

Imaginal Exposure

A paced worksheet for approaching feared outcomes with care

Imaginal exposure means intentionally approaching a feared image, memory or possible outcome in imagination, instead of repeatedly escaping, checking or neutralising it. The goal is not to prove that nothing bad could happen. It is to practise making room for uncertainty and learn that distress can be experienced without compulsions.

Before you begin

Use this worksheet only for an agreed, safe therapeutic target. Do not use it to rehearse self-harm, harm to others, psychotic commands, current abuse, an active emergency, or a real danger that needs practical action. Trauma-memory exposure and overwhelming OCD themes are best planned with a trained therapist.

Prepare your practice

1. What fear, image or 'what if' will you approach?

2. What usually makes this feel upsetting or threatening?

3. What response will you practise not doing?

4. What valued action will you return to afterwards?

Use first person and present tense; make it specific enough to evoke the fear

Writing prompts

Describe what you notice, what happens next, and what the feared consequences mean to you. Include relevant sights, sounds, sensations and uncertainty. Keep the script focused. Do not add graphic detail that is unnecessary for the therapeutic target.

My imaginal exposure script



Read and allow

Approach the script at an agreed pace without using rituals to make it feel safe

A simple practice plan

Read the script slowly and consistently for the duration agreed with your therapist. Let anxiety or uncertainty be present. Notice the urge to escape or neutralise, then choose to remain with the practice if it is safe to do so.

Round	Start 0-100	Peak 0-100	Ritual/escape urge	End 0-100
1				
2				
3				
4				
5				

During the practice

- Allow uncertainty rather than arguing with the story.
- Avoid checking, reassurance, distraction used as escape, or changing the ending to create relief.
- If distress rises, notice it as a wave. You are practising willingness, not chasing a particular score.
- Stop and seek support if you become unsafe, dissociated, unable to orient to the present, or overwhelmed beyond your agreed plan.

Reflect and reconnect

Measure learning by what you were willing to do, not by forcing anxiety to disappear

What did you notice in your body, thoughts and urges?

Which ritual, avoidance or reassurance response did you resist?

What did you learn about anxiety, uncertainty or your ability to cope?

What is the next small step in your agreed exposure plan?

Aftercare

Reorient to the present and return to an ordinary, values-based activity. Avoid reviewing the exercise to obtain certainty. If this practice repeatedly leaves you destabilised, pause and review the plan with a qualified professional.

Further information

NHS: OCD treatment (CBT with exposure and response prevention) | NICE guideline CG31
VA National Center for PTSD: Prolonged Exposure Therapy (therapist-guided trauma treatment)
Space to Breathe Therapy | Maggie Learoyd