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

e.g. I can continue an activity while doubt remains.

If I notice...	A small response I can use	Support / when to review
e.g. More mental review and reassurance.	e.g. Return to the ERP plan agreed in therapy.	e.g. Seek a therapy review.

Helpful habits to keep

e.g. Agreed practice without visible or mental rituals.

Support / when to ask for help

e.g. Contact my therapist if daily life becomes harder or this plan is not enough.

Review date / reminder

e.g. Review next month and after a change in circumstances.

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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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