

Glossary of Key Terms

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.

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.

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).

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.

Compulsions – Compulsions, also known as rituals, 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.

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.

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 – This is the behavioral treatment of choice for 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 OC-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.

Insight – For someone with OCD, this is the understanding (when not triggered by an obsession) that one's worry is not realistic, nor does the logic applied to the person's ritual make any sense. Usually when one is triggered or experiencing high anxiety about an obsession, the level of insight decreases dramatically.

"Just Right" Obsessions – One fears 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).

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.

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.

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.

Psychiatric Nurse – This mental health professional has a Bachelor's degree in nursing with a special emphasis on psychiatry and working with mentally ill populations.

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.

Psychologist – This mental health professional holds a doctoral degree in clinical or counseling psychology. A psychologist will have 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.

Psychopharmacologist – This mental health professional prescribes psychiatric medicines and is an expert in how these medicines work together.

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) 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-Directed Exposure and Response Prevention (SDERP) – Once an individual has learned to effectively block rituals with the assistance of a behavioral coach, he/she should then practice ERP on his/her own without the help of their coach.

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 (also known as 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.

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."

Tic Disorder – A neurological disorder in which the body involuntarily moves in a random pattern. This is usually worsened by stress.

Tourette's Disorder (also known as "Tourette's Syndrome") – A neurological disorder in which a person engages in both involuntary physical and verbal behaviors in a random fashion. This is usually worsened by stress.

Trichotillomania (Hair Pulling) – When a person feels as though he or she is unable to stop impulsively pulling his/her hair from his/her head, eyebrows, eye lashes, 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.