

Response Prevention Plan

Anxiety Disorders Center, Saint Louis Behavioral Medicine Institute

Patient Name: _____ DOB: _____ Date: _____

Target Fear/Obsession: _____

1) During my planned exposure time

When my Fear/Obsession tells me to do this: _____

_____ ,

I will instead do this: _____

_____ .

2) Outside of my planned exposure time

When my Fear/Obsession tells me to do this: _____

_____ ,

I will instead do this: _____

_____ .

3) Additional guidelines for behaving consistent with my goals*

* Additional guidelines are indicated for compulsions that involve excessive use of otherwise normal behavior (e.g., washing, checking, praying, etc.). These guidelines should define what is reasonable or normal use of the behavior. Such guidelines are not typically needed for compulsions that have no functional purpose or usefulness (e.g., tapping, superstitious behavior, repeating, etc.)