OCD TREATMENT TERMINOLOGY

Below is a list of terminology that is provided for your convenience and can be used as a reference. If you are unsure of the meaning of any term or expression during treatment, please ask your therapist for clarification. We encourage and value questions!

- **Alternative Coping Strategies** - Alternative strategies used to cope with distress instead of compulsive rituals. Alternative coping for OCD emphasizes non-avoidant strategies.
- **Avoidance** - An effort to avoid triggers, obsessions, and distress. Often, clients are aware of these efforts. Sometimes, the processes are more automated and clients may not recognize additional forms of avoidance.
- **AWARE Coping** - An acronym for a coping strategy to increase awareness of experiences and tolerate them vs. trying to avoid them. Similar to the concepts referred to as "Leaning in" and "Sit with it."
- **Checking** - Among the most common compulsive rituals. A behavior intended to increase certainty that paradoxically increases doubt.
- **Client-Centered Treatment** - A philosophical and practical approach to treatment embraced by OCD123 emphasizing communication and collaboration, drawing on client strengths, and respecting client values, goals, input, and choices. A way of doing therapy with and for a client, vs to a client.
- **Cognitive Behavioral Therapy (CBT)** - An umbrella term describing a broad field of psychotherapy. For the treatment of OCD, two types of CBT are used most commonly: cognitive therapy focuses on meta-cognitive therapy (MCT), and behavior therapy focuses on exposure and ritual prevention (ERP).
- **Compulsive Ritual (aka Compulsion or Ritual)** - A behavior or mental act intended to neutralize an obsession. In OCD treatment, the goal is to identify and eliminate compulsive rituals by using alternative coping strategies.
- **Coping Script** - An alternative coping strategy. A set of messages focused on motivators, reminders, and striving for acceptance that the client develops and writes with guidance from the therapist. Client later reads and listens to coping scripts on their own before, during, and after exposure to triggers.
- **Defusion Techniques** - Alternative coping strategies used to enhance meta-cognitive therapy goals. Specifically, the goal is to disconnect (or defuse) thoughts from feelings, sensations, objects, and actions. A way to reinforce the notion that thoughts are thoughts, and reduce the importance or threat of thoughts.

- **Detached Mindfulness** - An alternative coping strategy used to observe thoughts and images in a detached way and not engage with them. A strategy to change meta-beliefs about obsessions, especially when they occur outside of planned exposure sessions.
- **Distress** - A blanket term used to describe unpleasant experiences that accompany obsessions. This often includes mental aspects such as worry, hyper-vigilance, rumination, or confusion; emotional aspects such as feelings of fear, guilt, disgust, remorse, anger; and/or physical reactions and sensations such as "a lump in the throat," sweating, upset stomach, increased heart rate, muscle tension, numbness, tingling etc.
- **Evidence-Based Treatment** - Treatment approach derived from interventions with evidence supporting their effectiveness. Evidence includes published expert treatment guidelines, meta-analyses, randomized controlled trials, correlational studies, and patient surveys. OCD123 utilizes strategies with strong and varied sources of evidence.
- **Exposure and Ritual Prevention (ERP)** - A set of treatment strategies used to learn to cope differently with obsessions. The primary behavioral treatment intervention in Phase 3.
- **Exposure Session (aka Exposure or Planned Exposure)** - A planned session during which the client purposefully engages a trigger and practices alternative coping until distress goes down (a.k.a. habituation) - part of ERP.
- **Imaginal Exposure** - Imagining exposure to a trigger or set of triggers that evoke obsessions. Often accomplished by reading or listening to words and narrative scripts related to the obsession. Primarily used to engage triggers for which situational exposure is impractical, unethical, or not possible. One of the two main types of exposure used during ERP.
- **Meta-Beliefs** - Thoughts about our thoughts and how our mind works. In OCD treatment, meta-beliefs focus mostly on the appraisal of obsessions (importance & validity) and compulsive rituals (short and long-term impact).
- **Meta-Cognitive Therapy (MCT)** - A set of treatment strategies to update meta-beliefs about OCD. The primary cognitive treatment intervention in Phase 3.
- **Obsession** - An intrusive thought, image, or impulse that usually creates distressing feelings and sensations. A common experience for most people. In OCD treatment, the goal is to learn to cope differently with obsessions.
- **Obsessive Compulsive Disorder (OCD)** - A pattern of obsessions and compulsive rituals that significantly impacts a person's relationships, occupation, and sense of well being.

- **Phase I** - Evaluation phase of OCD123 that includes diagnosis, functional analysis, symptom mapping, and symptom rating of OCD. It also includes screening for other challenges, identification of strengths, and written feedback. Note: Assessment of symptom rating and progress is ongoing and continues through all phases of treatment.
- **Phase 2** - Setting the Stage phase of OCD123 that includes: Education, Goal Setting, Treatment Planning, Enhancing Social Support, and Development of Alternative Coping Skills.
- **Phase 3** - ERP and MCT phase of OCD123 which includes exposure sessions, practice of alternative coping to tolerate triggers, implementing ritual prevention guidelines, and updates to meta-beliefs.
- **Phases of Treatment** - A way to help clients stay oriented - a roadmap of the treatment process. A planned and strategic manner to ensure clients receive comprehensive care for OCD. A vetting process to ensure that clients are ready to participate in evidence-based treatments.
- **Reassurance Seeking** - Asking others or checking resources for reassurance. When done excessively and in response to obsessions, it is considered a compulsive ritual. Specific strategies for both the client and loved ones are recommended.
- **Referrals** - Recommendations for treatment options outside of OCD123 for severe OCD, other treatment approaches (e.g., medications, TMS, DBS), or other challenges besides OCD.
- **Relapse** - After reducing the level of symptoms during treatment, a return to the previous level of symptoms.
- **Relapse Prevention** - A series of strategies employed throughout all phases of treatment (but reviewed and emphasized towards the end of Phase 3) to maintain your progress after treatment is completed. Includes taking notes of what helps during treatment.
- **Relapse Prevention Plan** - A plan to help clients review key strategies, strengthen commitment to ongoing efforts to manage OCD, prepare for stressful events, and identify future response options. Often includes meeting with the therapist monthly for a few months to check in, reinforce progress, and problem solve.
- **Response Commission** - An optional and temporary coping strategy used to prepare clients for ritual prevention. The client maintains obsessive thoughts while engaging in the ritual to change meta-beliefs about the obsessions and rituals. Once the client engages in ritual prevention, this strategy is discontinued.
- **Response Guidelines** - An alternative set of behaviors to be used instead of compulsive rituals. Guidelines include what not to do, what to do instead, and other considerations.

- **Ritual Delay (aka Response Delay)** - An optional and temporary strategy to be used and adapted until the client is willing to fully utilize ritual prevention. A way to add an extra rung in the ladder or to make the ERP process even more gradual. During ritual delay, the client still practices alternative coping and tests meta-beliefs.
- **Safety Behaviors** - Subtle and/or covert rituals or avoidance behaviors, such as looking away or self-distraction. Over-reliance on safety behaviors can diminish the effectiveness of treatment, while judicious use of them can enhance the effectiveness of treatment by overcoming challenging moments. In OCD treatment, the general goal is to become aware of them and reduce reliance on them over time.
- **Situational Exposure** - An exposure to an external trigger that evokes obsessions such as a place, object, event, etc. For example, touching a door knob of a public restroom could be a situational exposure for a person struggling with contamination obsessions. One of the two main types of exposure during ERP.
- **SUDs** - Acronym for Subjective Units of Distress. A term not used at OCD123, but frequently used by other OCD therapists. Jargon coined by anxiety researchers to differentiate a rating derived from the client's input vs. an objective rating (such as heart rate variability, blood pressure, or galvanic skin response). A subtle way for therapists to avoid openly and directly discussing client distress that occurs during treatment.
- **Thought Suppression** - An unhelpful and futile coping strategy intended to manage obsessions that typically results in maintaining focus on the obsession, sensing of a loss of control, demoralization, and hopelessness. During treatment, the client experiments with allowing the thoughts to go in and out of consciousness on their own and uses other alternative coping strategies.
- **Traumatic Events** - Situations that evoke intense emotional responses such as fear, horror, or helplessness. These events can play a role in how we learn to cope, and our meta-beliefs. Often, traumatic events are related to OCD and addressed as part of the treatment process.
- **Trigger** - An event, situation, or thought that usually leads to obsessions and distress. Something a client tries to avoid or cope with using rituals. During treatment, the client learns to more directly engage with triggers.
- **Underlying Fears** - Common primal fears that most people have and are formative in the development of our schemas. In OCD treatment, they are examined and addressed as they relate to the development of obsessions, with a goal of finding a healthy balance of acceptance vs. responding to them. For example, learning to talk about and deal with the complexities of our fears of death, limits of our control, moral imperfections, and how others view us. Some clients benefit from continued counseling focused on these issues after completing ERP and MCT.