

Glossary of Key Terms

Acceptance and Commitment Therapy (ACT) — Acceptance and commitment therapy (ACT) is a form of treatment that seeks to help clients experience obsessions and anxiety, but still continue to move in directions of life that are meaningful. The focus of ACT is learning to behave with flexibility rather than resort to compulsive behavior.

Accommodation — When others (family, coworkers, friends, etc.) help a person with OCD to do their rituals (for example, by purchasing paper towels to help with cleaning, by completing rituals, or by waiting while s/he does her/his rituals, etc.). Although usually well-intended, accommodation actually makes OCD symptoms worse. Family members can be helped by a therapist to learn different ways of being supportive without helping an individual to do their rituals.

Autism Spectrum Disorder (ASD) — A developmental disorder that affects communication and behavior, with a spectrum (range or continuum) of symptom types and severities.

Avoidance Behavior — Any behavior that is done with the intention of avoiding a trigger in order to not feel anxiety. Avoidance behaviors are treated as a ritual.

Behavior Therapy — A type of therapy that applies learning theory principles to current problem behaviors that one wishes to change. As the name implies, the point of intervention is at the behavioral level, with the goal of helping the person to learn to change their problem behavior(s).

Body Dysmorphic Disorder (BDD) — Obsessions about a body part being defective in some way, resulting in repeated rituals involving checking, mirror checking, excessive grooming, and avoidance behaviors. Sometimes individuals with BDD have plastic surgeries relating to their perceived defects, but the relief (if there is any) is short-lived, and soon the individual begins worrying again, or the focus of his/her BDD can change to a different body part.

Body-Focused Repetitive Behaviors (BFRBs) — BFRB is a general term for a group of disorders that cause people to repeatedly touch their hair and body in ways that result in physical damage. Examples include excoriation (skin picking), trichotillomania (hair pulling), and nail biting.

Checking Compulsions — Repetitive checking behaviors in an attempt to reduce the probability that someone will be harmed, or to reduce the probability that one might make a mistake. The checking can be behavioral (i.e. physically returning to a room to check if an appliance is turned off) or it can take the form of a mental ritual (i.e. a mental review in which a person imagines in detail each step he/she took to complete a task).

Comorbid (“Co-occurring”) Disorder(s) — A comorbid (or “co-occurring”) disorder is when a person has more than one condition or is diagnosed with more than one disease/disorder. It means that both conditions exist within the same person at the same time.

Competing (Alternative) Behaviors — Used as part of Habit Reversal Treatment for skin picking and Trichotillomania. A competing or alternative behavior is an activity that gets in the way of the “habit” (skin picking or hair pulling) that an individual is trying to break. For example, if one is knitting, one is unable to simultaneously pull one’s hair.

Comprehensive Model for Behavioral Treatment (ComB) — An evidence-based treatment model for Body Focused Repetitive Behaviors (BFRBs) that focuses on understanding why, where, and how a person engages in their BFRB so that individualized interventions can be selected to help the person achieve what they want to achieve without engaging in the BFRB.

Compulsions — Also known as rituals, compulsions are repetitive behaviors or thoughts that follow rigid rules in an attempt to reduce anxiety brought on by obsessions.

Contamination Compulsions — These are washing and cleaning behaviors in a particular order or frequency in an attempt to reduce chronic worry about being exposed to germs or becoming ill.

Contamination Obsessions — Excessive worries about germs, bodily functions, and illness, and coming into contact with any of them. The risk of contamination is far overestimated, compared to the likelihood of actually getting sick from the feared contamination source.

Counselor — This mental health professional has a Master’s degree in counseling psychology. Counselors may be LPCs (licensed professional counselors), LMHCs (licensed mental health counselors), or other designation depending on the state in which they are licensed.

Dialectical Behavior Therapy (DBT) — A type of therapy that combines certain techniques from Cognitive Behavioral Therapy (CBT) with the concepts of distress tolerance, acceptance, and mindful awareness.

Distraction Skills — A strategy used primarily outside of ERP treatment to enhance one’s ability to resist rituals. One does another activity (for example, playing a board game, watching TV, taking a walk, etc.) while triggered in order to cope with anxiety without ritualizing.

DSM-5 — The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, abbreviated as DSM-5, is the latest version of the American Psychiatric Association’s (APA) classification and diagnostic tool. Mental health professionals use the DSM-5 to help diagnose their clients.

Emotional Contamination Obsessions — Worry that one will be contaminated by the characteristics of another person. The worrier believes that it is possible to “catch” unwanted aspects of a person’s personality, much like how one may catch an illness when exposed to germs.

Exposure and Response Prevention (ERP) — The first line treatment for OCD. ERP involves having a person with OCD purposefully trigger an obsession through an “exposure” activity, and then resist the urge to engage in rituals (“response prevention”). This causes an initial burst of anxiety, but gradually, there is a natural decrease in that anxiety, called habituation. ERP is initially done with a behavioral coach/therapist, who assists the person with OCD to resist rituals. Eventually the coaching is phased out, as the person with OCD becomes more able to resist rituals without help.

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Generalization — The transfer of learning from one environment to another. For example, generalization occurs when a person takes a skill they learn in a therapy session and begins to use it in their every day life outside of therapy.

Habit Reversal Treatment (HRT) — This is the behavioral treatment Trichotillomania and skin picking. In this treatment, the client becomes more aware of patterns of picking or pulling, identifies the behaviors that bring on the picking or pulling, and then works on developing competing or alternative behaviors to block the destructive habit. For instance, when feeling high levels of anxiety, a hair puller can knit, which keeps both hands occupied and keeps the individual engaged in a relaxing activity when s/he is at a high risk to pull.

Habituation — The decrease in anxiety experienced over time after individuals intentionally trigger their obsessions and anxiety (for example, doing an exposure during ERP treatment) without engaging in a compulsive behavior to reduce the anxiety.

Harm Obsessions — Worries that one will be harmed, or that others will be harmed, due to intentional or accidental behavior on the part of the person with OCD.

Hierarchy — A list of situations or triggers that are ranked in order from easier tasks to more difficult tasks which can be used to organize ERP treatment.

Hoarding Disorder (HD) — An OCD-related disorder, HD is a complex problem made up of three inter-connected difficulties: collecting items to the point that it impacts the safety of the home and the people who live there, having difficulty getting rid of collected items, and having problems with organization.

Inhibitory Learning — Learning which inhibits (or “competes with”) previous learning. For example, when you learn something new that contradicts or goes against something you knew before, the new learning stops the old learning from being expressed. This is an alternative theory to habituation.

Insight — For someone with OCD, this is the understanding (when not triggered by an obsession) that one’s worry is not realistic. Usually when one is triggered or experiencing high anxiety about an obsession, the level of insight decreases dramatically.

Intolerance of Uncertainty — Often thought to be the core of most OCD presentations, it is the anxiety resulting from wanting to be absolutely certain in your areas of concern, e.g. that uncomfortable feeling that drives you to ritualize even when your fear seems unreasonable, because what if this is the rare time it is true

“Just Right” Obsessions — The fear that something bad might happen if a behavior is stopped before it “feels just right.” Some people with these obsessions do not worry that something bad will happen; rather, they report that something MUST feel right before ending a particular behavior.

Mental Ritual — A mental act, done in response to an unwanted obsession, that is completed in order to reduce anxiety. Often a mental ritual must be repeated multiple times. It can be a prayer, a repeated phrase, a review of steps taken, a self-reassurance, etc. Mental rituals can be so automatic that the individual barely has any awareness of thinking the thought.

Mindfulness Skills — Purposefully directing one’s attention and focus on the present moment (instead of thinking about the past or future).

Neuromodulation — The changing of brain activity via a targeted therapeutic treatment, such as a magnetic field or an electrical current, to a specific area of the brain. Examples of neuromodulation include Transcranial Magnetic Stimulation (TMS), which uses magnetic fields, and Deep Brain Stimulation (DBS), which uses electrical currents.

Neutralizing Rituals — When an individual with OCD “undoes” a behavior or thought that is believed to be “dangerous” by neutralizing it (or making it safer/less dangerous) with another behavior or thought.

Obsessions — Obsessions are repetitive intrusive thoughts or images that dramatically increase anxiety. Because the obsessions are so unpleasant, the person with OCD tries to control or suppress the fear through the use of compulsions or avoidance. The more the person attempts to suppress the fear, the stronger and more ever-present it becomes.

Obsessive compulsive disorder (OCD) — OCD is a disorder of the brain and behavior, causing severe anxiety in those affected. OCD involves both obsessions and compulsions that take a lot of time and get in the way of important activities the person values. People diagnosed with OCD spend over one hour per day struggling with repetitive intrusive thoughts, impulses, and/or behavioral urges that increase their anxiety. They try to control their obsessions with compulsive behaviors (rituals) in an attempt to reduce the anxiety.

Obsessive Compulsive Personality Disorder (OCPD) — OCPD is a personality disorder characterized by extreme concern with orderliness, perfectionism, and control.

Overvalued Ideation — When the person with OCD puts too much weight on the believability/accuracy of their worry, and thus has great difficulty understanding that the worry is out of proportion to the perceived threat.

PANDAS/PANS — Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) are subtypes of OCD in children, in which OCD symptoms appear very suddenly, seemingly overnight. These symptoms are caused by an infection — in PANDAS, it is a Streptococcus pyogenes infection (the virus that causes Strep throat), in PANS, it can be any number of infectious agents.

Perfectionism — Unrealistically high expectations about one’s performance on any given task. Anything less than 100% perfection is considered a failure. Failure is catastrophic and unbearable. Consequently, perfectionists are paralyzed and sometimes unable to begin a task until the last minute, or are sometimes unable to complete a task.

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Post-Traumatic Stress Disorder (PTSD) — PTSD is a mental health condition that may occur after a person has been through and/or witnessed a traumatizing event(s). PTSD symptoms can include intrusive memories about the event(s), avoidance of things that remind the person of the event(s), negative thoughts and feelings, and increased negative reactions to everyday things.

Psychiatrist — This mental health professional has completed medical school and has specialized in psychiatry and mental illness. S/he can do therapy and prescribe medicine. If the medical professional ONLY prescribes psychiatric medication and does not do therapy, they may be known as a psychopharmacologist.

Psychologist — This mental health professional holds a doctoral degree in clinical or counseling psychology. A psychologist will have a PhD (training in both research and therapy), PsyD (training mostly in therapy), or EdD (training in therapy through a school of education). Psychologists with any of these degrees can provide therapy.

Reassurance Seeking — When a person with OCD asks others questions repetitively to reduce his/her anxiety (for example, "Do you think this food is spoiled?" or "Do you think I will get sick?"). Sometimes a person with OCD can get reassurance merely from watching another's facial expression and/or body posture. All reassurance seeking is considered a ritual.

Relapse Prevention — A set of skills, both cognitive (involving a person's thoughts) and behavioral (involving a person's actions), aimed at keeping individual from slipping back (i.e., relapsing) into the use of compulsive behaviors.

Retrigger — A thought or behavior completed by the individual with OCD in order to undo the negative effects of the rituals. The person may feel relieved by a reassuring thought like, "I will be okay," but then he must say to himself, "Well, maybe I won't be okay. Anything is possible."

Ritual — Another word for compulsive behavior, which can be a behavior that others can see, or a hidden or unseen mental behavior. Many mental health professionals will identify anything done on the part of the individual with the intention of reducing one's anxiety as a ritual. For example, although avoidance behavior is done to avoid the trigger altogether, it still is the same as an outright ritual, in that it is an attempt to reduce anxiety.

Scrupulous (Religious/Moral) Obsessions — Excessive worry about being moral, or worry about blasphemy (i.e., offending God). The term "scrupulosity" may be used to refer to a type of OCD involving scrupulous/religious obsessions.

Self-Reassurance — A thought or phrase said out loud or silently in order to lower one's anxiety (for example, "I'm not going to get sick," or "I would never hurt a child"). This is considered a ritualistic behavior.

Sexual Obsessions — Unwanted, taboo sexual thoughts that are repulsive to the person affected. Often, thoughts are sexually aggressive towards a vulnerable population (children, the elderly, family, or strangers).

Skin Picking Disorder (or Excoriation) — When a person is unable to stop picking at his/her skin. The skin picking is often pleasurable and soothing. People report doing this behavior when stressed or bored, or in conjunction with BDD symptoms.

Social Worker — This individual has a Master's degree in social work and can provide therapy.

Subjective Units of Distress (SUDs) — SUDs is a system that individuals with OCD may be asked to use to rate their anxiety from low to high (for example, having 1 SUD could equal low anxiety, and 10 SUDs is high anxiety). Questions about SUDs are used during ERP exercises to help individuals in treatment become more aware of how and when their anxiety increases and decreases.

Substance Use Disorder (SUD) — Substance Use Disorder (SUD) is a mental health disorder in which the chronic use of one or more substances, such as alcohol or drugs (including prescription drugs), causes significant impairment in an individual's daily life, physical health, and mental health.

Symmetry and Exactness (or "Just Right") Compulsions — Involves fussing with the position of an object for an extended period of time. The person doesn't stop the behavior until it "feels right."

Telehealth — The delivery or facilitation of health care services through telecommunication or digital communication, such as via phone or internet. In the mental health field, this is sometimes called "telepsychiatry" or "telepsychology."

Tic — A sudden, rapid, recurrent non-rhythmic motor movement or vocalization.

Tic Disorder — A neurodevelopmental disorder that becomes evident in early childhood or adolescence, consisting of motor or vocal tics.

Tourette Syndrome (or Tourette's Disorder) — Tourette Syndrome is a neurodevelopmental disorder that becomes evident in early childhood or adolescence. It is part of the spectrum of Tic Disorders and is characterized by multiple motor and vocal tics.

Trichotillomania (Hair Pulling Disorder) — When a person feels as though he or she is unable to stop impulsively pulling his/her hair from his/her head, eyebrows, eyelashes, arms, legs or pubic area. The hair pulling is often pleasurable and soothing. People often report doing this behavior when stressed or bored.

Trigger — This can be an external event or object or an internal thought that sets off an obsession.

Yale-Brown Obsessive Compulsive Scale (Y-BOCS) — A diagnostic tool that includes a symptom checklist of OCD obsessions and compulsions and a rating scale to measure severity. Usually, people who score over 16 also meet the DSM-5 criteria for OCD. There is a version of this scale made for children called the Children's Yale-Brown Obsessive Compulsive Scale, or the CY-BOCS.