OCD Skills
Workbook

10 Worksheets for Young People Working to Get Stronger Than OCD

Client Name: _____ Date: _____

Therapist: _____

These worksheets are designed to be used alongside therapy. Each one includes psychoeducation to help you understand what's happening, activities to practice, and a take-home exercise to try between sessions. You are not alone in this work.

WORKSHEET 1

What Is OCD?

Understanding the trap

What the research tells us

OCD stands for obsessive-compulsive disorder. It has two parts: obsessions (thoughts, images, or urges that feel sticky and uncomfortable) and compulsions (things you do to try to feel better). The tricky part is that compulsions do make you feel better — but only for a short time. Then the uncomfortable feeling returns, often stronger. This is called the OCD cycle, and it is well-documented in the research on how OCD works (Abramowitz et al., 2019).

The OCD Cycle — Fill in what happens for you:

1. Something triggers a thought or feeling.	2. I do something to feel better (compulsion).
3. I feel better — for a little while.	4. The feeling comes back, and the cycle repeats.

Three reasons I want to get stronger than OCD:

THIS WEEK'S PRACTICE

- ☐ Notice one time this week when the OCD cycle happens for you.
- ☐ Write down what triggered it, what you did, and how long the relief lasted.
- ☐ Bring your notes to your next session.

WORKSHEET 2

Sticky Thoughts vs. Regular Thoughts

Understanding obsessions

What the research tells us
Almost everyone has unwanted or uncomfortable thoughts from time to time — this is normal. What makes OCD different is not the thought itself, but how much distress it causes and how hard it is to let go of (Salkovskis, 1985). OCD thoughts feel "stickier" because the brain's threat system keeps flagging them as dangerous, even when they are not.

How to tell them apart:

Regular Thoughts	Sticky Thoughts (Obsessions)
Come and go on their own	Stick around and keep returning
Mild discomfort, easy to move past	Significant distress, hard to dismiss
Do not feel urgent	Feel like something must be done
Part of normal thinking	Feel wrong, dangerous, or unacceptable

My sticky thoughts — what keeps showing up?

Try to describe the thought or image, and how it makes you feel:

One thing I want to remember about my sticky thoughts:

THIS WEEK'S PRACTICE

- ☐ When a sticky thought shows up this week, don't try to push it away — just notice it.
- ☐ Say to yourself: "That's a sticky thought. It feels uncomfortable, but I don't have to act on it."
- ☐ Write down what happened and bring it to your next session.

WORKSHEET 3

Understanding Your Compulsions

What OCD asks you to do — and why it backfires

What the research tells us

Compulsions are behaviors or mental acts done to reduce discomfort caused by obsessions. They work short-term but maintain OCD long-term because they prevent you from learning that the feared outcome would not have happened anyway. This is called negative reinforcement (Rachman, 1998). Every time you follow OCD's rules, you send your brain the message: "This threat was real and I needed to escape it."

Compulsions can look like many things. Check any that fit:

Washing or cleaning	Checking (locks, stove, safety)
Repeating actions or words	Seeking reassurance from others
Arranging or ordering things	Avoiding people, places, or things
Counting or tapping	Reviewing memories in your mind
Confessing or apologizing	Other: _____

My most common compulsions (describe in your own words):

THIS WEEK'S PRACTICE

- ■ Pick one compulsion and track every time you do it this week — no judgment.
- ■ Write down: What triggered it? How long did it take? How did you feel after?
- ■ You are not trying to stop anything yet — just building awareness.

WORKSHEET 4

Naming Your OCD

Separating you from OCD's voice

What the research tells us

One strategy used in ERP (Exposure and Response Prevention) and ACT (Acceptance and Commitment Therapy) is to externalize OCD — to treat it as separate from yourself. When you can notice "OCD is telling me..." instead of "I think...", you create a small but important distance from the thought. This makes it easier to choose how to respond rather than react automatically (Hayes et al., 2006).

Give your OCD a name or character:

Some kids call it "The Bully," "The Alarm," "The Worrier," or a silly name. What feels right to you?

What does your OCD like to say to you?

Write a few of its favorite lines:

What would you say back to it?

You don't have to argue with OCD — but you can acknowledge it without listening:

THIS WEEK'S PRACTICE

- ☐ This week, when OCD shows up, practice saying: "There's [name] again."
- ☐ You don't have to do anything differently yet — just notice it as OCD talking, not as truth.
- ☐ Jot down one example to share next session.

WORKSHEET 5

Rating Your Discomfort

Building your feelings vocabulary

What the research tells us
Therapists use something called a SUDS scale — Subjective Units of Distress — to help track how uncomfortable a situation feels on a scale of 0 to 10. Learning to rate your distress helps you communicate more precisely, track progress over time, and build tolerance for discomfort. Research shows that discomfort during ERP does decrease with repeated practice, even when it feels like it will last forever (Foa & Kozak, 1986).

The Discomfort Scale:

0	Completely calm — no discomfort at all
1–2	A tiny bit uncomfortable, barely noticeable
3–4	Noticeable discomfort — manageable
5–6	Moderate — hard to ignore, but you can still function
7–8	Strong discomfort — very hard
9–10	Maximum — feels overwhelming

Rate these situations for yourself (0–10):

Situation	My Rating (0–10)
Touching something I think is contaminated	
Leaving the house without checking something	
Not asking for reassurance when I feel worried	
Making a mistake on purpose	
A situation I find hard: _____	

THIS WEEK'S PRACTICE

- ☐ This week, rate your discomfort in at least 3 different OCD situations.
- ☐ Notice: does the rating go down at all if you wait without doing a compulsion?
- ☐ Write your observations and bring them to your next session.

WORKSHEET 6

Stand-Up Statements

Building your inner voice against OCD

What the research tells us

In cognitive-behavioral therapy, one technique is developing coping self-statements — short, honest phrases that you remind yourself of when OCD is loud. These are not about telling yourself everything is fine. They are about acknowledging discomfort while also remembering that you can handle it. Research supports the role of self-efficacy — belief in your own ability to cope — in reducing avoidance behavior (Bandura, 1997).

Examples of stand-up statements:

- *"This is uncomfortable, but I can handle uncomfortable."*
- *"OCD is telling me this — it doesn't mean it's true."*
- *"I can feel worried and still choose not to do the compulsion."*
- *"The discomfort will decrease on its own if I wait."*
- *"I've gotten through hard feelings before."*

Write 3–5 stand-up statements that feel true for you:

When OCD is loudest, which statement do you want to remember most?

THIS WEEK'S PRACTICE

- ☐ Write your top 2 stand-up statements somewhere you'll see them — phone, mirror, notebook.
- ☐ Use at least one of them the next time OCD shows up.
- ☐ Notice what happens. Does it make a difference? Bring that to your session.

WORKSHEET 7

Saying No to Compulsions

Response prevention — the other half of ERP

What the research tells us

ERP — Exposure and Response Prevention — is the gold-standard treatment for OCD (Franklin & Foa, 2011). The "response prevention" part means choosing not to do a compulsion, even when the urge is strong. This is hard, but it is what teaches your brain that (1) the danger was not real, and (2) the discomfort decreases on its own. Each time you say no to a compulsion, you build evidence that you can tolerate uncertainty.

Pick one compulsion to practice saying no to:

My plan for saying no:

When OCD tells me to...	I will instead...

Weekly tracking — tally each time:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Said no to the compulsion							
Did the compulsion							

THIS WEEK'S PRACTICE

- ☐ Use the tracker above every day this week.
- ☐ If you do the compulsion, that's okay — note it and try again.
- ☐ Progress, not perfection. Bring your tracker to your next session.

WORKSHEET 8

Building Your Brave Challenge Tower

Creating your exposure hierarchy

What the research tells us
ERP works by gradually approaching feared situations in a structured way, starting with less difficult exposures and working up to harder ones. This is called a fear hierarchy or exposure hierarchy. Beginning with manageable exposures builds confidence and demonstrates that the brain can habituate — that is, discomfort decreases over time with repeated, sustained exposure (Craske et al., 2014).

List 8 brave challenges — things OCD makes hard for you:

Don't worry about putting them in order yet. Just brainstorm:

#	Brave Challenge	Rating (1–10)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Now order them from easiest (bottom of tower) to hardest (top):

Brave Challenge	Rating

THIS WEEK'S PRACTICE

- ☐ Review your tower with a parent or trusted adult — they can help you add or adjust items.
- ☐ Identify the bottom 2–3 items. These are where you will start.
- ☐ You don't have to do any challenges yet — building the tower is the work for now.

WORKSHEET 9

Planning a Brave Challenge

Preparing for your first exposure

What the research tells us

Planned, structured exposures are more effective than accidental or avoidance-based ones (Abramowitz et al., 2019). Before doing an exposure, it helps to know: what you will do, how long you will do it, what compulsions you will try to resist, and what your goal is. The goal should be about what you do — not how you feel. Feeling anxious during an exposure is expected and normal.

My brave challenge plan:

My brave challenge is:

My discomfort rating before starting (0–10):

What I will need (place, materials, support person):

Compulsions I will try to resist during this challenge:

My stand-up statement for this challenge:

How many times I will practice this challenge this week:

THIS WEEK'S PRACTICE

- ☐ Complete your brave challenge at least 3 times before your next session.
- ☐ After each practice, rate your discomfort before, during, and after.
- ☐ Write down what you noticed — did the discomfort change?

WORKSHEET 10

Staying Strong

Tracking progress and planning ahead

What the research tells us
Research on OCD treatment consistently shows that relapse prevention is a key part of lasting recovery (Storch et al., 2007). This means building awareness of early warning signs, knowing what to do when OCD gets louder, and remembering that setbacks are a normal part of progress — not evidence of failure. Having a plan before things get hard makes it easier to respond wisely when they do.

My progress so far — reflect on these:

A brave challenge I've completed that I'm proud of:

Something that's gotten easier since I started this work:

A compulsion I've reduced or stopped:

Signs that OCD might be getting louder again:

What early warning signs would tell you that OCD needs more attention?

My plan if things get hard:

One person I will tell:

One brave challenge I can go back to:

A stand-up statement I will remind myself of:

THIS WEEK'S PRACTICE

- ☐ Review your brave challenge tower — update your ratings based on how they feel now.
- ☐ Choose your next challenge to work on.
- ☐ Share your progress reflection with your therapist at your next session.