

# My Goals OCD Worksheet

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_

## Describe Your Current OCD Symptoms:

(List the specific obsessions and compulsions you are currently experiencing)

- **Obsessions:**

- **Compulsions:**

## Identify Target Areas:

(What areas of your life are most affected by your OCD symptoms?)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Set SMART Goals:**

(Specific, Measurable, Achievable, Relevant, Time-bound)

**Goal 1:** \_\_\_\_\_

- Specifics: \_\_\_\_\_
- Measurable: \_\_\_\_\_
- Achievable: \_\_\_\_\_
- Relevant: \_\_\_\_\_
- Time-bound: \_\_\_\_\_

**Goal 2:** \_\_\_\_\_

- Specifics: \_\_\_\_\_
- Measurable: \_\_\_\_\_
- Achievable: \_\_\_\_\_
- Relevant: \_\_\_\_\_
- Time-bound: \_\_\_\_\_

**Goal 3:** \_\_\_\_\_

- Specifics: \_\_\_\_\_
- Measurable: \_\_\_\_\_
- Achievable: \_\_\_\_\_
- Relevant: \_\_\_\_\_
- Time-bound: \_\_\_\_\_

**Therapeutic Interventions:**

(How will you work towards your goals? Include therapy techniques and strategies)

**Gradual Exposure:**

(If applicable, describe situations or triggers you'll gradually confront with the guidance of your therapist)

**Medication Management:**

(If you're on medication, describe your plan for adherence and any side effects to monitor)

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Adherence Plan: \_\_\_\_\_

Side Effects to Monitor: \_\_\_\_\_

**Progress Tracking:**

(How will you measure and evaluate your progress towards these goals? Include specific metrics or criteria)

**Support System:**

(How can your friends and family support you in achieving these goals?)

**9. Celebrate Achievements:**

(Plan ways to reward yourself for reaching milestones and goals)

**Next Appointment/Check-In:**

(Schedule a date for the next review of your goals with your therapist)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_