

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: _____