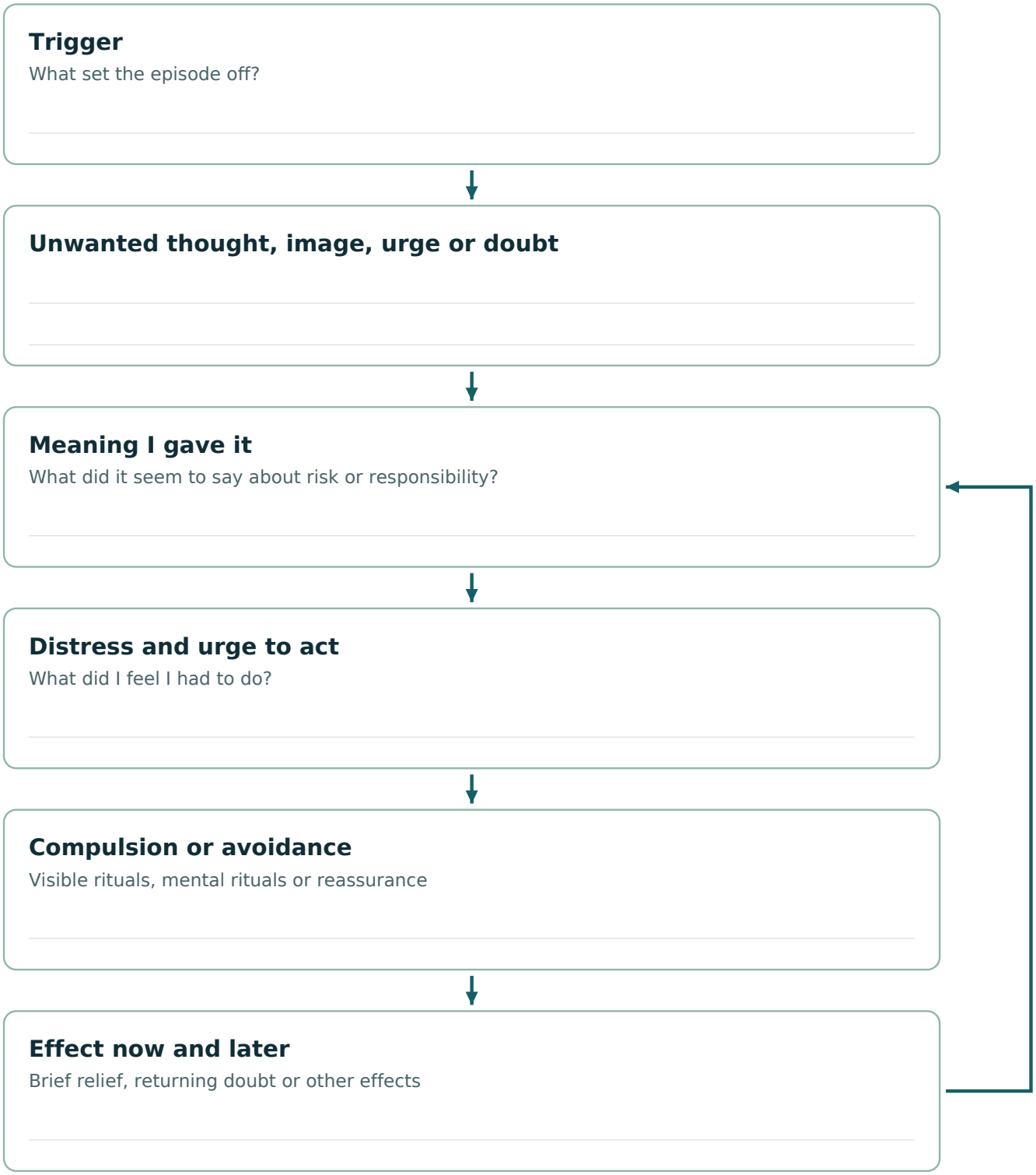
OCD cycle

Map one episode. An unwanted thought is not an action or intention. Include mental rituals.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.



The return arrow shows how rituals may keep the feared meaning or need for certainty going.

An episode map informed by Salkovskis (1985); not the full developmental model.

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OCD diary

Keep recording brief and time-limited. Agree the purpose with your therapist; the record must not become a ritual.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

When and how often to record

ENTRY 1 - date / time: _____

Trigger / doubt

Response or avoidance

What it tries to achieve

Time / effect afterwards

ENTRY 2 - date / time: _____

Trigger / doubt

Response or avoidance

What it tries to achieve

Time / effect afterwards

Pattern noticed / next step

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OCD exposure hierarchy (ERP)

Choose a meaningful starting point. Difficulty estimates are optional: 0 = least difficult, 10 = most difficult.

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My goal

Safety and support

Agreed exposure step	Ritual / response to leave out	Difficulty 0-10	Learning goal

First step / agreed materials / review date

Agree ERP with your therapist. Keep ordinary safety and hygiene; include mental rituals in the plan.

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Plan and review one step

OCD exposure hierarchy (ERP) - keep genuine safety precautions and choose a step you agree to.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

Chosen step / prediction

What I will look for

Habit to change / support to keep

When, where and agreed endpoint

What actually happened

Learning / next agreed step

Agree ERP with your therapist. Keep ordinary safety and hygiene; include mental rituals in the plan.

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OCD exposure plan (ERP)

Agree this with your therapist. Keep ordinary safety and hygiene. Completion is not defined by anxiety falling.

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AGREE BEFORE PRACTICE

Agreed task / prediction / safeguards

Rituals to leave out, including mental rituals

How to respond without a ritual

Endpoint / support / next activity

RECORD AFTER PRACTICE

What happened / any rituals

Learning / questions / next step

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OCD exposure review (ERP)

Look for learning while uncertainty is present. This is not a check that you are completely safe or free of intrusive thoughts.

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Agreed practice / what I did

Rituals or avoidance I left out

Rituals or avoidance that still appeared

What I learned while uncertain

What helped and the main obstacle

Next practice to agree in therapy

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OCD support plan

Agree one manageable change together in advance. Warmth and ordinary care can continue without joining a ritual.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

Pattern / everyday goal

Our agreed change

Words that feel supportive

Practical support

Real safety and care needs

If the plan becomes difficult

Review date / professional support

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OCD setback plan

Keep the learning visible. Match each early sign with a practical response rather than waiting for a difficult week.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

What I have learned

If I notice...	A small response I can use	Support / when to review

Helpful habits to keep

Support / when to ask for help

Review date / reminder

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Toolkit guide and contents

The worksheets come first. Select what fits your goals; you do not need to complete every sheet.

Using this collection

ERP can be demanding and must fit an individual assessment. Use the guided sheets with a suitably trained clinician, especially with severe symptoms, complex needs or uncertainty about risk. Intrusive thoughts alone do not establish a diagnosis or determine risk. These adult-oriented materials need developmental adaptation for ages 16-17, with appropriate family involvement and safeguarding. Never change prescribed medication or required medical monitoring as an exposure.

Worksheet starting pages

01 OCD cycle

02 OCD diary

03 OCD exposure hierarchy (ERP)

05 OCD exposure plan (ERP)

06 OCD exposure review (ERP)

07 OCD support plan

08 OCD setback plan

Guidance and fictional examples follow this index. Individual website downloads also contain fillable fields; this complete toolkit is for printing.

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Using this resource

OCD cycle

What this helps with

OCD is not defined simply by the topic of an unwanted thought. What you believe the thought means, and what you feel driven to do about it, matter too. Checking, seeking reassurance, repeating or mentally putting something right may bring relief but leave the demand for certainty intact. This map helps you and your therapist make sense of one recent episode. It is a starting point for assessment and planning, not a test of whether your thoughts are acceptable.

How to use it

1. Use a brief label for one trigger; no detailed disclosure is needed.
2. Add the unwanted thought, image, urge or doubt, then the meaning you gave it. A thought is not proof of risk or intention.
3. Describe distress and the urge to act, followed by compulsions or avoidance. Include mental reviewing and reassurance.
4. Write what changed immediately and later. Follow the return arrow: did relief fade or the need for certainty return?
5. Use the map with your therapist to choose a treatment focus. Avoid repeatedly completing it to prove you are safe or a good person.

A fictional worked example

After sending an ordinary email, Maya has the thought that she may have typed something offensive without noticing. She interprets the possibility as a responsibility to be completely certain. She rereads the message, remembers each sentence and asks her partner whether she is a considerate person. Relief lasts a few minutes before another doubt appears about an attachment. Her map shows that the repeated reviews offer short-term relief while making certainty feel increasingly necessary. The therapy question is how she can respond differently to the recurring doubt, not how to prove every future email can never contain a mistake.

Keep in mind

Keep descriptions brief and private. If completing the map becomes repeated checking or a search for reassurance, stop and discuss that pattern with your therapist. Ordinary unwanted thoughts occur outside OCD too; diagnosis and assessment require the wider clinical picture.

Sources and attribution

Salkovskis, P. M. (1985). Obsessional-compulsive problems: A cognitive-behavioural analysis. Behaviour Research and Therapy, 23, 571-583.

NICE (2005). Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31).

Original material informed by the sources above. No outside organisation endorses this worksheet.

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Using this resource

OCD diary

What this helps with

Some compulsions look like sensible checking from the outside; others are almost invisible. Their function can be to prevent a feared outcome, cancel a thought or achieve a particular feeling. This diary helps you notice that function and the impact on your day. It is not a request to count every thought. Agree a small sample with your therapist, such as one or two episodes, and use approximate notes rather than chasing a completely accurate record.

How to use it

1. Choose a short recording period and a small number of examples.
2. Note the trigger and what you felt you needed to make certain or put right.
3. Record the response, including reviewing, reassurance, online searching or avoidance.
4. Estimate time and the effect on ordinary activity; precision is unnecessary.
5. Review patterns once with your therapist and choose a possible treatment target.

A fictional worked example

Dev notices a recurring doubt after speaking to friends. Over two days he records two examples rather than every conversation. One involves twenty minutes of mentally checking his tone; another involves asking a friend whether he sounded rude and rereading the reply. Both responses are aimed at feeling certain he has not offended anyone. His estimates are rough, but they show that reassurance and mental review belong to the same pattern. He also notices missing the start of a film while reviewing. This gives treatment a concrete aim: returning attention to chosen activities without completing each certainty check.

Keep in mind

A diary can become a ritual if you repeatedly revise it, track every intrusion or ask others to confirm its accuracy. Keep it brief and use estimates. Do not stop necessary care, prescribed monitoring or ordinary safety checks solely because an item appears in the diary.

Sources and attribution

Salkovskis, P. M. (1985). Obsessional-compulsive problems: A cognitive-behavioural analysis. Behaviour Research and Therapy, 23, 571-583.

NICE (2005). Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31).

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Using this resource

OCD exposure hierarchy (ERP)

What this helps with

Exposure and response prevention means approaching an agreed trigger while practising a different response to the urge to carry out a ritual. A useful ladder describes actions clearly enough to try and review. Difficulty ratings help you choose a workable starting point; they are not a test of courage. Each step needs a learning goal and a plan for responding without a ritual. The ladder can change as you discover what keeps the problem going, including mental rituals, avoidance or demands to feel exactly right.

How to use it

1. With your therapist, choose one everyday goal that OCD restricts.
2. Define ordinary care and safety requirements before discussing exposure.
3. List a range of small, relevant steps with the compulsive response to leave out.
4. Estimate difficulty from 0-10 and note the learning each step could offer.
5. Agree a starting step, support and review point. Adjust the ladder as learning develops.

A fictional worked example

Priya wants to finish routine messages without repeated checking. With her therapist she distinguishes a normal practical check from repeated reviews aimed at feeling perfectly certain. Her first steps involve sending an ordinary non-sensitive message after the agreed routine check, then allowing uncertainty without rereading or mentally replaying it. Later steps involve slightly more important messages. They exclude medical instructions, financial transactions and safety-critical work from this starter ladder. Difficulty estimates help Priya choose a feasible beginning, but the main goal is to reclaim time from checking. She can revise the plan when an overlooked mental ritual becomes apparent.

Keep in mind

Plan ERP with a suitably trained therapist. Do not create genuine hazards, violate consent, compromise hygiene guidance or omit required safety checks. Examples are illustrative, not instructions for your situation. Choose manageable practice and agreed support; do not use overwhelming exposure to prove commitment.

Sources and attribution

NICE (2005). Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31).

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Using this resource

OCD exposure plan (ERP)

What this helps with

A clear ERP plan helps you face an agreed trigger without carrying out a ritual to try to cancel the thought or feeling. Before practice, identify what OCD asks you to do and how you will respond to that urge, including later checking or seeking reassurance. The aim is to learn that you can make choices while uncertainty or discomfort is present. Feeling calmer may happen, but it is not the only sign of useful practice and should not become a rule for deciding when you are allowed to finish.

How to use it

1. Agree a manageable exercise, its purpose and ordinary safety boundaries with your therapist.
2. Write the prediction or discomfort you are willing to make room for.
3. Identify visible rituals, mental rituals and delayed reassurance to leave out.
4. Agree a reasonable endpoint, support and what ordinary activity follows.
5. After practice, note what you did and learnt; review difficulties without punishment or restarting rules.

A fictional worked example

Ben's agreed practice is sending a routine reply without rereading it repeatedly afterwards. His therapist helps him include mentally reconstructing the message in the plan for responding without a ritual. He predicts he will be unable to work unless he checks. The endpoint is completing the agreed task and moving into his planned work period, rather than waiting until doubt reaches zero. During practice he starts mentally reviewing, notices and redirects to his work without beginning the whole exercise again. Doubt remains, but he completes part of his task. He records that continuing was possible while unsettled and plans to discuss the hidden review at his next session.

Keep in mind

Use only exercises agreed as suitable in treatment. Maintain required medical care, medication, safety procedures and safeguarding. Seek guidance if you cannot distinguish a ritual from necessary action. This sheet does not assess intent or risk and should never be used to dismiss new safety concerns.

Sources and attribution

NICE (2005). Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31).

Salkovskis, P. M. (1985). Obsessional-compulsive problems: A cognitive-behavioural analysis. Behaviour Research and Therapy, 23, 571-583.

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Using this resource

OCD exposure review (ERP)

What this helps with

After ERP practice, it is easy to judge success by whether you felt calm or became sure that nothing bad could happen. A learning review asks different questions: what did you approach, which responses did you change and what did you discover about continuing with uncertainty? This worksheet helps you identify useful progress and practical adjustments. If a ritual occurred, record it without blame. The next step is to understand what happened, not to repeat the exercise until it feels perfectly completed.

How to use it

1. Record the agreed practice and the choice you managed to make.
2. Notice visible and mental rituals, reassurance or avoidance. Do not turn the review into another check.
3. Describe learning about discomfort, uncertainty and valued activity.
4. Identify one obstacle and a manageable adjustment with your therapist.
5. Choose the next practice or repeat for learning, rather than to erase doubt about this attempt.

A fictional worked example

Lena practised leaving a harmless item slightly out of her preferred alignment while preparing lunch. She left it in place, but later recognised repeating a phrase silently until it felt safer. Her first judgement was that the whole attempt was wasted. In review, she notes that she stayed with an ordinary task while uncomfortable and identified a previously hidden ritual. She and her therapist agree to make that ritual explicit in the next plan and keep the starting step manageable. They do not require her to redo the session that evening until it feels right. The review ends with one clear learning point and a next step.

Keep in mind

Review at an agreed time and keep notes brief. Repeatedly rating, analysing or asking whether practice was 'correct' may become another compulsion. Discuss persistent distress, new rituals or increasing avoidance with your therapist; adjust the plan and support rather than escalating intensity on your own.

Sources and attribution

NICE (2005). Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31).

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Using this resource

OCD support plan

What this helps with

When someone you care about is distressed, reassurance is an understandable response. In OCD, repeated answers or helping with rituals can become part of the cycle even when everyone is trying to help. This sheet supports a conversation with the person and, where possible, their therapist. It identifies one pattern to change gradually and the emotional or practical support that will remain. The aim is collaboration, not withholding affection, dismissing distress or suddenly refusing every request for help.

How to use it

1. Discuss the plan at a settled time, with the person's agreement.
2. Identify one repeated reassurance request or ritual supporters are drawn into.
3. Agree a small change, compassionate wording and alternative support.
4. Clarify genuine safety concerns and practical information that still need a response.
5. Choose a review date and discuss difficulties without blame, threats or surprise exposure.

A fictional worked example

Tom repeatedly asks his sister to confirm that a routine message did not offend someone. Together with his therapist, they agree to reduce this repeated checking in one specific situation. His sister will say, 'I can hear this is difficult. We agreed I would help you stay with your plan rather than review the message again. Shall we make tea together?' They agree that she will still discuss actual conflicts and new practical information. The plan starts during a manageable week and includes a review. It does not make his sister responsible for policing rituals or require her to manage distress alone.

Keep in mind

Supporters must not force exposure, hide reassurance as a test, punish rituals or withhold essential care. Agree boundaries and seek professional help if conflict or distress rises. For young people, plans need developmentally appropriate consent, family involvement and safeguarding rather than an adult plan applied unchanged.

Sources and attribution

NICE (2005). Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31).

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Using this resource

OCD setback plan

What this helps with

OCD can change themes or return more strongly during stress, illness or change. A maintenance plan focuses on the response pattern rather than memorising reassurance about a particular fear. Use this sheet to record the choices that helped you reclaim time, the early signs that rituals are growing and how to restart manageable practice. Progress does not depend on never having intrusive thoughts again. It involves more freedom to choose what you do when doubt, discomfort or an unfinished feeling appears.

How to use it

1. Describe meaningful changes in daily life and the learning behind them.
2. List early signs: more reassurance, mental reviews, avoidance or rules.
3. Write a manageable response using skills already agreed in therapy.
4. Identify pressures that may need practical help, rest or treatment review.
5. Record who to contact and when; keep medical treatment changes with your prescriber.

A fictional worked example

After a period of improvement, Aisha notices that her checking has moved from household tasks to reviewing conversations. Rather than concluding she has a completely new problem, she recognises the familiar demand to feel certain. Her plan is to describe the new pattern briefly, return to the response-prevention principles learnt in therapy and seek a review if it continues to expand. She also arranges practical support during a stressful move. Her goal is to spend evenings with her family rather than review every conversation. She keeps ordinary responsibilities and any prescribed treatment in place, and avoids making the plan itself a reassurance ritual.

Keep in mind

A setback plan is not a substitute for reassessment when symptoms change or functioning deteriorates. Seek support promptly if rituals interfere with basic care, nutrition, sleep or essential responsibilities. Do not reduce medication or disregard genuine health and safety needs as a way of demonstrating progress.

Sources and attribution

NICE (2005). Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31).

Salkovskis, P. M. (1985). Obsessional-compulsive problems: A cognitive-behavioural analysis. Behaviour Research and Therapy, 23, 571-583.

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