BEFORE YOU DECIDE

How I work with OCD

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Treatment targets what a person does to get relief, because that is what keeps OCD going.

People who look for OCD therapy have usually already tried to solve the problem on their own. Checking one more time. Asking someone they trust, or an artificial intelligence app, whether everything is okay. Avoiding what sets off the fear and searching until they find an answer that calms them down. These moves bring relief, and that is why they repeat. The relief does not last, and the doubt comes back with a new question. The next pages cover who I am, how I work, what treatment asks of you, what I do not promise and what it costs. With that, you can decide with more information whether you want to start.

An agreement

Read this once, from beginning to end. It describes how I work and was not written to tell you whether you have OCD or to calm doubts about your thoughts. If you notice you are rereading a passage to feel certain before deciding, that rereading is the same checking under another name.

WHO I AM

Who will I be working with?

I am Pedro Henrique Bellumat, a psychologist licensed in Brazil by the Regional Council of Psychology (CRP 16/6797). I have been a psychologist for 10 years, and for the last 6 I have worked only with OCD. Since 2021, I have worked with hundreds of clients and provided more than 3,500 hours of clinical care. On vencendotoc.com, I write in Portuguese about OCD and its treatment for people who want to understand how the problem works.

How I see clients

- Online, by video. On your side, all you need is a stable internet connection and a private space.
- In English or Portuguese, for clients in Brazil and in other countries.
- Weekly sessions of 50 minutes.

HOW I UNDERSTAND OCD

What is OCD, the way I explain it?

In the first session, I explain OCD with a definition and a three-part outline, using the examples the person brought.

The definition I work with

> *OCD is an irrational compensatory strategy for dealing with the uncertainty attached to something that is an aversive stimulus.*

In other words, faced with something very upsetting and a doubt that will not go away, a person creates a way to compensate. That way brings relief, but it follows a logic that only seems to make sense in the moment of fear.

OCD has three parts

1	2	3
What arrives uninvited	**What a person does to get rid of it**	**The cost**
Thoughts, images, doubts and sensations.	Rituals, avoidance, requests for reassurance.	Time, energy, relationships, freedom.

Most of the harm comes from the second part. Running late to leave the house comes from going back to check the door. It is the part within your reach, and it is where treatment works (Abramowitz & Jacoby, 2026). That is why I keep saying that the problem is not the thought, it is the loop, the cycle in which thought and ritual feed each other.

On the next page → *What happens in sessions and how treatment moves, from start to finish.*

TREATMENT

What happens in sessions?

In sessions, I use cognitive-behavioral therapy with exposure and response prevention, known as ERP. Treatment guidelines point to this approach as the first-line psychological treatment for OCD (Abramowitz & Jacoby, 2026).

Exposure

Gradually approaching, by choice, what you avoid today or what sets off the obsession. When OCD lives mostly in your head, the path usually starts with writing, moves on to recordings of your own voice and reaches the real situation.

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Response prevention

Cutting back rituals, avoidance and neutralizing, and letting the discomfort and the doubt run their own course.

The discomfort may vary, stay the same or go down. Learning happens when the person stops responding compulsively. With practice, they discover they can handle situations they thought they could not, and that discovery through experience counts for more than arguments (Abramowitz & Jacoby, 2026).

OCD treatment is very strange, because it deliberately brings up what the person has been trying to push away. Done calmly and by choice, the exercise sends the brain the opposite message from running away. That is why each step comes with an explanation of why, using your own examples.

How treatment moves

1
Assessment
I learn how OCD works in your life and explain the mechanism using your examples. Standardized questionnaires record the starting point.

2
Plan
Together, we build a list of what you avoid today or what sets off rituals, from easiest to hardest, and choose where to start.

3
Practice
Between sessions, you practice what we agreed on, sometimes with a worksheet. In the next session, we look at what happened and adjust.

4
Review and ending
From time to time, the same questionnaires show what has changed. The end of treatment looks like a functional life, in which thoughts still show up and carry little weight.

The goal is to learn to handle thoughts when they come. If the goal were to stop having them, I would never have discharged anyone in my life.

Honestly

An exposure that does not bother you is an exposure that is not done well.

Part of treatment is uncomfortable, by design. At first, touching what was covered up hurts, like pulling off a bandage. The dose is planned to bother you without crushing you, each step is agreed with you, and steady practice matters more than moving up quickly. Repeating a practice until it becomes almost absurdly ordinary is part of the path. At first it is draining and boring. Later, it usually just gets boring.

On the next page → *What I do, what you do and why I don't give reassurance.*

OUR AGREEMENT

Who does what in treatment?

The plan is made together, and treatment only continues with your agreement. We are on the same team, and each of us has a part.

What you can expect from me

- An explanation of each exercise before it starts, including why.
- A gradual plan, reviewed with you along the way.
- Attention to rituals that happen only on the inside, like reviewing, praying in a fixed way or counting, which many people don't recognize as symptoms.
- When family members take part in rituals or answer requests for reassurance, that is worked on too, without blame.
- Attention to sleep, which I consider the pillar of everything, and to physical activity, sunlight and social life. They help lower baseline anxiety and, on their own, do not resolve the condition.

What treatment asks of you

- Time between sessions to practice what we agreed on, on a regular basis.
- Willingness to feel discomfort on purpose, at the agreed dose.
- Telling me what is happening, at your own pace. You don't need to tell everything at once.
- Bringing new rituals to the session, because a compulsion can change its form without changing its function.
- Letting me know when an exercise gets stuck, so we can adjust the plan.
- Running what I say through your own judgment.

Useful pain and useless pain

People with OCD already pay a price in pain every day, the pain of rituals that bring relief for minutes and teach nothing new. Treatment swaps that pain for another, chosen one, which is uncomfortable and teaches. It is like going back to the gym after a long break: it hurts more than staying home, and it is the pain that pays off.

Why I don't give reassurance

At some point, you may ask me to guarantee that nothing bad will happen, or that a thought does not reveal something about you. I will not answer that question. I do this on purpose, because reassurance brings relief for minutes and feeds the problem.

Instead, you get the treatment rule, with the explanation. The same goes for messages between sessions: if you get stuck in an exercise, you get guidance, and a request for reassurance gets the rule.

Three ideas that get in the way at first

I will have to face everything at once.

The work is gradual, planned together and done at your pace (Clark, 2020). We don't start with the worst-case scenario.

If I have a bad week, I have lost everything.

Progress goes up and down, and harder weeks are part of it. A lapse is not going back to zero. New learning grows stronger with repetition and starts to compete with the old fear (Clark, 2020).

Therapy will make me stop being careful.

The goal is a level of care similar to other people's, one that no longer takes up the whole day (Clark, 2020).

On the next page → *What the first session is like and the questions that come up before deciding.*

THE FIRST STEP

What is the first session like?

The first session is a conversation, and there is no exposure exercise that day. I try to understand how OCD works in your life, explain that pattern using your own examples and agree with you on what treatment would look like.

1

The conversation

You tell me what is happening, in your own way. I suggest examples, starting with “let’s suppose that,” so you only need to confirm.

2

The map

The core of the session is a map of what triggers the fear, what exactly you fear and what you do to get relief. I also ask what your family has started doing because of OCD.

3

What comes out of it

A frank answer about whether your case is a good fit for me. If it is, you leave with two simple tasks: logging rituals and drafting a goals sheet. If not, I point you to the most suitable path.

Questions that come up before deciding

Do I need to be sure it is OCD before booking?

Assessment is part of the first session, so you can book without that certainty. It is worth seeking help when the thoughts and what you do because of them take up a lot of time, cause distress or get in the way of daily life (Abramowitz & Jacoby, 2026).

What if I am ashamed of what I think?

Many people put off seeking help because of this. Trust comes first, and the content can be shared little by little. I hear thoughts like these every day, and confidentiality is a duty under Brazil’s Code of Professional Ethics for psychologists (CFP, 2005).

Does online therapy work for OCD?

Research suggests that ERP by video can work as well as in-person treatment, and it lets you practice where OCD shows up, such as at home. Severe cases, or exercises that need the therapist in the room, tend to do better in person (Abramowitz & Jacoby, 2026).

How long does treatment take?

It varies from person to person, and I don’t promise a timeline. Reviews along the way are there to decide the next steps together with you.

Can I keep my psychiatrist?

Therapy can happen alongside psychiatric care. In some cases, medication, prescribed and monitored by a psychiatrist, is also part of treatment. Decisions about medication stay with the physician.

What if now is not the time?

The decision is yours. Without treatment, OCD rarely goes away on its own, and symptoms tend to rise and fall with stress (Abramowitz & Jacoby, 2026). If you wait, the International OCD Foundation (iocdf.org) is a reliable source.

On the next page → *Fees and how to book your first session.*

FEES

How much does each session cost?

Each session lasts 50 minutes and takes place by video.

Fees in US dollars

Single session

US$ 90

4 sessions a month

US$ 360

US$90 per session

How payment works. Sessions are paid for in advance, before they take place.

How to book your first session

1

Getting in touch

Reply through the same channel where you received this material, or use the contact details at vencendotoc.com.

2

Scheduling

We agree on the day and time of the first session and on the payment method.

3

The guide

Before the first session, you receive a guide to read, on how OCD keeps itself going and what changes when treatment begins.

References

Abramowitz, J. S., & Jacoby, R. J. (2026). *Obsessive-compulsive disorder in adults* (2nd ed.). Hogrefe. (Advances in Psychotherapy: Evidence-Based Practice, Vol. 31).

Conselho Federal de Psicologia. (2005). *Código de ética profissional do psicólogo* [Code of professional ethics for psychologists]. CFP.

Clark, D. A. (2020). *Cognitive-behavioral therapy for OCD and its subtypes* (2nd ed.). The Guilford Press.

What the text is based on: the cognitive-behavioral model of OCD and ERP treatment described in the two reference books, including the passage on video-based care, and the Brazilian Code of Professional Ethics for Psychologists, in the passage on confidentiality. The rest describes my way of working, built through clinical practice. Translated from the Portuguese edition. Version of November 2026.

In an emotional crisis, seek help right away. Call your local emergency number: 911 in the US and Canada, 999 or 112 in the UK and Ireland, 112 in the European Union. In the US and Canada, you can also call or text 988. In the UK and Ireland, Samaritans: 116 123. In other countries: findahelpline.com. Online sessions are not an emergency service.