OCD exposure plan (ERP)

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

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

AGREE BEFORE PRACTICE

Agreed task / prediction / safeguards

e.g. An agreed routine message task; practise living with doubt. Keep normal care.

Rituals to leave out, including mental rituals

e.g. Extra rereading, mental review and later reassurance seeking.

How to respond without a ritual

e.g. Notice the urge; continue my chosen activity without trying to settle the doubt.

Endpoint / support / next activity

e.g. Agree the task endpoint and support in therapy; return to lunch.

RECORD AFTER PRACTICE

What happened / any rituals

e.g. Sent the message; mentally reviewed once, then returned to lunch.

Learning / questions / next step

e.g. Some doubt remained. Discuss how to respond to mental review next time.

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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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