OCD AND ERP REFLECTION

Reassurance or Exposure? A 14-Item Self-Audit

Notice function, not perfection - and do not turn the audit into another ritual.

PURPOSE

Reassurance seeking can enter ERP through checking, safety behaviors, or attempts to eliminate uncertainty. The same action can be useful in one context and ritualized in another; its function matters more than its appearance.

HOW TO USE IT

Read the audit once. Notice one or two patterns that may fit. Do not total a score. If possible, discuss the behavior's function with an ERP-trained clinician.

USE WITHOUT OVER-MONITORING

Do not repeat the audit for certainty, check your answers, seek a perfect interpretation, or use it to prove you performed ERP correctly. If you notice that urge, stop the audit and return to your treatment plan or a planned clinician discussion.

The same behavior can serve different functions

SUDS ratings, grounding, coping strategies, pausing or modifying an exposure, reviewing what happened, discussing treatment with a therapist, and seeking legitimate medical or clinical guidance are not inherently reassurance or poor ERP.

FUNCTIONS THAT MAY SUPPORT TREATMENT

Planning, consent, safety, medical evaluation, communication, learning review, pacing, or a clinician-guided modification based on the treatment rationale.

FUNCTIONS THAT MAY MAINTAIN THE CYCLE

Obtaining certainty, proving safety, neutralizing doubt, making anxiety disappear before continuing, confirming that exposure worked, or making a feared outcome feel impossible.

ERP and related approaches emphasize willingness, response prevention, and new learning - not perfect exposure performance or guaranteed distress reduction.

THIS IS NOT A TEST

The items are prompts for a functional discussion. They cannot diagnose OCD, determine whether an exposure was clinically appropriate, or tell you with certainty whether a behavior was reassurance seeking.

Items 1-4

Use your first reasonable impression. Write only what may be useful for treatment; do not score or recheck.

1 The SUDS check

Ratings can support planning. Concern rises when anxiety is repeatedly rated to obtain certainty that an exposure is working, safe, or ready to end.

NOTES / FIRST IMPRESSION

2 The readiness wait

Scheduling around a real constraint differs from waiting to feel ready. Delaying until anxiety is low can turn preparation into avoidance.

NOTES / FIRST IMPRESSION

3 The silent correction

Mentally replacing, erasing, or correcting an unwanted thought until it feels less upsetting may function as a compulsion.

NOTES / FIRST IMPRESSION

4 The mid-exposure check-in

Pausing or modifying exposure can be appropriate. Repeated interruption for certainty about correctness, progress, or the right feeling may serve reassurance.

NOTES / FIRST IMPRESSION

Items 5-8

Use your first reasonable impression. Write only what may be useful for treatment; do not score or recheck.

5 The proof-seeking exposure

Using exposure to prove a feared outcome will not happen turns practice into a search for guarantees.

NOTES / FIRST IMPRESSION

6 The research substitute

Preparation should end in action. Reading, revising, and comparing without taking the planned step may function as avoidance.

NOTES / FIRST IMPRESSION

7 The safe person

Support can be therapeutic. Concern rises when another person's presence or reassurance becomes a requirement for facing uncertainty.

NOTES / FIRST IMPRESSION

8 The grounding detour

Grounding can be useful. During ERP, it may interfere with learning when used primarily to make anxiety disappear or make the feared outcome feel impossible.

NOTES / FIRST IMPRESSION

Items 9-11

Use your first reasonable impression. Write only what may be useful for treatment; do not score or recheck.

9 The confession

Disclosing details, mistakes, or intrusive thoughts to obtain relief, forgiveness, or confirmation may function as reassurance seeking.

NOTES / FIRST IMPRESSION

10 The perfect exposure

Repeating an exercise until it feels complete, correct, or convincing can turn practice into a ritual.

NOTES / FIRST IMPRESSION

11 The post-exposure review

Review can support learning. Repeated replay to settle what it meant, whether it was perfect, or whether danger remains may become ritualized.

NOTES / FIRST IMPRESSION

Items 12-14

Use your first reasonable impression. Write only what may be useful for treatment; do not score or recheck.

12 The certainty question

Asking what an exposure proves or whether a fear is definitely irrational can seek certainty rather than build willingness to face uncertainty.

NOTES / FIRST IMPRESSION

13 The coping-skill requirement

A phrase, breathing pattern, distraction, or other strategy may become a safety behavior when treated as required to neutralize distress before continuing.

NOTES / FIRST IMPRESSION

14 The therapist check

Therapist collaboration and legitimate medical guidance can be essential. Repeated confirmation that an exposure was correct, safe, or sufficient may be reassurance seeking.

NOTES / FIRST IMPRESSION

Notice one or two patterns, then stop

A concise review is enough. The aim is a treatment question or response-prevention target, not certainty about every exposure.

ONE BEHAVIOR THAT MAY BE SERVING A REASSURANCE, CHECKING, OR NEUTRALIZING FUNCTION

WHAT UNCERTAINTY, FEELING, OR FEARED POSSIBILITY THE BEHAVIOR MAY BE TRYING TO SETTLE

A CLINICALLY APPROPRIATE REASON THE SAME BEHAVIOR MIGHT STILL BE USEFUL IN CONTEXT

ONE QUESTION TO BRING TO AN ERP-TRAINED CLINICIAN

Return to treatment, not repeated auditing

IF THE AUDIT BECOMES A CHECK

If you feel pulled to reread, rescore, compare answers, ask someone whether you interpreted it correctly, or seek certainty that your ERP is safe or effective, stop. That urge may itself be useful information to discuss in treatment.

WHEN PROFESSIONAL SUPPORT MAY HELP

Consider ERP-informed assessment when obsessions, compulsions, reassurance seeking, avoidance, or repeated checking interfere with daily life; when self-directed exposure becomes confusing or ritualized; or when risk, trauma, dissociation, medical issues, or other conditions require individualized planning.

MY NEXT PLANNED TREATMENT DISCUSSION OR RESPONSE-PREVENTION QUESTION

EDUCATIONAL USE

This resource is a self-reflection aid, not a validated assessment, diagnostic instrument, risk assessment, or substitute for individualized care. It cannot determine whether you have OCD or whether a specific exposure is appropriate.