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

e.g. Repeated reassurance about messages; we want more time together.

Our agreed change

e.g. Agree one reassurance request we will respond to differently.

Words that feel supportive

e.g. I can see this is difficult. Shall we follow the plan we agreed?

Practical support

e.g. Stay alongside each other and continue the planned activity.

Real safety and care needs

e.g. Real health, safety and practical concerns still receive appropriate action.

If the plan becomes difficult

e.g. Pause and discuss the plan with the therapist; avoid arguing about certainty.

Review date / professional support

e.g. Review together on Sunday and at the next therapy session.

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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).

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

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