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.

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

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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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).

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

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