OCD exposure hierarchy (ERP)

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

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

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.

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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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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).

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

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