FREE GUIDE · OCD

OCD checking and exposure and response prevention (ERP)

Checking feels like it keeps you safe. It actually keeps the loop going. Here's why, and how to use ERP to teach your brain something new, with an example exposure hierarchy.

You lock the door. You walk to the car. Then the thought arrives: "Did I actually lock it?" You know you did. You can remember doing it. But the thought doesn't care, and before long you're back at the door, checking. Sometimes more than once.

If that sounds familiar, you're not careless and you're not being silly. You're caught in one of the most common loops in obsessive-compulsive disorder (OCD). This guide explains why checking keeps the loop going, and how exposure and response prevention (ERP), a form of cognitive behavioural therapy (CBT), helps your brain learn its way out. There's an example exposure hierarchy below that you can adapt.

Your brain's smoke detector

Anxiety is a smoke detector. It's meant to go off a bit too easily, because a false alarm is cheaper than a fire. In OCD the detector is set very sensitive. It goes off for things that are almost certainly fine, and it goes off loudly.

OCD has two parts:

- **Obsessions:** intrusive, unwanted thoughts, images or urges that set off the alarm. "What if the door isn't locked?" "What if I left the oven on?"
- **Compulsions:** the things you do, or think, to switch the alarm off. Checking doors, appliances, locks and lights is one of the most common.

Why checking makes it worse

Checking is your brain's solution, and in the short term it works. The loop looks like this:

1. **The thought:** "What if someone breaks in?"
2. **The alarm:** anxiety, often a lot of it.
3. **The solution:** you check.
4. **The relief:** the alarm quietens, for a while.

The trouble is what your brain learns from that relief. It files the whole episode as "there was danger, and checking kept us safe". So next time the alarm goes off sooner, and the urge to check is stronger. The solution is quietly feeding the problem.

And it's rarely really about the door. It's about uncertainty, and how much human brains hate not knowing.

Check it ten times and your brain will simply move on: “Fine. But what about the oven?”

Your brain can be very convincing. The doubt feels urgent and real. But that’s just the feeling. It’s not a fact.

How exposure and response prevention (ERP) helps

ERP is a way of giving your brain new evidence. It has two parts:

- **Exposure:** you deliberately let the alarm go off, a little at a time, for example by leaving the house after checking the door once.
- **Response prevention:** you don’t switch the alarm off with a check. You let it ring.

Then you watch what happens. The anxiety rises, peaks, and comes down on its own. And the thing your brain was sure would happen doesn’t. That’s the part that changes things: not being told the door is fine, but your brain finding out for itself. Do it often enough and the alarm starts to recalibrate.

Uncomfortable isn’t the same as unsafe. New behaviour feels wrong at first because it’s unfamiliar, not because it is wrong.

Living with “probably fine”

The hardest part of OCD is that you can never be 100% certain. Nobody can. ERP is practice at living with “probably fine”, and it gets easier the more you do it.

Things your brain might tell you

- **“If I don’t check, something bad will definitely happen.”** OCD inflates both how likely the danger is and how bad it would be. It’s an alarm, not a forecast.
- **“I’m just being careful.”** Careful is checking once. OCD checking goes far beyond what safety needs, and it never leaves you feeling safe for long.
- **“I’ll never be able to stop.”** Your brain learned this pattern, so it can learn another. With the right support, many people cut right down on checking or stop altogether. It takes practice, not perfection.

Step 1: build your exposure hierarchy

An exposure hierarchy is a ladder. List the situations that set off the urge to check and rate how anxious each one makes you, from 0 (fine) to 10 (unbearable). For example:

Situation	Anxiety (0–10)
Leaving the house without checking the lights are off	4
Leaving the house without checking the oven twice	5
Not checking the stove before leaving the house	7
Leaving the house without checking the door lock at all	9

Start in the middle (around 4 or 5), not at the top. An experiment needs to be challenging enough to teach your brain something, and tolerable enough that you can stay with it.

Step 2: run your experiments

Treat each exposure as an experiment. What does your brain predict will happen, and what actually happens?

- **Lights:** switch them off, leave without checking, and stay with the anxiety. Delay going back for 5 minutes, then stretch the delay each time.
- **Front door:** lock it once, walk away, and don't turn back. Start with a few minutes and build up.
- **Oven:** turn it off, leave, and remind yourself you don't need to check. Repeat until the alarm gets quieter.

Step 3: when the urge to check arrives

- **Delay it.** Wait a set time, say 5 minutes, before you check. Next time, make it longer. Often the urge has passed before the time is up.
- **Limit it.** One check, then done. A second check doesn't make you safer, it just feeds the loop.
- **Ground yourself.** Breathe in for 4, hold for 4, out for 4. Or name 5 things you can see, 4 you can touch, 3 you can hear, 2 you can smell and 1 you can taste.
- **Talk back to your brain.** "Thanks, brain. I've seen this one before. I checked once, and that's enough."

Step 4: question the alarm

- What does my brain predict will happen, and how sure does it feel?
- Has anything bad happened on the days I checked less?
- What's the worst that could realistically happen, and how would I cope?
- Is this information, or just the feeling?

Some people find a short script helps: "I can't be 100% sure the door is locked, and I'm willing to live with that to get my life back from this loop."

Step 5: look after the person doing the work

- **Watch your tokens.** Checking tends to get worse when you're tired or stressed, because your brain falls back on its old programme when resources run low. Sleep, food and breaks are part of the treatment.
- **Calm your body.** Progressive muscle relaxation, or picturing a calm place in detail, can help you ride out a spike.
- **Test your predictions** (within safe and reasonable limits) and write down what actually happened. Your brain needs the evidence.
- **Get a nudge.** Tell someone you trust what you're working on, and count every check you didn't do as a win.

A few reminders

- **Little and often** beats occasional heroics. The more regularly you practise, the faster the alarm settles.
- **Progress, not perfection.** Setbacks are normal. The aim isn't zero anxiety, it's being able to feel it and not check.
- **If nothing changes, try something else.** Make the step smaller, or come at it from another angle.

If checking is taking a big bite out of your day, your relationships or your work, it's worth getting help. ERP has a strong track record, and it's much easier with someone alongside you who can help pitch the experiments at the right level.

For therapists and clinicians

How I approach ERP for checking: an outline for clinicians

How I approach ERP for checking. The structure matters, but the spirit matters more: we are running experiments together, not following a script.

1. Make sense of the loop

Explain the cycle in the person's own examples: intrusive thought › alarm › check › relief › stronger alarm next time. The smoke detector works well here: sensitive by design, now set far too sensitive. Checking is the brain's solution, and it is quietly feeding the problem.

2. Assess and set goals together

- Use a measure such as the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) to gauge severity and track change.
- Map the specific checks and what the brain fears will happen without them ("If I don't check the oven, there'll be a fire").
- Set specific, realistic goals (for example, from ten door checks a day to five), and ask what the person will get back in their life if checking shrinks.
- Look at resources: checking usually rises with poor sleep, stress and overload. Build that into the plan.

3. Build the hierarchy with them

The person rates their triggers from 0 to 10. Start around 4 or 5: challenging enough to teach the brain something, tolerable enough to stay with.

4. Run the experiments

- Before each exposure, ask: what does your brain predict will happen, and how sure does it feel? After, ask what actually happened. The change comes from that gap, the feared outcome not arriving, more than from any explanation.
- Agree how the person will stay with the anxiety instead of checking: delaying, limiting to one check, grounding, and talking back to the brain ("I've seen this one before").

- Remember that uncomfortable isn't unsafe. New behaviour feels wrong because it is unfamiliar.

5. Loosen the certainty

Ask questions rather than reassure. Reassurance is just checking by proxy. "How often have you checked less and something bad happened?" "Is this information, or just the feeling?" Work towards living with "probably fine".

6. Tolerate, don't eliminate

Breathing, muscle relaxation and visualisation help the person ride out a spike. The goal isn't zero anxiety; it is being able to feel it and not check.

7. Track and adjust

A simple log of exposures with anxiety before, during and after shows the brain its own evidence. If a step is too big, break it down. If nothing changes, try something else.

8. Between sessions: experiments, not homework

Agree a small number of exposures to try, with predictions written down beforehand and outcomes noted afterwards, plus a few lines on what worked and what was hard.

9. Plan for the future

Identify the situations most likely to bring checking back (stress, illness, big changes), agree how the person will keep practising, and when they should get support again. The aim is for them to become their own ERP therapist.

Written by Dr Monica Berntsen, HCPC-registered Consultant Psychologist and Neuropsychologist. This guide is for general information and isn't a substitute for individual assessment or treatment.

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