP

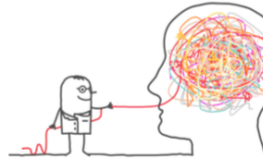
RETRAINING THE BRAIN

COGNITIVE RESTRUCTURING

Step #1: Read Learning Objectives

What you will learn...

1. What cognitive restructuring is
2. Defining differing thought traps
3. How to begin reframing thought traps
4. Tools for retraining the brain



Sidor. M. (October 8th, 2019). *CBTADHD.png* [Stock Image].
https://sweetinstitute.teachable.com/p/cbt_for_adhd

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Appendix F

Module 4 Homepage: Exposure and Response Prevention

LITTLE MINDS BIG DAYS AHEAD

HOME MODULES GETTING HELP

FACING YOUR FEARS

EXPOSURE AND RESPONSE PREVENTION

Step #1: Read Learning Objectives

What you will learn...

1. What exposure and response prevention is
2. Instructed on building exposure hierarchy ladder
3. Different forms of exposure therapy
4. Ways to gain confidence for exposure therapy



Mental mint. (2024). Exposure-therapy-1b [Stock Image]. <https://www.mentalmint.com/mental-health-information-tips-tools-techniques/overcome-fears-exposure-therapy/>

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Module G

Module 5 Homepage: Relapse Prevention

LITTLE MINDS BIG DAYS AHEAD

HOME

MODULES

GETTING HELP

LEARNING TO COPE

RELAPSE PREVENTION

Step #1: Read Learning Objectives

What you will learn...

1. What relapse prevention is
2. Steps of relapse prevention
3. Creating a coping plan
4. Community resources for OCD



Normal. (n.d.). Personal traits and self awareness emotional intelligence. Controlling impulses and mental activity reactions. Exploring inner personality. [Stock Image]. https://www.123rf.com/photo_141433164_juggling-emotions-flat-tiny-persons-vector-illustration-personal-traits-and-self-awareness-emotional.html

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Appendix H

Finding a Counsellor Homepage

LITTLE MINDS BIG DAYS AHEAD

HOME MODULES GETTING HELP

FINDING A COUNSELLOR

FINDING A COUNSELLOR FOR OCD



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Appendix I

Crisis Links Homepage

LITTLE MINDS BIG DAYS AHEAD

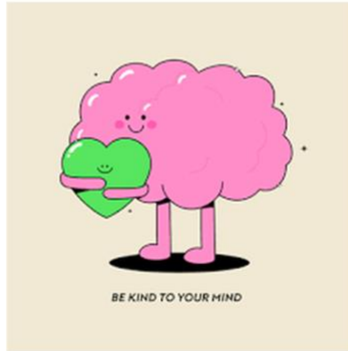
HOME

MODULES

GETTING HELP

CRISIS LINKS

CRISIS RESOURCES FOR OCD AND OTHER CONCERNS



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