

online OCD conference

Organized by




International
OCD
Foundation

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Behavioral Health

PROGRAM GUIDE



We lost the child we knew.
Now we've found him again.
We will

Rise above

If someone you love is struggling with OCD or anxiety, you don't have to suffer alone. At Rogers Behavioral Health, we can help find a path to recovery. Together, we can not only face your challenges, we can rise above them.

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Hello Conference Attendees!!!

We are so excited to welcome you to our second-ever Online OCD Conference!

We hope to see everyone in person in Denver in 2022. Until then, we are as committed as ever to bringing you a safe Conference experience

filled with learning, community, and fun! Plus, the virtual format makes the conference experience more accessible to people around the world, something of which we are quite proud.

If this is your first time attending a Conference, welcome! We are so happy to have you join us. Just by being here, you are advocating for yourself and making our community stronger than ever before.

If you have attended a Conference before, you'll be glad to know that much of the #OCDCon experience that you've come to know and love has been replicated this year. As usual, the program includes tracks for different attendee types (e.g., lived experience, loved ones, professionals). That said, you are welcome to attend any sessions you like. We also brought back some topics from last year, including our series for young adults, body dysmorphic disorder (BDD), and body-focused repetitive behaviors (BFRBs), as well as the professional development series for professionals who are new to the field or simply wish to grow their practice.

Of course, each year we listen to feedback from our attendees and mix things up, adding in new topics and activities. This year, this includes a full-day series for and about racial/ethnically diverse populations; sessions on new topics like procrastination, grief, peer support, and mental health anxiety; a full-day series on comorbidities like OCD and substance use disorders, eating disorders, and PTSD; and more options for continuing education credits for professionals.

The program is unlike anything you'll experience at another Conference. But that's not what's brought my daughter and me back every year for 13 years. Rather, we return year after year to connect with

the amazing clinicians who treat patients every day, other individuals with OCD and related disorders, and loved ones who share the same struggles. I've made countless friendships at Conference meeting places, something that we strive to replicate in the virtual sphere. Everyone is willing to answer questions, provide information, make friends, and share hope.

Then, there's the fun stuff. On top of our after-hours activities, we're so happy to have actress, author, director, and neuroscientist Mayim Bialik join us as this year's Keynote Speaker. Mayim is best known for her roles on *The Big Bang Theory* and *Blossom* — and for being named one of the new hosts of *Jeopardy* — and is also a staunch mental health advocate, even launching her own podcast on mental health in 2020. We hope her keynote speech will entertain you as well as inspire you as you continue on in your OCD journey.

Speaking of the journey ... our conferences are always built to help you not only during the conference itself, but to empower you to get stronger and advocate every day of the year. For this conference, that theme will be even more important as we transition directly into OCD Awareness Week on the last day of programming. Held this year from October 10–16, #OCDWeek will feature daily events, a fun social media challenge, and much more. Learn more and stay updated at iocdf.org/ocdweek.

Finally, be sure to stop by the International OCD Foundation's information booth in the virtual exhibit hall to meet some of the staff leadership of the IOCDF! Ask them what they do, and why they love doing it. You will find a warm-hearted group of powerfully motivated individuals. Come introduce yourself to one of us — we want to help! Ask us what session you may want to attend next, what support groups are available, or what steps you could take to help yourself or a family member.

All the best,

Susan Boaz

A handwritten signature in black ink that reads "Susan M. Boaz". The signature is fluid and cursive, with a long horizontal line extending from the end.

President, Board of Directors
International OCD Foundation



International
OCD
Foundation

Mission Statement

The mission of the International OCD Foundation (IOCDF) is to help everyone affected by obsessive compulsive disorder (OCD) and related disorders live full and productive lives. Our aim is to increase access to effective treatment, end the stigma associated with mental health issues, and foster a community for those affected by OCD and the professionals who treat them.

Supporting the IOCDF

As a nonprofit, the IOCDF relies on the generosity of individual donors to fulfill our mission. Below are some ways you can support the IOCDF as we work to help people with OCD and related disorders live full and productive lives:

- **Annual Fund:** Supports the IOCDF's efforts to educate, raise awareness, and improve access to resources for people living with OCD and related disorders, their families, and treatment providers.
- **Research Grant Fund:** Helps award grants to investigators whose research focuses on the nature, causes, and treatment of OCD and related disorders.
- **Conference Scholarship Fund:** Provides a number of scholarships to people who may otherwise not be able to attend the Annual OCD Conference due to cost.

To make a donation and learn about more ways to give to the IOCDF, visit iocdf.org/donate or call us at (617) 973-5801, Monday–Friday, 9:00am–5:00pm EST. Donations can also be made via check sent to: IOCDF, PO Box 961029, Boston, MA 02196.

IOCDF Membership

By becoming a member of the IOCDF, you join a community of individuals affected by OCD, including those with OCD and related disorders, their family members and friends, and professionals dedicated to treatment and research. Your membership funds provide vital support for our efforts in education, assistance, and advocacy for the public and professional communities. IOCDF Members receive various benefits including subscription to the quarterly OCD Newsletter, discounted registration to IOCDF conferences, including the Online OCD Conference and in-person Annual OCD Conference as well as referral, networking, and training opportunities (for Professional Members).

To become a member of the IOCDF or to renew an existing membership, please go to iocdf.org/membership, email us at membership@iocdf.org, or call us at (617) 973-5801, Monday–Friday, 9:00am–5:00pm EST.

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Specialist

Ming Li

Administrative Assistant

What We Do

Thanks to the patronage of members and donors, the IOCDF is able to provide support, education, and resources for those affected by OCD and related disorders, as well as for the professionals who treat them.

Promoting Awareness & Advocacy

One Million Steps for OCD Walk | #OCDwalk



The One Million Steps for OCD Walk is an annual grassroots, awareness-building and fundraising event that supports the work of the IOCDF as well as our local Affiliates. The OCD Walk aims to dispel stigma and foster a community of support for those affected by OCD and related disorders. The first Walk was held in Boston in 2013, and it has since expanded to include more than 30 Local Affiliate Walks each year, as well as Community Walks around the world! Visit iocdf.org/walk to learn more.

Annual OCD Conference | #OCDcon



The IOCDF's Annual OCD Conference brings together the most experienced clinicians and top researchers alongside individuals with OCD and their families. Three days of workshops, lectures, and support groups offer thousands of attendees access to the latest information about OCD and related disorders in a supportive and engaging environment.

Online Conference Series

The IOCDF has expanded its virtual offerings to include several online conferences each year. These include the Online Hoarding Conference, the Spanish OCD Conference, Online OCD Camp, and the Faith and Mental Health Conference.

International OCD Awareness Week | #OCDweek



Each year during the second full week of October, the IOCDF and its partners come together to educate their communities and the general public about OCD and related disorders. This year, OCD Awareness Week will be held from October 10–16, 2021. Visit iocdf.org/ocdweek to learn more.

Public Policy Advocacy Program



The IOCDF's newly formed public policy advocacy program connects our community to policy makers in Washington and beyond, with the goal of making our voices heard when important decisions are made. We are a partner organization in the National Council for Behavioral Health's Hill

Day which takes place each fall in Washington, DC. To learn more, email advocacy@iocdf.org.

IOCDF Advocate Program

The IOCDF Advocate Program is a volunteer grassroots effort designed to empower those in the community to raise awareness and educate the public about OCD and related disorders. Led by National Advocates Ethan Smith and Dr. Liz McIngvale, the IOCDF Advocates lead the community in various advocacy projects, such as our OCD Awareness Week initiatives, awareness-raising PSAs, inspirational social media content, and much more.

Providing Resources and Support

Resource Directory

The IOCDF Resource Directory connects those affected by OCD to the support they need. Our Resource Directory includes a national and international list of treatment providers, clinics, and organizations specializing in treating OCD and related disorders, searchable by location and specialty. This directory also offers a database of OCD support groups for individuals, parents, and family members. All of this information is available for FREE at the IOCDF website (iocdf.org/find-help) or by calling the IOCDF office at (617) 973-5801.

IOCDF Affiliates

Our regional Affiliates carry out the mission of the national organization at a community level. We have Affiliates in 29 states and territories in the US, and are adding more every year. Visit iocdf.org/affiliates to find an Affiliate near you or learn about starting one in your area.

OCD Newsletter

All current IOCDF members receive our quarterly newsletter, which includes personal stories from those affected by OCD and related disorders, as well as articles about the latest in research, resources, and recovery in OCD. Visit iocdf.org/newsletter to learn more.

IOCDF Websites | iocdf.org

Packed with expanded and updated information about OCD and related disorders, the IOCDF website (iocdf.org) receives more than 2 million visits each year. The IOCDF also maintains sites for related disorders:

OCDinKids.org – For parents and children affected by OCD, and the mental health and medical professionals who treat them.

HelpForHoarding.org – For individuals and families affected by hoarding disorder (HD), in addition to the many professionals who work with this community.

HelpForBDD.org – For teens, young adults, and adults affected by body dysmorphic disorder (BDD) and their family members, as well as professionals.

AnxietyintheClassroom.org – For school personnel, students, and their families, this website provides useful information, resources, and materials about anxiety and OCD as they relate to the school setting.

AnxietyinAthletes.org – For athletes, their families/supporters, and team staff, this website provides useful information, resources, and materials about anxiety and OCD as they relate to sports and athletics.

Peace of Mind Virtual Community | iocdf.org/peaceofmind



The Peace of Mind Virtual Community provides an opportunity for all members of the OCD community to connect with experts almost every week. It also includes resources for members of the OCD and related disorders community and connects them online with IOCDF members and with each other. These resources allow our community to share their stories, educate themselves, and support each other.

What We Do

Improving Education & Treatment

IOCDF Training Institute



On average, it can take an individual with OCD between 14 and 17 years from the onset of symptoms to receive a proper diagnosis and effective treatment. The IOCDF is committed to changing that statistic by training more clinicians to effectively treat OCD. Beginning with our flagship Behavior Therapy Training Institute (BTI) program (established in 1995), the IOCDF Training Institute has since grown to offer a number of professional training opportunities, such as online trainings, case consultation groups, and destination CE/CME opportunities, that address a variety of specialties and issues pertaining to the OCD and related disorders community. Visit iocdf.org/training to learn more.

IOCDF Research Grant Program

Since 1994, the IOCDF has awarded over \$4.2 million in research grants to investigators whose research focuses on the nature, causes, and treatment of OCD and related disorders. Visit iocdf.org/research to learn more.

Pediatric Outreach Programs

Our Pediatric Outreach Programs aim to raise awareness and provide general education about OCD to students, families, school personnel, and the general public, as well as to training professionals to effectively diagnose and treat pediatric OCD and related disorders. In 2013, we launched the Pediatric BTI to provide a training program for mental health professionals who work with youth. Our Pediatrician Partnership Program was launched in 2015 to ensure that pediatricians are up-to-date in their knowledge of how to properly diagnose pediatric OCD and PANDAS/PANS, and connect families with effective treatment.

We are proud to announce that the Anxiety in the Classroom website is complete, with free content and resources for school personnel, parents/guardians, and students. Anxiety in the Classroom can be found online at anxietyintheclassroom.org. To learn more about all of these programs, please visit iocdf.org/programs and OCDinKids.org.

— ADVERTISEMENT —

Suffer from OCD? A Clinical Trial Could Help

We're studying an
investigational medication
to help treat the symptoms
of OCD.

www.OCDTrial.org



About Us

Biohaven is a commercial-stage pharmaceutical company with a portfolio of innovative, best-in-class therapies to improve the lives of patients with debilitating diseases such as OCD.

Welcome to the Online OCD Conference!

Returning for its second year, this virtual conference has programming for everyone in the OCD Community: individuals with lived experience, their family members and supporters, and the professionals who treat them. Running from Friday, October 8, through Sunday, October 10, this event features almost 70 talks, 40 discussion groups, and over 200 presenters.

On-Demand Options

All educational webinars will feature approximately 45 minutes of pre-recorded content that will be available on demand for 30 days after the conference.

The following parts of the conference are only available on Friday, October 8 through Sunday, October 10.

- Speaker Q&As
- Community Discussion Groups
- Professional Networking

27th Annual OCD Conference in Denver 2022

Be sure to catch us next year in Denver, CO!

Click on the image below to be entered to win a free registration!

Living Room Brigade

If you have ever attended the Annual OCD Conference in-person before, you know it offers lots of opportunities to connect with your favorite leaders within the OCD community. In an effort to recreate some of these opportunities in the virtual space, we are offering the chance to sign up for a session of support and casual consultation with pairs of leaders! Sessions will last for 20 minutes, and will give you the chance to speak one-on-one with an expert therapist and an advocate with lived experience. Sessions will take place via Zoom, and all participants will be expected to have their videos on for them.

PLEASE NOTE: We have very limited slots available, and they are offered on a first-come, first-served basis. No more than one session is allowed per attendee. These sessions are free for all registered attendees of the Online OCD Conference.

Conference Highlights

Friday night has several fun activities including a virtual scavenger hunt and journaling. Saturday night will feature our keynote speaker, Mayim Bialik as well as OCD trivia! Be sure to join us and meet other attendees in a fun informal setting.



Conference Planning Committee

Therapists

- Kasey Brown, LCSW
- Jordan Cattie, PhD
- Jelani Daniel, LPC
- Marla Deibler
- Ben Eckstein, LICSW
- Shmuel Fischler, LCSW-C
- Amy Mariaskin, PhD
- Kimberly Quinlan, LMFT
- Belinda Seiger, PhD
- Allison Solomon, PsyD
- Mary Torres
- Michelle Witkin, PhD

Research to Clinical Practice

- Robert Hudak, MD
- Anthony Pinto, PhD
- Eric Storch, PhD

Parents & Families

- Chris Baier
- David Calusdian
- Susie Grossman
- Jon Hershfield, MFT
- Carrie Smalley

Everyone & Living With OCD

- Valerie Andrews
- Caitlin Claggett Woods, PhD
- Stacey Conroy, LMSW, MPH
- Molly Fishback
- Darcy Howell
- Vinay Krishnan
- Elizabeth McIngvale, PhD, LMSW
- Jesse Smith
- Ethan Smith

Body Dysmorphic Disorder

- Denis Asselin
- Scott Granet, LCSW
- Kathy Phillips, MD
- Robyn Stern, LCSW
- Chris Trondsen

Body-Focused Repetitive Behaviors (BFRBs)

- Nancy Keuthen, PhD
- Leslie Lee
- Charley Mansueto, PhD
- Jennifer Raikes

Young Adults

- Meg Dailey
- Neil Hemmer
- Kyle King
- Jess Kotnour
- Tommy Smalley

Thank You to Our Sponsors!



And be sure to visit our Exhibitors!

Click the "Exhibitors" link in the top menu or the blue tile to visit our exhibitors' virtual booths. You can participate in a public chat with booth representatives and even request a one-on-one video meeting.



ROOM GUIDE

These tracks are intended to help you decide which presentations may be the most appropriate for you, but all of our presentations are open to everyone.

LIVE Q&A

All live discussions (including post-session Q&A for rooms 1–6) will take place via Zoom.

	11:00AM–12:15PM ET	12:45PM–2:00PM ET	2:30PM–3:45PM ET	4:15PM–5:30PM ET
ROOM 1	<div>SO, YOU'RE A NEW ERP THERAPIST...</div> <div>Caryn Gill, LPC; Patrick McGrath, PhD; Taylor Newendorp, LCPC; Jenna Overbaugh, LPC</div>	<div>OCD PSYCHIATRISTS 101</div> <div>Noah Laracy, PsyD; Christine Izquierdo, PsyD; Marc Heiser, MD, PhD</div>	<div>FINDING YOUR TREATMENT FOCUS: USING FUNCTIONAL ASSESSMENT TO TARGET ERPS</div> <div>Rebecca Schneider, PhD; Alyssa Faro, PhD; Jordan Cattie, PhD; Maria Fraire, PhD</div>	<div>WHAT TO DO WHEN TRADITIONAL OUTPATIENT THERAPY ISN'T ENOUGH: NAVIGATING NEXT STEPS</div> <div>Katherine Cody, PsyD; Steven Poskar, MD; Jill Rickel, CEP; Rebecca Sachs, PhD, ABPP</div>
ROOM 2	<div>CREATIVE TREATMENT AUGMENTATION IN PRIVATE PRACTICE</div> <div>Amy Mariaskin, PhD; Caitlin Claggett Woods, PhD; Michelle Witkin, PhD</div>	<div>ALL IN DUE TIME: PERSONAL RETROSPECTIVES ON TREATMENT RESPONSE</div> <div>Allison Bonifay, LPC; Mariana Lindsay; Irina Gelman, PsyD; Adam Brown</div>	<div>WE'RE ONLY HUMAN: COMMON THERAPIST MISSTEPS IN ERP AND HOW TO CORRECT THEM</div> <div>Jonathan Abramowitz, PhD; Jennifer Bucholz</div>	<div>ARE ACRONYMS OUR STUCK POINTS? DISPELLING MYTHS OF ACT AND ERP</div> <div>Bridget Henry, PhD; Elizabeth McIngvale, PhD, LCSW; Alejandra Sequeira, PhD; Jennifer Sy, PhD</div>
ROOM 3	<div>WHY WOULD I TAKE THIS RISK? HELPING SUFFERERS TO FIND THE MOTIVATION AND COURAGE TO DO ERP</div> <div>Jonathan Grayson, PhD</div>	<div>THE ABC'S OF OCD MEDICATION MANAGEMENT: A PATIENT'S GUIDE TO MEDICATION BASICS</div> <div>John Christman, MD; Justin Pereira, MD</div>	<div>IMAGINAL EXPOSURES 101</div> <div>Christine Izquierdo, PsyD; & Noah Laracy, PsyD;</div>	<div>RESPONSE PREVENTION STRATEGIES</div> <div>Amanda Petrik-Gardner, LCPC</div>
ROOM 4	<div>SELF-COMPASSION: THE SECRET WEAPON IN YOUR OCD TREATMENT YOU NEVER KNEW YOU NEEDED</div> <div>Jessica Serber, LMFT; Kimberley Quinlan, LMFT</div>	<div>LIVING ACT BEYOND OCD: ACCEPTANCE AND COMMITMENT SKILLS TO GET UNSTUCK FROM OCD</div> <div>Patricia Zurita Ona, PsyD</div>	<div>THE TEA ON DBT (AND HOW IT CAN SWEETEN ERP)</div> <div>Darcy Howell; Blaise Aguirre, MD; Morgan Rondinelli</div>	<div>DON'T BELIEVE EVERYTHING YOU THINK! SHIFTING PERSPECTIVES ON INTRUSIVE THOUGHTS IN OCD AND ANXIETY</div> <div>Marla Deibler, PsyD; Michael Wiltsey, PhD; Renae Reinardy, PsyD; Lisa Levine, PsyD</div>
ROOM 5	<div>MANAGING BDD IN AN APPEARANCE OBSESSED WORLD</div> <div>Christopher Trondsen, AMFT, APCC; Scott Granet, LCSW; Amanda Rosenberg; Robyn Stern, LCSW</div>	<div>OBSTACLES TO THE TREATMENT OF OCD AND BDD</div> <div>Fugen Neziroglu, PhD; Patrick McGrath, PhD; Katharine Phillips, MD; Sony Khemlani-Patel, PhD; Sabine Wilhelm, PhD; Alec Pollard, PhD</div>	<div>SPECIALIZED TREATMENTS FOR COMPLEX OCD AND BODY DYSMORPHIC DISORDER: AN INTERNATIONAL PERSPECTIVE</div> <div>Debbie Sookman, PhD; David Veale, MD; Sabine Wilhelm, PhD; Katharine Phillips, MD</div>	<div>TREATMENT OF OCD AND BDD IN ATHLETES: TIPS FOR ATHLETES, THEIR PARENTS, AND THEIR THERAPISTS</div> <div>Emily DeSalvatore, LPC; Cali Werner, LMSW; Carl Robbins, LCPC</div>
ROOM 6	<div>CARRYING ON WITHOUT KEEPING CALM: PREVENTING COPING FROM BECOMING AVOIDANCE</div> <div>Myles Rizvi, PsyD; Hayley Dauterman, PhD; Kevin Menasco, LCSW</div>	<div>INDECISION: AN OCD TRAP ... OR IS IT?</div> <div>Jon Hershfield, MFT; Jonathan Grayson, PhD</div>	<div>OCD & PROCRASTINATION</div> <div>Ben Eckstein, LCSW</div>	<div>THRIVING IN ALL RELATIONSHIPS WITH OCD</div> <div>Amy Mariaskin, PhD; Jon Hershfield, MFT; Alison Dotson; Kelly Flanagan</div>
ROOM 7	<div>DO YOU KNOW YOUR OCD? BELIEVE ME, IT KNOWS YOU!</div> <div>Jonathan Hoffman, PhD</div>	<div>COMBATING SHAME AROUND TABOO INTRUSIVE THOUGHTS: WHAT IF YOU'RE NOT ALONE?</div> <div>Cassie Marzke; Darcy Howell; Amy Mariaskin, PhD; Natalia Nottingham</div>	<div>SELF-COMPASSION AND THE OCD SHAME TRAP</div> <div>Annabella Hagen, LCSW; & Allyson Guilbert, LCSW</div>	<div>PROFESSIONAL NETWORKING SESSION</div>
ROOM 8	<div>WHAT TO DO WHEN OBSESSIONS OVERLAP WITH GENUINE INTERESTS</div> <div>Kevin Foss, MFT; Lauren Rosen, LMFT; Kelley Franke, LMFT</div>	<div>THE JOURNEY TO RECOVERY: NAVIGATING LIFE WITH OCD</div> <div>Jacques Esses, MSW; Elizabeth McIngvale, PhD, LCSW; Christopher Trondsen, AMFT, APCC; Jeff Bell; Ethan Smith</div>	<div>ADVOCACY KEYNOTE: AN INSIDE PERSPECTIVE INTO THE WORLD OF OCD ADVOCACY</div> <div>Elizabeth McIngvale, PhD, LCSW; Ethan Smith; Chris Trondsen, AMFT, APCC; Tom Smalley; Valerie Andrews; Katie O'Dunne</div>	<div>PARENTS OF ADULT CHILDREN WITH OCD</div> <div>Ben Eckstein, LCSW</div>
ROOM 9	<div>MENTAL HEALTH PROFESSIONALS WITH OCD</div> <div>1) MENTAL HEALTH PROFESSIONALS WITH OCD</div> <div>2) OCD IN SCRUBS: MEDICAL PROFESSIONALS WITH OCD</div> <div>Dan Kalb, PhD; Kristina Orlova, LMFT</div>	<div>BDD DISCUSSION GROUPS:</div> <div>1) GENERAL DISCUSSION — Scott Granet, LCSW</div> <div>2) GROUP FOR PARENTS, PARTNERS, AND SIBLINGS — Denis Asselin</div>	<div>WOMEN'S DISCUSSION GROUPS</div> <div>1) ALL INCLUSIVE WOMEN'S COMMUNITY DISCUSSION GROUP — Beth Brawley, LPC</div> <div>2) MONTHLY MAYHEM: OCD, PMDD & PREMENSTRUAL EXACERBATION — Elaine Dowd</div>	<div>YOUNG ADULTS ORIENTATION AND COMMUNITY DISCUSSION GROUP</div> <div>Tom Smalley; Jess Kotnour; Christopher Trondsen, AMFT, APCC; Neil Hemmer, MSW</div>
ROOM 10	<div>GENERAL OCD COMMUNITY DISCUSSION GROUP</div> <div>Katia Moritz, PhD</div>	<div>I SEE COLOR COMMUNITY</div> <div>Erin Nghe, LCSW; Jelani Daniel, LPC</div>	<div>MAN UP! VIRTUAL EDITION: MEN'S COMMUNITY DISCUSSION GROUP</div> <div>Jacques Esses, MSW; Neil Hemmer, MSW</div>	<div>FAMILY DISCUSSION GROUPS</div> <div>1) NAVIGATING THE UNCERTAINTY OF PARENTING KIDS WITH OCD DURING UNCERTAIN TIMES — Melissa Mose, LMFT; Jennie Kuckertz, PhD</div> <div>2) DO'S & DON'TS: STRATEGIES TO HELP YOUR KIDS WITH OCD — Marni Jacob, PhD, ABPP; Katie Merricks, PhD</div> <div>PANS/PANDAS DISCUSSION GROUP</div> <div>Kyle Williams, MD, PhD; Amy Young, PsyD; Susan Boaz</div>

EVENING ACTIVITIES

6:00PM–7:30PM ET

CREATIVE COPING

Malena Dell; Molly Fish-back;
Darcy Howell;
Amanda Petrik-Gardner, LCPC

JOURNAL YOUR WAY TO RECOVERY: A SAFE SPACE FOR YOUR INTRUSIVE THOUGHTS

Jenna Borrelli

VIRTUAL SCAVENGER HUNT

Katelyn O'Dunne

11:00AM–12:15PM ET

So, You're a New ERP Therapist... *

Therapists Introductory

Every expert clinician and researcher in the field was once a beginner. As their knowledge base grew, their ability to help their clients grew as well. This presentation will explore common stumbling blocks that new ERP therapists experience and how to address them from a cognitive and behavioral standpoint. In the Q&A session, attendees will be able to discuss difficulties they have faced in their clinical work and receive feedback on potential areas of growth in their ERP delivery. The goal of this event is to provide guidance to attendees especially regarding their work with clients who are struggling in treatment and recovery. Presenters will include therapists with varying levels of experience, in order to provide differing perspectives for attendees.

Creative Treatment Augmentation in Private Practice *

Therapists Advanced

Clinicians are increasingly tasked to provide outpatient therapy to individuals who may benefit from a higher level of care but cannot easily access it. This presentation highlights three psychologists working in different-sized practices discussing their clinics' responses to this issue. Dr. Claggett Woods will discuss how her workplace has adopted a menu system to help individualize an IOP experience that matches the client's goals/needs. Dr. Mariaskin will discuss how her medium-sized practice integrates both internal and external resources to maximize care. Finally, Dr. Witkin will discuss how best to leverage relationships with outside providers to augment treatment in a solo practice. The speakers will include a role play to demonstrate how best to determine a patient's individual care needs.

Why Would I Take This Risk? Helping Sufferers to Find the Motivation and Courage to Do ERP

Everyone

Everyone who suffers from OCD wants to overcome their fears, but as you know, sometimes the fear seems too overwhelming. In this unique workshop, sufferers with contamination fears will: 1) learn methods of motivating themselves to go through exposure; 2) learn how to construct scripts and exposures for contamination problems; and 3) the different motivators for the different forms of OCD.

Self-Compassion: The Secret Weapon in Your OCD Treatment You Never Knew You Needed

Everyone

Receiving the proper treatment for your OCD can be a life-changing experience. Self-compassion is a powerful addition to your ERP therapy and, as you'll learn in this talk, can even serve as both exposure and a tool for resisting compulsions in and of itself. This is why self-compassion is such a secret weapon! Self-compassion is evidence-based for reducing self-criticism, increasing positivity, and increasing motivation, all important components of living better with OCD and experiencing successful treatment. We will specifically look at the benefits of incorporating self-compassion into treatment for Pure O and taboo themes. In this talk, you will learn about what self-compassion is and is not and how to incorporate it into your OCD treatment and overall wellness plan.

Managing BDD in an Appearance Obsessed World

Body Dysmorphic Disorder (BDD)

People are bombarded daily in media, commercials, magazines, and on social media platforms, with messaging around needing to look perfect. Individuals struggling with BDD are more susceptible to this pressure, leading to obsessions on perceived flaws, lowered self-esteem, and a need to isolate. This panel consists of four individuals with BDD, who have all been impacted by appearance-obsessed content, and have learned to manage this in treatment. The panel will discuss and encourage audience participation on relevant topics of conversation including: the dangers of comparing yourself to others, social media and BDD, and how to prevent grooming from becoming excessive. The panel will also encourage sharing from the audience on how they cope with BDD in an image-focused culture!

Carrying On Without Keeping Calm: Preventing Coping from Becoming Avoidance

Everyone

Many skill-based psychotherapies involve teaching patients coping strategies to help alleviate acute distress and maintain healthy functioning in the context of strong emotions. Many patients are taught to use strategies such as distraction, relaxation skills, and coping thoughts to effectively manage moments of distress. However, in the case of OCD, these strategies can become part of the problem rather than the solution (e.g., "I can touch the dirty rag but only if I tell myself it won't make me sick"). We will provide individuals with OCD and their families guidance regarding how conventional coping skills can maintain the cycle of OCD and help them differentiate helpful versus unhelpful ways of managing anxiety in the moment and optimizing exposure learning.

Do You Know Your OCD? Believe Me, it Knows You!

Everyone

An ancient warrior taught that in any contest you must equally know your opponent as well as yourself. However, in OCD treatment developing greater self-knowledge is often under-emphasized. The problem is that OCD has an extensive dossier on each of its opponents, namely you, or at least it seems this way. So, what do you need to acknowledge about yourself that will give you an advantage over OCD? This is exactly what we'll be focusing on in this presentation. We're going to help each participant create an individualized profile of what openings OCD can or could exploit in you and how to shut them down. Hey, if you have to play chess against yourself, might as well play to win!

What To Do When Obsessions Overlap With Genuine Interests

Everyone

OCD can grab ahold of your hobbies, academic interests, occupation, relationships, and faith. Subsequently, OCD sufferers can believe they have to sacrifice their passions if they want to recover. Throwing the baby out with the bathwater is bad advice, but so is wasting hours of time lost in the Obsession-Compulsion cycle hoping for perfection, completion, or the "just right" feeling. Recovery from OCD and having a full life are not mutually exclusive. This panel discussion will address how you can have the life you want while effectively dealing with OCD when it creeps in. You will learn how you can get the most out of your life while minimizing OCD's impact using CBT, ERP, and Mindfulness principles.

Community Discussion Group for Mental Health Professionals with OCD

Community Discussion Groups

Being a mental health professional with OCD presents a unique set of opportunities and challenges. We have the personal experience that enables us to truly empathize with our clients who are struggling both with symptom management and the impact of the disorder on their lives. Our clients tell us that we "get it" in a way other therapists have not, and we feel privileged to be in a special position to help. At the same time, our own vulnerabilities may, at times, make the work especially challenging. Join us for the annual meeting of this support group for mental health professionals with OCD. We will interactively discuss concerns common to us all and provide one another with support and encouragement.

General OCD Community Discussion Group

Community Discussion Groups

Join this community discussion group for those who have lived experience with Obsessive Compulsive Disorder. Come learn and get inspired by other members of the community, hear about their journey, what has helped, and best practices!

12:45PM–2:00PM ET

OCD Psychiatrists 101 *

Therapists Introductory

Clinicians that treat OCD frequently need to communicate and collaborate with psychiatrists. They also need to assist clients and families with finding psychiatrists that understand OCD, and help navigate the decision on whether to try medication. Yet graduate schools and training programs provide little training in how to work with psychiatrists. This workshop, which includes a practicing psychiatrist, will provide insight into what it's like to be one, what kind of training in OCD they usually receive, and how they like to collaborate with clinicians. There is a common misperception that clinicians are not qualified to express opinions about medication intervention. Clinicians will learn the proper boundaries around competence, and how to ethically communicate and advocate for clients.

All in Due Time: Personal Retrospectives on Treatment Response *

Therapists Advanced

Although ERP is touted as the gold standard intervention for OCD, implementation alone cannot predict precise treatment outcomes nor treatment length. Treatment success continues to rely on numerous factors, including delivery nuance and customization. Additionally, an individual with OCD often experiences various phases of treatment success, yet those successes can at times be difficult to recognize in the moment. During this panel presentation, individuals with OCD and clinicians together will present common factors that impact the duration of treatment. With a blend of personal stories and clinical insights, these treatment obstacles will be explored, offering realistic and creative solutions to enhancing treatment efficacy. Attention will also be given to the benefits of identifying and building on treatment phase successes.

The ABC's of OCD Medication Management: A Patient's Guide to Medication Basics

Everyone

This presentation is designed for patients and families who are interested in getting an overview of medication management for Obsessive Compulsive Disorder. The presenters will discuss the basics of OCD neurobiology and how serotonin and other neurotransmitters play a role in the pathology and treatment of the disorder. Attendees will learn about common OCD medications, side effects, augmentation strategies, and novel agents. Following the presentation, there will be ample time for a question and answer session with the audience.

Living ACT beyond OCD: Acceptance and Commitment skills to get unstuck from OCD

Everyone

Facing our fears can be overwhelming, scary, and it may feel impossible, at times. So, learning to practice exposure exercises — with a touch of kindness, curiosity, and as a personal choice you make — can be very helpful. But, if you also learn to catch ruling-thoughts your mind has about fears, develop a new relationship with your mind, and use your values to guide your actions, then you prepare yourself to face any fear-based struggle that may come your way anytime in your life. In this workshop, you will learn ACT micro-skills to make a shift from reactive moves that maintain OCD episodes to WISE MOVES so you can live the life you want to live.

Obstacles to the Treatment of OCD and BDD *

Body Dysmorphic Disorder (BDD)

This round table will address issues clinicians face in dealing with treating patients with OCD and BDD who are unable/unwilling to engage in treatment. A distinguished panel of researchers and clinicians will touch upon the areas that need to be addressed before or alongside the evidence-based treatments. The discussion will begin with treatment intervening factors that often are subtle and need to be addressed at various points of treatment when therapy is not progressing. Topics discussed throughout will include interoceptive cue exposure for extreme anxiety pre-exposure and response prevention, addressing depression as a handicap to treatment, anger as an impediment especially in BDD treatment, and high overvalued ideation.

Indecision: An OCD Trap... or is it?

Everyone

Every person with OCD needs to make a decision in order to move forward. Do I resist a compulsion? If I resist, can I accept the uncertainty around the consequences of that choice? Often this challenge arises around specific content, our "obsessions" — but how do we handle OCD when it tells us we aren't capable of making any decisions? What do we do when the obsession is with decision-making itself? Whether it's trying to decide what school to apply for or what item to order off a menu, OCD can make everything seem like life-or-death. This session will address different ways OCD leads to indecision and identify strategies for resisting compulsions that keep us stuck in analysis and avoidance.

Combating Shame Around Taboo Intrusive Thoughts: What if You're Not Alone?

Everyone

Let's talk about SHAME! Experiencing intrusive thoughts can feel isolating and our goal is to do exactly what shame tells us we can't do: talk about it. This interactive panel will explore a variety of taboo intrusive thoughts and how shame impacts our ability to fight OCD. As a panel, we will share our lived experiences in navigating these themes, and we will investigate the unique challenges that arise when we feel unsafe openly discussing the nature of our intrusive thoughts. Dr. Mariaskin will introduce specific skills to reduce the impact of shame on behavior. Vulnerability is a great first step at shrinking OCD and it becomes a lot easier when we are all vulnerable together.

The Journey To Recovery: Navigating Life with OCD

Everyone

In this interactive, moderated discussion, four individuals with OCD will take the audience on their journey of living life with OCD. Highlighted topics include their initial encounters with OCD, the depths of their struggles, and barriers to effective treatment. Additionally, they will discuss turning points in recovery, helpful interventions during the recovery process, and the non-linear reality of progress. Finally, they will reflect on how they have taken the positives from their battle with OCD and turned adversity into advocacy. Attendees will gain insight into their own personal journey, inspiring hope and motivation. The panel discussion will be moderated by Jeff Bell and will be followed by Q&A. Audience members will have the opportunity to share their own OCD journeys!

BDD Discussion Group

Community Discussion Groups

In addition to living with tormenting obsessions and time-consuming compulsive behaviors pertaining to their physical appearance, many people with BDD also tend to experience considerable shame and isolation. This annual discussion group is a rare opportunity to meet others living with the disorder and to share stories truly understood by only those who have it. This confidential meeting is an opportunity to share our successes, as well as the struggles that continue to challenge many of us on a daily basis. The group is run by a clinician who specializes in the treatment of BDD and who has the disorder himself.

I See Color Community Discussion Group

Community Discussion Groups

Ethnic groups often hear, "I'm colorblind, I don't see color, therefore people shouldn't focus so much on talking about color." In reality, this can make persons of color feel invisible. This can also prevent persons of color from being seen for their amazing and unique qualities! These feelings, dynamics and barriers can also arise in the therapeutic setting. This support group is for OCD sufferers of color to obtain support with issues that arise from language, religion and cultural differences, micro-aggressions felt from therapists and the difficulty of not having peers and therapists of color to relate to. It gives voice to those OCD sufferers of color whose experiences with OCD have been different — because of their diverse backgrounds.

Living with BDD Sufferers: Discussion Group for Parents, Partners, and Siblings

Community Discussion Groups

On the frontline with BDD sufferers, caregivers can feel overwhelmed. They find themselves on the frontline from sunup to sundown, sleep with one eye open, and wonder what the challenges will be the next day. Will it ever get better? How can one be supportive and not enable the disorder? In this discussion group, we will share stories of how we rejuvenate physically, psychologically, and spiritually so that we can be present and effective caregivers. We will explore compassionate self-care as the sustainable approach to caring for loved ones with a chronic illness.

2:30PM–3:45PM ET

Finding Your Treatment Focus: Using Functional Assessment to Target ERPs *

Therapists Introductory

OCD's crafty, wily logic can evade the scope of treatment if the clinician and patient do not have a firm grasp on the function of OCD-driven behaviors. In order to develop a comprehensive ERP treatment plan, a clinician should first conduct a thorough functional assessment. This workshop teaches clinicians the importance of functional assessment and how to ask focused questions to elicit the client's core fears, skills deficits, and other underlying factors that may contribute to their presentation. We discuss how to use the assessment to develop a tailored exposure plan, when a functional assessment is most helpful, and provide problem solving tips for common challenges, such as treatment traps. Case examples and role-plays are used to demonstrate.

We're Only Human: Common Therapist Missteps in ERP and How to Correct Them *

Therapists Advanced

In supervising and training many therapists to use exposure and response prevention (ERP) for OCD, we have observed a number of common missteps that can interfere with short- and long-term outcome. In this workshop, we will use case examples and videos to discuss and illustrate such missteps, including: (a) inadvertently offering reassurance, (b) missing mental rituals, (c) using cognitive therapy to prove the senselessness of obsessions, (d) relying too much on habituation rather than emphasizing fear tolerance, and (e) backing off when anxiety becomes intense during exposure. We will also offer suggestions for clinicians regarding how to monitor for these missteps, and how to course-correct to optimize treatment. Discussion will be encouraged during Q&A.

Imaginal Exposures 101 *

Everyone

This workshop will take the "beginner's mind" approach to learning effective imaginal exposures (IE's). Although imaginal exposures are key evidenced-based interventions for OCD, many clinicians still avoid using them due to a lack of confidence. This workshop will break down the process of writing imaginal exposure narratives into concrete, effective, and efficient steps in order to boost competence. Attendees, beginners and advanced, will be invited to engage as if they have no previous knowledge of ERP in order to break free from less effective habits they may have learned along the way. Participants will also learn tips and guidelines that can be immediately applied to target OCD. Case examples will include writing narratives for harm OCD and other OCD subtypes.

The Tea on DBT (and how it can sweeten ERP) *

Everyone

We hear a slew of therapy acronyms on psychology websites, from therapists, and at the conference. So, what's the tea on DBT? Dialectical behavioral therapy is a skills-based treatment initially created for borderline-personality disorder (BPD), but now used to treat a multitude of conditions, including those that can be comorbid with OCD. ERP can at times be at odds with the behavioral skills of DBT. Still, DBT can be an enhancement, not a replacement to ERP in OCD treatment. In this presentation we will review how a therapist and patient can successfully negotiate multiple conditions using both therapies.

Specialized Treatments for Complex OCD and Body Dysmorphic Disorder: An International Perspective *

Body Dysmorphic Disorder (BDD)

The expert presenters describe and illustrate multidimensional interventions for complex OCD and BDD. David Veale, MD, (UK) will present treatment using CBT/ERP in an unusual inpatient setting for contamination-based co-morbid OCD. Debbie Sookman, PhD, (Canada) will briefly introduce updates in evidence based specialized treatments for OCD, and illustrate strategies for obstacles to collaboration and recovery with patients and their families. Katharine Phillips, MD, (USA) will briefly review key elements of evidence-based pharmacotherapy and somatic treatment for BDD, and discuss complex cases with focus on medication treatment. Sabine Wilhelm, PhD, (USA) will cover evidence-based strategies for BDD, including CBT, attention retraining, acceptance-based strategies, and smartphone treatment. Alec Pollard, PhD, (USA) will join as discussant during Q&A with the audience.

OCD & Procrastination

Everyone

While some individuals with OCD respond to stressors by jumping to action, others gravitate towards a more avoidant approach. This talk will explore why some people prefer to delay tasks, even to their own detriment. We'll review several factors that perpetuate and reinforce procrastination — experiential avoidance, perfectionism, etc. We'll also cover strategies to counteract the habit of procrastination, building healthier and more effective tools to get things done.

Self-Compassion and the OCD Shame Trap

Everyone

When you struggle with OCD's intrusive thoughts, the self-loathing can lead you to the OCD shame trap. "I should be able to control these awful thoughts! I'm despicable!" There is a way out, and it's not the way your OCD mind is advising you! Research has shown that when people are self-compassionate and face difficult situations, they ruminate less on how things should be, see life with a different perspective, and increase inner strength, courage, and resilience. This workshop will provide you with specific skills to help you let go of the urge to self-loathe and instead turn to self-compassion in your everyday life.

Advocacy Keynote: An Inside Perspective Into the World of OCD Advocacy

Everyone

Advocacy takes many forms; however the mission is the same: to make a difference in the area you are advocating on behalf of. Join IOCDF national and lead advocates for this panel presentation as they discuss the pros/cons of advocacy, how advocacy can help with healing, tailoring your message and the value of advocacy for the entire IOCDF community. Advocates will discuss how they were impacted by advocacy, how they became an advocate and lessons learned along the way. Avenues for sharing your message will be discussed and personal experiences will be shared with insight on how to prevent the negative/harmful messaging that sometimes accompanies advocacy. If you are considering joining the advocacy mission, this presentation is for you!

All Inclusive Women's Community Discussion Group

Community Discussion Groups

This group will provide a safe and supportive environment for women to discuss ways we can stand together as we journey through our mental health challenges. Participants will have the opportunity to share their own personal struggles AND successes and take part in empowering each other to live a full life despite managing mental illness. This group is a support group for all women, with OCD, depression, eating disorders, BFRB's and any other mental struggles.

Man Up! Virtual Edition: Men's Community Discussion Group

Community Discussion Groups

Are you a male suffering with OCD and haven't found a safe place to discuss your issues? Participants will have the opportunity to share their experience navigating their unique challenges as men with OCD. Topics discussed will include the pressure to "man up," opening up to their partners about the disorder, keeping anger in check, dealing with medication side effects, and admitting they need help. This community group will provide a safe "virtual space" to tackle these important issues.

Monthly Mayhem: OCD, PMDD & Premenstrual Exacerbation Community Discussion Group

Community Discussion Groups

Ladies, let's talk about periods and mental health! Oh the woes of womanhood never seemed quite so "OH MY GOD if I have one more intrusive thought I'm going to have a total meltdown" as when we are in the throes of another OCD and PMDD (Premenstrual Dysphoric Disorder) crazy-inducing cycle. This community discussion group is a safe space for women to be SEEN, heard, and validated for our premenstrual experiences (and/or any form of hormonal sensitivities). Together, we will vent, share set-backs, self-care tips, and triumphs as we bear witness to one another with curiosity and compassion. Let us marvel at our collective strength as we navigate the complexities of this crazy/beautiful, ebb and flow of life!

4:15PM–5:30PM ET

What To Do When Traditional Outpatient Therapy Isn't Enough: Navigating Next Steps *

Therapists Introductory

While CBT with ERP and SSRIs are established as effective interventions for OCD, a significant proportion of adolescents and young adults receiving these treatments remain symptomatic. We aim to help therapists working with teens/young adults, and family members understand potential next steps when a traditional treatment plan seems ineffective. We will discuss how assessment may elucidate why an individual has not yet responded to treatment, along with treatment implications (medication, therapy, family therapy, and therapy setting) given new case conceptualization. Through didactic discussion and case vignettes we will discuss modifications and possible revamping of treatment planning (frequency, setting, additional supports) when treatment-interfering behaviors and/or co-morbid disorders have been identified. Collaboration amongst psychiatry, assessment, therapy, and placement services will be emphasized.

Are Acronyms Our Stuck Points? Dispelling Myths of ACT and ERP *

Therapists Advanced

Acceptance and Commitment Therapy (ACT) is an effective transdiagnostic approach to a breadth of mental health issues. Because of its focus on values and acceptance, ACT can augment ERP by improving a patient's motivation and willingness to face fear and lean into uncertainty. However, therapists who were trained with a traditional CBT model may hold preconceived notions about ACT that impede clinician flexibility and impact their willingness to utilize this evidence-based practice. This presentation aims to educate clinicians and individuals with OCD by reviewing and dispelling common myths about ACT. Presenters will share their own struggles with incorporating ACT into ERP work and discuss how integrating both ACT and CBT into ERP may improve treatment adherence and effectiveness.

Response Prevention Strategies *

Everyone

Response Prevention is as important as the Exposure piece of treatment, but can sometimes be neglected. Have you ever been told to "just stop" your compulsion? I wish it was that easy, but the urge is so strong that sometimes we need additional support and ideas. Response Prevention Strategies is recommended for not only therapists hoping to add more skills to their repertoire, but for individuals with OCD that have found themselves stuck in a compulsion. We will explore several different strategies to eventually resist compulsions while acknowledging that this is not an easy step.

Don't Believe Everything you Think! Shifting Perspectives on Intrusive Thoughts in OCD and Anxiety *

Everyone

Intrusive thoughts are unwanted thoughts, impulses, or mental images, that cause anxiety and stress. When these thoughts become "stuck," it can be difficult for individuals to carry out everyday activities and responsibilities at work, school, or at home. Instead, the individual's time is distracted by unproductive distressing, internal thought processes. And, in the case of OCD, these thought processes may lead to maladaptive efforts to reduce the distress in the form of compulsive behaviors. In this session, clinicians will discuss evidence-based interventions and case examples to illustrate the utility of maximizing the use of metaphors, storytelling, and other creative means to help an individual change the way in which they relate to their anxious thoughts.

Treatment of OCD and BDD in Athletes: Tips for Athletes, Their Parents, and Their Therapists *

Body Dysmorphic Disorder (BDD)

Competitive athletes experience unique stressors when practicing and performing in high stakes environments. OCD and BDD symptoms can compound this stress and bring unique challenges to treatment with this population. To support athletes, presenters will provide information on how to connect with, understand, and treat athletes from a practitioner perspective. Additionally, they will provide psychoeducation and practical evidence-based skills for parents and individuals navigating treatment. The speakers are current and former elite athletes turned specialty treatment providers who have unique insight into how to best serve this distinct population.

Professional Networking Session

Professional Networking

Please join members of the IOCDF Scientific and Clinical Advisory Board (SCB) to ask questions about professional development, case consultations or anything else! Several SCB members will be available during this time and attendees will be able to self-select into a breakout room of their choice.

Note: Please only attend if you are a mental health professional or in training to become a mental health professional.

Thriving in All Relationships with OCD

Everyone

Despite its prevalence, many individuals with OCD feel alone with their symptoms. The disorder is often marked by embarrassment and shame, leading to withdrawal and social isolation. Moreover, OCD symptoms can present challenges to interpersonal dynamics. However, those with OCD can cultivate rich connections with others and experience fulfilling relationships across major life areas. This panel brings together professional and personal perspectives to explore OCD's impact on the experience of relationships in love, friendship, work, therapy, and family. Examples will reflect the diversity of the OCD experience, and presenters will include skills culled from evidence-based practice to help individuals tackle common relationship challenges.

Young Adults Orientation and Community Discussion Group

Community Discussion Groups

Young adults—welcome to the virtual conference! You are in a challenging, yet exciting period of your life that is filled with transitions and significant life changes. However, having OCD adds difficulty to this experience. This community discussion group offers young adults attending the conference a safe space to communicate these challenges and to gain peer support. The group will begin with pertinent information and an overview of how to get the most out of the conference. Next, free-flowing discussion and interactive participation involving young adult related topics will take place to create a sense of community. Lastly, the group will offer an opportunity for attendees to connect with others, allowing them to stay connected even after the conference concludes!

Parents of Adult Children with OCD Community Discussion Group

Community Discussion Groups

This group is intended for parents of adult children with OCD. There are many unique challenges that arise for parents when OCD continues into adulthood. This group will provide parents a safe and supportive place to discuss their experiences navigating this journey. Topics may include: encouraging loved ones to seek treatment, fostering motivation, setting boundaries, eliminating accommodation behaviors, and managing dependent adults who are still in the home.

Do's and Don'ts: Strategies to Help Your Kids with OCD — A Community Discussion Group

Community Discussion Groups

Parents and caregivers play an integral role in helping their children with OCD. This discussion group will review a variety of strategies to best support your child with OCD. Many well-intentioned, supportive parents engage in behaviors that unfortunately maintain or exacerbate their child's OCD. This discussion will give you the "Do's and Don'ts" of how to best help your child with OCD. We'll discuss how to make sure they feel loved and supported while fighting their OCD, and make them feel that you are working with them as part of their team. We'll also discuss parent modeling to encourage your child to face anxiety, use of praise and reinforcement, family accommodation, reassurance-seeking, and parent management of child disruptive behavior.

Navigating the Uncertainty of Parenting Kids with OCD During Uncertain Times

Community Discussion Groups

Parenting a child with OCD always presents a variety of challenges, but this is especially true during these uncertain times. Parents often struggle to resist accommodating OCD symptoms while remaining compassionate and attuned. This task becomes even more challenging during times of great change, when routines are upended, structure all but eliminated, and family relationships challenged. To add to the confusion, just when we thought there was a "new normal" things change again. This group will create a space for parents to reflect on their experience of parenting a child with OCD as well as practical issues such as how to respond when a child refuses treatment, strategies for managing siblings, and finding resources in the community.

PANS/PANDAS Community Discussion Group

Community Discussion Groups

PANS (Pediatric Acute-Onset Neuropsychiatric Syndrome) and PANDAS (Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus) are multifaceted disorders with unique challenges. In addition to experiencing the sudden onset of obsessive compulsive disorder and dramatic behavioral changes post infection, families are overwhelmed with doctor appointments, school challenges, and an upended family dynamic.

This session will provide attendees with a brief update on research by a physician/researcher active in the field then shift to a community discussion led by a clinician specializing in Cognitive Behavioral Therapy who regularly hosts a PANS/PANDAS support group. You will have an opportunity to discuss personal experiences and your extraordinary challenges with others. This discussion group will not provide medical advice. It will be a nonjudgmental place to express your feelings and understand you are not alone in helping your child.

Friday, October 8

* Presentation is eligible for CE/CME credits.

6:00PM–7:00PM ET

After Hours: Creative Coping!

After Hours Activity

Creative Coping is a space for young adults to discuss and practice using creativity as an expressive outlet during treatment and recovery. Creativity covers a wide variety of topics such as art, writing, music, dance, and more. This presentation will give personal examples of how creativity has helped the presenters' journeys and how attendees may find the arts beneficial on their own journey as well. The attendees will then have a chance to try a presenter-led art project of their own to help cultivate creative ideas and expression in the future.

After Hours: Journal Your Way to Recovery — A Safe Space for Your Intrusive Thoughts

After Hours Activity

Therapy and ERP are incredibly effective tools to help individuals on the path to recovery, but there are other techniques and tools folks with OCD can learn to help cultivate routine in their daily lives. One of those tools is creating a daily journal practice, which ultimately becomes a safe space to explore the difficult thoughts and feelings associated with OCD. In this informative and interactive presentation, participants will learn the value a journaling practice can have in mental health recovery. We will discuss the different types of journaling styles, prompts that are specifically designed for folks with OCD, and tips to cultivate daily practice. Conference attendees will leave with 30 prompts to get their practice started.

After Hours: Virtual Scavenger Hunt

After Hours Activity

Are you interested in making new friends in our OCD community? Are you all about scavenger hunts and adventure? Well...even in the virtual world...scavenger hunts are possible at the Virtual Conference! Perhaps you've attended IOCDF events before, or perhaps you are just getting connected. Regardless, this event offers a great chance to connect with others. This evening activity will focus on forming connections over a virtual scavenger hunt from the comfort of your home. Teams will be randomly divided into breakout groups on Zoom and given a list of "ridiculously random items" to locate. The first team to take a screenshot with every group member on Zoom holding the items on the list will win a special prize!

— ADVERTISEMENT —



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ADULTS, TEENS, KIDS & PARENTS IOP & OUTPATIENT TREATMENT

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ROOM GUIDE

These tracks are intended to help you decide which presentations may be the most appropriate for you, but all of our presentations are open to everyone.

LIVE Q&A

All live discussions (including post-session Q&A for rooms 1–6) will take place via Zoom.

	11:00AM–12:15PM ET	12:45PM–2:00PM ET	2:30PM–3:45PM ET	4:15PM–5:30PM ET
ROOM 1	OLDER? YES; WISER? YOU BE THE JUDGE: TEN OBSERVATIONS GAINED IN A NEAR-CENTURY OF OCD SPECIALIZATION Charles Mansueto, PhD; Fred Penzel, PhD	CAN WE DO THIS FROM HOME? RUNNING AN IOP DURING COVID-19 Hayley Dauterman, PhD; Allison Bonifay, LPC; Stacy Welch, PhD; Jennifer Tininenko, PhD	THERAPIST BURNOUT: PREVENTION AND RECOVERY Matthew Bruffey, PsyD	PROFESSIONAL NETWORKING SESSION
ROOM 2	NEW RESEARCH FINDINGS ON THE ROLE OF SLEEP IN OCD AND RELATED DISORDERS Jacob Nota, PhD; Omer Linkovski, PhD; Hannah Broos; Kiara Timpano, PhD	WHEN FEARS AND TRAUMA MEET: REAL SITUATIONS OF GRIEF COMPLICATED BY A PRE-EXISTING OCD DIAGNOSIS Katelyn O'Dunne, MDiv; Nathaniel Van Kirk, PhD; Kimberley Quinlan, LMFT	BIOETHICAL CONSIDERATIONS OF EMERGING MEDICAL INTERVENTIONS FOR OCD Molly Martinez, PhD; Robert Hudak, MD; Eric Storch, PhD	THE PERFECTIONISTIC THERAPIST: HELPING OTHERS WITH COURAGE, FLEXIBILITY AND COMPASSION Jennifer Kemp, Mpsych
ROOM 3	THE GROWING ROLE OF PEER SUPPORT IN OCD RECOVERY Peggy Richter, MD; Chanelle Salonia; Lauren Greenwood; Mary-Lyn Kieffer; & Marlene Taube-Schiff, PhD	MISTAKES, FAILURES AND INTERMINABLE CASES: LESSONS LEARNED IN THE REAL WORLD Sally Winston, PsyD; Alec Pollard, PhD; Joan Davidson, PhD	HELPING CLIENTS WITH RELIGIOUS SCRUPULOSITY ENGAGE TREATMENT Ted Witzig, PhD	DON'T GO DOWN THE RABBIT HOLE! UNANSWERABLE QUESTIONS AND THE QUEST FOR CERTAINTY Aureen Wagner, PhD
ROOM 4	BUILDING A MORE DIVERSE AND INCLUSIVE OCD COMMUNITY! Christopher Trondsen, AMFT, APCC; Jelani Daniel, LPC; Jenny Yip, PsyD; Marcia Rabinowits, PsyD	DIVERSITY, EQUITY, & INCLUSION: PROVIDING EFFECTIVE TREATMENT FOR ALL Amy Mariaskin, PhD; Jessica Wheeler; Cindi Gayle, PhD; Judy Mier-Chairez, PhD	BARRIERS AND BIAS: CULTURAL COMPETENCE IN THE TREATMENT OF OCD Sheeva Mostoufi, PhD; Erjing Cui, LMHC; Shereen Morse, MD, MPH	RACE, CULTURE, AND OCD — A PATH TOWARDS MORE INTEGRATED TREATMENT Rindee Ashcraft, PhD; Laura Smestad; Nayara Da Costa Silva Beall
ROOM 5	FAMILY ACCOMMODATION IN OCD Denise Egan Stack, LMHC; Susan Boaz; Meg Dailey	FREQUENTLY ASKED QUESTIONS ABOUT OCD IN CHILDREN AND TEENS Aureen Wagner, PhD; Lisa Coyne, PhD	BUILDING SUPPORT FOR PARENTS OF ADULT CHILDREN WITH OCD Susan Lane; Kathy Stocking; Susan Boaz	CARING FOR THE CAREGIVER Eeva Edds, LPC; Christen Sistrunk, LPC-S
ROOM 6	LIVING WITH A BODY-FOCUSED REPETITIVE BEHAVIOR: A CANDID DISCUSSION Mike Paldino; Gordon Hanse Hansen; Lauren McKeaney; Jennifer Raikes	ASK THE EXPERTS — Q&A ON BODY-FOCUSED REPETITIVE BEHAVIORS Marla Deibler, PsyD; Michael Bloch, MD; Noah Weintraub, PsyD; Renae Reinardy, PsyD	BFRB RESEARCH UPDATE Tara Peris, PhD; Jon Grant, MD, MPH; John Piacentini, PhD; Darin Dougherty, MD	AN INTEGRATIVE BEHAVIORAL APPROACH FOR THE TREATMENT OF BODY-FOCUSED REPETITIVE BEHAVIORS Marla Deibler, PsyD; Renae Reinardy, PsyD
ROOM 7	AM I CRAZY OR JUST ON THE WAY?: HEALTH ANXIETY TURNED MENTAL HEALTH ANXIETY Jon Hershfield, MFT; Molly Schiffer, LCPC; Josh Spitalnick, PhD	DON'T TRY HARDER, TRY DIFFERENT: A (HUMOROUS) STRESS MANAGEMENT APPROACH TO OCD Patrick McGrath, PhD	GRIEVING OCD Jessica Serber, LMFT; Alegria Kastens, AMFT; Katie Merrill, LCSW	ONE OF THE MOST DARING EXPOSURES ... BEING A MOM Katy Marciniak; Lora Dudek; Kimberley Quinlan, LMFT
ROOM 8	WHO AM I: LIFE OUTSIDE OF OCD TREATMENT Morgan Browning; Murron O'Neill; Mikala Grimaldi; Lisa Coyne, PhD	A SURVIVAL GUIDE FOR NAVIGATING SCHOOL WHILE HAVING OCD! Jacques Esses, MSW; Kyle King; Meg Dailey; Zoe Homonoff	OCD IN THE WORKPLACE: FROM INTERVIEW TO PROMOTION Nathaniel Van Kirk, PhD; Molly Fishback; Cassie Marzke; Emily Melrose	TBD
ROOM 9	OCD PERFECTIONISM SUPPORT GROUP Taylor Newendorp, LCPC; Whitney Pickett	RELATIONSHIP OCD COMMUNITY DISCUSSION GROUP Alain Parcan; Danny Derby, PhD	FAMILY GROUPS 1) ONLINE SUPPORT FOR PARENTS OF KIDS WITH OCD — Chris Baier; Corey Barber; Allison Solomon, PsyD 2) WEARING TWO HATS: BEING A THERAPIST AND PARENT TO A CHILD WITH OCD — Brooke Davidson, PhD; Tracy Koller, LCSW	LIFE AFTER OCD COMMUNITY DISCUSSION GROUP Samantha Deana, PsyD; Jayme Jacobs, PsyD
ROOM 10	OLFACTORY REFERENCE SYNDROME COMMUNITY DISCUSSION GROUP Shanda Curiel, PsyD	SILVER LININGS — TAKING AN OCD SUPPORT GROUP ONLINE Giles Heron; Stephen Hosking; Stephanie Walker	1) COMMUNITY DISCUSSION GROUP FOR THOSE WITH BODY-FOCUSED REPETITIVE BEHAVIORS (BFRBS) AND OCD — Fred Penzel, PhD; Charles Mansueto, PhD 2) #PICKINGME OVER SKIN PICKING: A COMMUNITY DISCUSSION GROUP — Lauren McKeaney	FLEXIBLE IN THE FACE OF UNCERTAINTY: FINDING YOUR WAY THROUGH OCD AS A YOUNG ADULT Melissa Mose, LMFT; Jennie Kuckertz, PhD

KEYNOTE

6:00PM–6:30PM ET

MAYIM BIALIK



EVENING ACTIVITIES

6:30PM–7:30PM ET

WRITE AT HOME, WITH NOT ALONE NOTES

Molly Fishback; Lisa Giuffre;
Emily Newman; Morgan Rondinelli

COOKING AT HOME

Chef Paul French

IOCDF AT NIGHT

8:00PM–9:00PM ET

TRIVIA!

Fran Harrington and Ethan Smith

THERAPISTS (ADVANCED)
PROFESSIONAL NETWORKING
PROFESSIONAL DEVELOPMENT
EVERYONE
COMMUNITY DISCUSSION GROUP

THERAPISTS (INTRO)
YOUNG ADULTS
BODY FOCUSED REPETITIVE BEHAVIORS (BFRB)
DIVERSITY
FAMILY ISSUES

* Workshops with black outline are eligible for CE/CME credits.

11:00AM–12:15PM ET

Older? Yes; Wiser? You Be the Judge: Ten Observations Gained in a Near-Century of OCD Specialization *

Professional Development

Drs. Mansueto and Penzel have nearly a century of experience treating OCD between them. Have they learned anything useful? You can be the judge as they present some observations and insights gained in their involvement with thousands of OCD patients. The personal wisdom derived from their long professional careers focused on the study and treatment of OCD will be on display. You may agree or disagree with their conclusions, but this presentation is designed to stir the thinking of OCD therapists, and perhaps lead to novel and potentially useful directions for clinical research and practice.

New Research Findings on the Role of Sleep in OCD and Related Disorders *

Therapists Advanced

This symposium will highlight cutting-edge findings on the relationship between sleep, circadian disruption, and OCD and hoarding disorder (HD). Jacob Nota will review research on the associations between sleep and OCD symptoms in individuals undergoing intensive treatment. Omer Linkovski will present a study assessing subjective sleep quality among individuals with OCD, HD, and healthy individuals. Hannah Broos will present data on how poor sleep contributes to worse comorbid mood and anxiety symptoms in individuals with OCD and HD. Kiara Timpano will present data investigating circadian rhythm differences across HD and OCD patients compared to healthy individuals. Carolyn Rodriguez will end by discussing the clinical implications of these findings and how to advance sleep research in obsessive-compulsive and related disorders.

The Growing Role of Peer Support in OCD Recovery *

Therapists Introductory

Peer support has long been considered to play a valuable role in recovery from OCD and other mental health conditions. Typically seen as providing support through shared experience, additional functions have included psychoeducation, skills consolidation, building motivation, and reducing relapse. In this presentation, we will discuss how peer support services may be used more broadly, using examples from the Thompson Centre in Toronto, Canada which has implemented peer support groups for more novel uses including increasing insight and building readiness for CBT. New research will be presented regarding clients' perceptions of the benefits of pre-treatment peer support and impact on quality of life.

Building a More Diverse and Inclusive OCD Community! *

Diversity

OCD is found proportionally in individuals across different multicultural groups. However, these diverse populations' needs are not always addressed by mental health professionals and the OCD community. This panel aims to address the need for diversity in the OCD community by discussing how mental illness stigma, difficulties in accessing care, and lack of representation in mental health treatment uniquely impact minority communities. Additionally, this panel focuses on educating mental health providers on better serving minority groups, increasing their access to care, and being a more inclusive treatment provider. During the Q&A segment, we want to hear from the community on how to address these specific needs of minority groups in treatment and increase diverse and inclusive representation in OCD advocacy.

Family Accommodation in OCD

Family Issues

Living with someone suffering from OCD can be challenging. It's difficult to watch someone you care about so deeply suffer so much. Your attempts to help by assisting with OCD rituals can unexpectedly results in more anxiety and frustration instead of less. This presentation will teach you — from a clinical, family, and client perspective — how to recognizing accommodating behaviors, why accommodation doesn't work, and what to do differently so that you can be more effective in helping your loved one. Special attention will be paid to helping you learn how to break down OCD fears and behaviors and develop an effective reward system for home in order to work on your own family contract.

Living with a Body-Focused Repetitive Behavior: A Candid Discussion

Body Focused Repetitive Behavior (BFRB)

Clinicians, patients, and family members are invited to deepen their understanding of the lived experience of those with BFRBs such as trichotillomania and dermatillomania. Presenters will share short vignettes of their personal journey, and in the live panel discussion, attendees are invited to ask candid questions in order to better understand the emotional and clinical needs of people affected by BFRBs.

Am I Crazy Or Just On the Way?: Health Anxiety Turned Mental Health Anxiety

Everyone

Individuals with health themed OCD are chronically anxious about their health. What if I have cancer? What if the doctor failed to read the results of my MRI correctly? The focus of one's health anxiety typically centers around one's physical health — but what do we do when OCD directs our attention to our mental health? How do we respond when OCD tells us that we do not have OCD, but instead are psychotic? Whether it is a shift in mood or a feeling of depersonalization, OCD can make it seem like you are living on the brink of a mental breakdown. This session will address different presentations of mental health OCD and identify strategies for targeting doubt and uncertainty.

Who am I: Life Outside of OCD Treatment

Young Adults

"Who am I?" is a challenging question for anyone to answer, especially for those impacted by OCD. While OCD and treatment can effectively feel like your whole world at times, how do you differentiate yourself from OCD? Through discussion and experiential activities, we will explore how mindfulness, values, and acceptance may help start a new journey of self-discovery with OCD along for the ride. Participants will be encouraged to reflect independently and to process as a group. Participants will leave with concrete ACT skills they can apply both during the conference and as they consider their answer to "Who am I?" Presenters have clinical and research experience delivering Acceptance and Commitment Therapy (ACT) across various clinical settings.

OCD Perfectionism Discussion Group

Community Discussion Groups

This is a community discussion group for those who have lived experience with perfectionism OCD.

Olfactory Reference Syndrome Community Discussion Group

Community Discussion Groups

Olfactory Reference Syndrome is a persistent, erroneous belief of emitting an offensive odor (within OCD/BDD). There is no actual odor; however, others' benign expressions and actions are misappraised as indicating so. Over time, the person may "perceive" a foul odor, further reinforcing their fears. Common fears: natural body scents, genital odors, bodily secretions, foods, ammonia, cigarettes, halitosis, etc. Great measures are taken to control or camouflage with long-sleeves, pants, scents, showering excessively, checking (sniff air), asking for reassurance, scanning others' reactions, rumination, and medication interventions. Also, avoiding eye contact, proximity, affection, words, foods, dating, sex, exercise, heat, sweat, transportation, appointments, employment, and being in public. Often overlooked, this group is to bring together a community that might otherwise avoid attending.

12:45PM–2:00PM ET

Can We Do This From Home? Running an IOP During COVID-19 * Professional Development

Treating OCD can be a confusing and challenging process in the best of times. Many clinicians have found during the COVID-19 pandemic that although telehealth has presented new obstacles, it has also welcomed unexpected benefits to the delivery of ERP. But what about Intensive Outpatient Programs (IOP)? This panel of providers from three different specialized anxiety clinics will discuss creative treatment delivery strategies, share insights on hurdles encountered and tackled, and reflections on how to achieve quality results while using an on-line platform. Discussion will include ways in which each clinic has adjusted their IOP structure to anticipate and address issues inherent to transitioning to virtual therapy, including clinical decision-making, treatment team communication, wrap-around care, parent consultation, and screentime burnout.

When Fears and Trauma Meet: Real Situations of Grief Complicated by a Pre-Existing OCD Diagnosis *

Therapists Advanced

OCD fears often feel terrifying, real, and urgent. But what happens when fears appear to come true through real life situations of grief, trauma, and loss? This presentation will share the story of an interfaith chaplain's experience with an OCD relapse in the face of a real life trauma, ultimately leading to a sense of unnecessary guilt and tangible over-responsibility for the death of a loved one. In addition to the harm OCD theme, it will address the lesser-known theme of false memories. Finally, the presentation will offer a clinical perspective on ways grief impacts OCD treatment, as well as suggestions on compassionately navigating ERP/ACT while coping with complicated grief.

Mistakes, Failures and Interminable Cases: Lessons Learned in the Real World *

Therapists Introductory

Three senior psychologists will discuss their own personal experiences of cases that went awry and how they have since processed lessons learned. This will be a very real world set of vignettes to highlight common pitfalls and impediments to effective practice. These will include inadequate assessment of the patient, both their diagnostic issues, co-occurring problems and their psychosocial world, troublesome events during treatment, breaches in the therapy relationship and other mistakes – some obvious at the time, some in retrospect. We will attempt to develop guidelines for re-grouping, re-assessing and mitigating the negative effects of such mistakes, particularly when patients leave treatment abruptly or harm reduction is all we are left with.

Diversity, Equity, & Inclusion: Providing Effective Treatment for All *

Diversity

OCD is a condition that does not discriminate based on one's identity (e.g., gender, age, sexual identity/orientation, race, etc.). While evidence-based treatments exist for individuals who suffer from OCD symptoms, disparity exists among those who have been included in treatment outcome research as well as those who are able to access specialized care. With minority groups often being underrepresented. This presentation seeks to shed light on ways clinicians can improve their work with those from diverse backgrounds. Concepts related to therapeutic alliance, intersectionality and cultural humility will be included. Presenters will share case examples where OCD symptom presentation was directly related to their patients' minority status, identification of these OCD symptoms in relationship to their identity, treatment considerations, and outcomes.

Frequently Asked Questions about OCD in Children and Teens

Family Issues

Parents may be overwhelmed as they navigate the confusing and frustrating world of OCD, while working hard to help their child and family deal with the daily challenges. Drs. Wagner and Coyne will draw upon their many years of experience in working with children and families to bring clarity to a range of common concerns and questions. Some topics include trying to sort out what's OCD and what's not, understanding how treatment works, finding the right therapist, day-to-day challenges of parenting, having realistic expectations, managing daily stress, parental self-care, what to say to their child, handling reassurance-seeking, deadlines, meltdowns, how to support their child during treatment, dealing with low motivation, relapses, and what to expect in the future.

Ask the Experts — Q&A on Body-Focused Repetitive Behaviors

Body Focused Repetitive Behavior (BFRB)

This panel of experts will be available to answer all your questions on the presentation and treatment of BFRBs including trichotillomania (hair-pulling disorder) and excoriation (skin-picking disorder). The presenters will discuss current best practices in cognitive-behavioral and medication treatments, considerations across development and co-morbid OCD, as well as more novel treatment approaches. Issues related to maintenance of treatment improvement over time will also be addressed.

Don't Try Harder, Try Different: A (Humorous) Stress Management Approach to OCD.

Everyone

OK, OCD is a big fat liar. It gets you to believe that all sorts of things are true that you would never try to convince anyone else of really believing and yet your support network, can get sucked in again and again. Join Dr. McGrath as he walks you through tips to notice the tricks that OCD plays on you and helps you and your care givers to stop buying the lies. Along the way you will laugh, you will smile, and you will recognize that there is just no need to let OCD take over your life anymore. It is just a big old doo doo head.

A Survival Guide For Navigating School While Having OCD!

Young Adults

College should be an exciting adventure! However, for people with OCD, it can be a time of anxiety, struggles, and setbacks. Meet four college students who will serve as mentors for those current and soon-to-be college students. The panel will coach attendees on how to successfully navigate having OCD and college life. The focus of this interactive presentation will be an open-format group discussion on relevant topics including: how to fit in—joining clubs, making friends, playing a sport, and building a social life. Also, disabled student services and accommodations, preparing for dorm life, and learning how to explain OCD to teachers, friends, and a romantic partner. Come participate in the campus orientation you won't get elsewhere!

Relationship OCD Community Discussion Group

Community Discussion Groups

Are you or someone you love struggling with Relationship-based OCD? Come listen to a first-hand experience from someone who battled ROCD for years and is here to share a success story of how hope, persistence, and a myriad of tools were used to help overcome such a major challenge. Alain Parcan is happy to share his, "If I can do it, anyone can..." story to help inspire hope for other OCD sufferers.

Silver Linings — Taking an OCD Support Group Online in a Pandemic

Community Discussion Groups

In March 2020 the leaders of the Central London OCD Support group decided to move from a fortnightly in-person meeting to a weekly online meeting. We quickly discovered that a successful online meeting required much more preparation and moderation than an in-person one (especially as numbers increased from around 40 to as many as 60 attendees) and recruited additional volunteers to assist us. However we have watched awestruck as a self-supporting community has developed, and as relationships within the group have deepened despite a year that has been hard for all, and triggering for many. In this talk we will share our experiences, good and bad, and talk about our hopes for the future of online and in-person support.

2:30PM–3:45PM ET

Therapist Burnout: Prevention and Recovery *

Professional Development

Burnout can effect therapists at any stage of their career and can lead to reduced outcomes for clients. It can manifest as symptoms of depression, compassion fatigue, anxiety, guilt, feelings of helplessness and being overwhelmed. This presentation will provide information about the causes and symptoms of burnout, and also strategies and resources for prevention and recovery. Attendees will be asked to engage in experiential exercises to explore vulnerabilities to and potential symptoms of burnout, and to identify strategies and resources that can help. This presentation is intended to go beyond mere prescriptions for self-care, but to explore the dilemmas and double-binds unique to our profession as psychotherapists providing specialty care.

Bioethical Considerations of Emerging Medical Interventions for OCD *

Therapists Advanced

As neuroscience advances our understanding of structural and functional brain abnormalities implicated in OCD, the technological advances in its treatment present a unique set of bioethical considerations. Invasive neurotechnologies such as deep brain stimulation, ablative neurosurgical procedures, and new options for drug treatment, such as ketamine and psilocybin, raise many ethical questions that require careful consideration. For example, the risks and benefits of any treatment must be carefully explained as part of the informed consent process, but how can the complexities of the brain be translated into plain language for this purpose? How do we manage patient expectations and also respect their autonomy in decision-making? These questions and more will be explored in consideration of emerging biomedical interventions for OCD.

Helping Clients with Religious Scrupulosity Engage Treatment *

Therapists Introductory

Our clients with religious scrupulosity suffer immensely. Unfortunately, even though we may have good treatments to offer, these clients often have great difficulty entering, engaging, and completing therapy. While attunement to a client's religious and spiritual background and wellbeing is recognized as an important part of culturally-sensitive care, clinicians rarely integrate this into their treatment in robust manner. However, creating a collaborative treatment alliance by engaging the religious and spiritual lives of our clients will not only help us to better understand them, but will also create therapeutic safety and trust we can leverage when they are doing the difficult work of exposure treatment.

Barriers and Bias: Cultural competence in the treatment of OCD * Diversity

The intersection of race, culture, and family of origin affects both symptom presentation and treatment of OCD. For clinicians to provide effective intervention, they must understand how the unique values and experiences of their client go beyond the surface of OCD symptoms and include a client's country of origin, language, religion, race, family background, and experiences with stigma and racial trauma. This diverse panel of racial and ethnic minority mental health providers and individuals with OCD will present research, case studies, and personal experiences to illustrate key points and nuances in obsessions, compulsions, and daily life that should be considered when providing culturally competent treatment.

Building Support for Parents of Adult Children with OCD

Family Issues

Many parents experience distress and mental health issues directly related to relationships with an adult child with OCD. Therapy typically focuses on OCD sufferers, not family members, and while there are many support groups for parents of minor children with OCD, few exist for parents of adult children with OCD. Susan Lane and Kathy Stocking are parents of adult children with OCD who met at the virtual IOCDF conference in 2020 and worked with other parents to start a series of virtual support groups for parents all over the US and Canada. Informed by parent surveys, they will talk about unmet needs of parents, benefits of participating in support groups, and share their groups' model for engagement and support.

BFRB Research Update *

Body Focused Repetitive Behavior (BFRB)

Precision medicine uses behavioral, genetic, and biological indicators to describe an individual pattern of disease in order to develop individualized treatments. It has revolutionized treatment for many serious and common diseases. An international team of trichotillomania and dermatillomania researchers used this same approach to further understanding of the causes of, and best treatments for, these body-focused repetitive behaviors. In this panel discussion, principal investigators will discuss their findings as related to BFRB subtypes, emotion regulation, neuro-imaging, and unique characteristics in children with these disorders.

Grieving OCD

Everyone

OCD is incredibly difficult to live with not just because of the symptoms of the disorder itself, but also because of the impact it has on one's life. While anxiety is often the emotional experience that is most talked about with OCD, grief, sadness, and anger are common and important to address. Living with OCD often comes with great change and loss around one's experiences and expectations, relationships, and sense of self and identity. In this talk, you will learn about the five stages of grief, how OCD presents in each stage, and helpful, applicable coping skills to use to process your grief or to assist your clients in processing their grief.

OCD in the Workplace: From Interview to Promotion

Young Adults

The process of starting a new job can be difficult for everyone, but some young adults face additional challenges due to OCD. In this panel, presenters will discuss the challenges they faced due to their OCD and how they managed their OCD in order to lead fulfilling careers. We will touch on tackling the interview and application despite obsessions and compulsions, resisting perfectionism in various aspects of our jobs, making difficult decisions regarding disclosure of OCD at work, and taking time off jobs for intensive treatment. Presenters will share stories about topics ranging from embarrassing moments when they got caught doing compulsions, to experiences successfully combating OCD at work. Further, they will discuss strategies to manage OCD at work.

Online Support for Parents of Kids with OCD

Community Discussion Groups

Now more than ever it is important for parents to connect with other parents nationally and internationally to feel supported and connected. Join us as we talk about parental resources on line that are there to help support you!

Community Discussion Group for Those With Body-Focused Repetitive Behaviors (BFRBs) and OCD

Community Discussion Groups

OCD and BFRBs (Hair-Pulling Disorder, Skin-Picking Disorder, Severe Nail Biting, etc.) are frequently seen to occur together. Many people brush them off as simply bad habits, but their consequences can be serious both physically and emotionally. BFRBs are often characterized by stigma and isolation. This will be an opportunity to break through both of these problems, and discuss experiences non-judgmentally, as well as finding out what resources and types of effective help are available.

#PickingMe over Skin Picking: A Community Discussion Group

Community Discussion Groups

Do your dermatillomania triggers increase during isolation? Are you unsure of how to work with a dermatologist on your skin picking? Do fidget toys not seem to work? Join Picking Me Foundation CEO Lauren McKeaney for a candid conversation on all things skin picking disorder. From attending support group to summer skin tips to practicing logging to discussing different management strategies and lessening the shame through shared experience, we will be covering it all. Come connect with the dermatillomania community and start #PickingMe over Skin Picking today!

Wearing Two Hats: Being a Therapist and Parent to a Child with OCD

Community Discussion Groups

Raising a child with OCD comes with major challenges, but what if you are a therapist as well? Wearing both hats brings with it a set of unique challenges that can cause it's own unique stress. In this panel discussion with parents who are also therapists, we'll discuss the unique strengths and weaknesses this dual role can bring and strategies to both thrive as a parent and therapist.

4:15PM–5:30PM ET

Professional Networking Session

Professional Networking

Please join members of the IOCDF Scientific and Clinical Advisory Board (SCB) to ask questions about professional development, case consultations or anything else! Several SCB members will be available during this time and attendees will be able to self-select into a breakout room of their choice.

Note: Please only attend if you are a mental health professional or in training to become a mental health professional.

The Perfectionistic Therapist: Helping Others with Courage, Flexibility and Compassion *

Therapists Advanced

Do you believe you should be able to help every client? Do you criticize yourself if a client doesn't improve? Do you attend courses or buy books hoping you'll finally be 'good enough'? Unhelpful perfectionism is a behavior pattern that affects both helping professionals and their clients. The need to help combined with perfectionistic self-criticism and fear of failure can undermine therapist well-being and contribute to burnout. This workshop will provide a concise formulation of unhelpful perfectionism from a contextual behavioral perspective, helping participants to reflect on their own unhelpful perfectionistic habits. Then, through several experiential activities, the presenter will explore how to unhook from perfectionistic habits to deliver 'imperfect' yet effective therapy that helps our clients, communities, and ourselves.

Don't Go Down the Rabbit Hole! Unanswerable Questions and the Quest for Certainty *

Therapists Introductory

Excessive confessing, apologizing and reassurance-seeking present challenges in treatment. When families try to reduce accommodations, OCD sufferers may seek relief with subtle and indirect ritualizing. Family members and even clinicians may find themselves down the rabbit hole, often leading to frustration and termination of treatment. Case examples and scripts illustrate how to distinguish between the content and the underlying distress of the rituals. Using a seemingly counter-intuitive approach, "don't go down the rabbit hole" helps clarify the right and wrong goals of treatment. It prompts sufferers and families to pause, recognize parenting traps and OCD "pinch points," team-up, switch from intuitive OCD scripts to "brave" scripts, and use exposure techniques that target the underlying distress and intolerance of uncertainty.

Race, Culture, and OCD - A Path Towards More Integrated Treatment *

Diversity

Research tells us that OCD and associated treatments are under-researched in non-white communities. Additionally, available research suggests that because OCD can present differently, even skilled therapists may be less adept at identifying OCD in nonwhite communities. Although researchers are diligently working to establish more nuanced guidelines to help therapists provide appropriate care for all in the community, but in the meantime, practitioners must provide best practice therapy despite limited knowledge. This presentation will attempt to briefly discuss these challenges and best practices as supported by the research at this point. We will discuss differing clinical presentations among nonwhite communities, as well as different ways to integrate culturally specific therapy components into daily practice of ERP.

Caring For the Caregiver

Family Issues

Parenting a child with OCD can be difficult. Parents of kids with OCD might find themselves putting their own needs on the back burner while caring for their child, which can leave the parents feeling of frustrated, exhausted, guilty, and overwhelmed. This presentation is geared towards parents of children with OCD. The presentation discusses signs of caregiver fatigue and the importance of self-care. The importance of recognizing own triggers is discussed as well as the different ways of engaging in self-care. The presenters will also discuss self-compassion and give practical advice on how to cultivate self-compassion in daily life.

An Integrative Behavioral Approach for the Treatment of Body-Focused Repetitive Behaviors *

Body Focused Repetitive Behavior (BFRB)

Habit Reversal Training (HRT) has historically been referred to as the "gold standard" evidence-based treatment (EBT) for Body-Focused Repetitive Behaviors (BFRBs). The Comprehensive Behavioral Model (ComB), with which it shares a behavioral theoretical underpinning, provides a useful conceptual framework for the treatment of BFRBs, guiding targeted cognitive, behavioral, and traditional CBT interventions. More recently, "Third Wave" CBT BFRB research has broadened the BFRB treatment landscape, adding Dialectical Behavior Therapy (DBT) as evidence-based adjunctive treatment to HRT and Acceptance and Commitment Therapy (ACT) as an adjunct or stand-alone treatment for BFRBs. Although all of these EBTs share underlying behavioral principles, there is presently no unified treatment model. This session will present an integrated behavioral approach to the treatment of BFRBs.

One of the Most Daring Exposures...Being a Mom

Everyone

Pregnancy is a time of change, but when you have OCD all of those changes can become overwhelming. There is a lot of uncertainty in pregnancy and that can be a lot to handle, especially for someone diagnosed with OCD. This talk will look at two OCD sufferers journeys throughout pregnancy and the postpartum period. Panelists will discuss personal obstacles encountered as well as how many of the challenges were turned into victories through effective therapy, perseverance and a strong support system. OCD often takes the joy out of everyday life, and while having OCD while pregnant can be scary, it's no reason to let it steal one of the greatest joys in life...children.

Life After OCD Community Discussion Group

Community Discussion Groups

Navigating life after OCD treatment can be both exciting and complex. Once you have put in the hard work of standing up to OCD in treatment, what comes next? This group is open to individuals with OCD and their family members. The support group will be focused on helping individuals with OCD share their treatment experiences with one another including successes and overcoming challenges experienced post-treatment. It will also offer individuals the opportunity to ask questions and receive feedback from the group facilitators. Topics will include common issues after treatment including managing symptom lapses, facing life's general ups and downs, and building a meaningful, valued life.

Flexible in the Face of Uncertainty: Finding your Way through OCD as a Young Adult

Community Discussion Groups

When your world is uncertain and continues to change directions, you can either be flexible and adjust or get stuck. Navigating school, relationships, work, or treatment can feel daunting as a young adult with OCD, and they are even harder when the world keeps changing around you. Thoughts like, "What's the point?" or "It's too hard" can show up and kill motivation and the will to power through OCD's limiting behaviors. This discussion group is designed to share skills to keep you resilient. When you are able to be flexible, the uncertainty, changes and disruptions that keep coming in life do not drain your energy and motivation (they can even be invigorating!) Come explore how others have approached this challenge.

6:00PM–7:00PM ET

Keynote: Mayim Bialik

Keynote

We're so excited to announce that this year's Keynote Speaker is actress, author, director, and neuroscientist Mayim Bialik!

Mayim is best known for her roles on The Big Bang Theory and Blossom — and for being named one of the new hosts of Jeopardy!

She's also a mental health advocate! Mayim launched her podcast on mental health, titled Mayim Bialik's Breakdown, in 2020. The podcast has become a notable forum for both talent and intellectuals to discuss the important role mental health plays in all of us.

6:30PM–7:30PM ET

Get Hungry for Denver 2022 - Live Virtual Cooking Demonstration

After Hours Activity

Are you hungry? Well get ready! Denver Hyatt hosts this exciting interactive cooking demo to get us ready for our live event next year. No cost for this, just grab your ingredients from the shopping list we will send around. We look forward to cooking with you soon!

6:30PM–7:30PM ET

After Hours: Write at Home, with Not Alone Notes

After Hours Activity

Not Alone Notes is a nonprofit that mails handwritten notes to others with OCD. With our team, we have mailed over 1,500 cards around the world. Join us to write a letter to send to someone you care about: a family member, a friend, or maybe even someone you meet through the conference! Alternatively, you can write a letter to yourself, such as what you would say to your past or future self about OCD. We will have time to decorate the cards, as well. Individuals with OCD, family members, and professionals are welcome to write with us. BYOS (Bring Your Own Stickers), markers, and any other crafting supplies you'd like to use! www.notalonenotes.org

8:00PM–9:00PM ET

IOCDF Trivia Night

After Hours Activity

Join us for an interactive trivia event and test your knowledge against other conference attendees. No teams needed! Just show up and be ready to follow along with the prompts.

— ADVERTISEMENT —



OCD?

Did you check for
STREP and other
INFECTIONS?

ACCESS
**PANS/PANDAS
RESOURCES**

PANDAS PHYSICIANS NETWORK



11:00AM–12:15PM ET

12:45PM–2:00PM ET

2:30PM–3:45PM ET

4:15PM–5:30PM ET

ROOM 1	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER: PERSPECTIVES ON PHENOMENOLOGY AND TREATMENT Katherine Dahlsgaard, PhD; Marla Deibler, PsyD; Ian Deibler; Yaara Shimshoni, PhD	OCD AND DEPRESSION: THE SEESAW EFFECT. WHEN DEPRESSION COMPLICATES OCD TREATMENT Katia Moritz, PhD	ADHD & OBSESSIVE-COMPULSIVE DISORDERS (OCD, BDD, BODY-FOCUSED REPETITIVE BEHAVIORS, HOARDING) Roberto Olivardia, PhD	EXPANDING AND IMPROVING OCD TREATMENT FOR AUTISTICS THROUGH PATIENT-THERAPIST / ASD-NT COLLABORATION Mary Wilson; Rebecca Sachs, PhD
ROOM 2	UNDERSTANDING AND TREATING EMETOPHOBIA James Claiborn, PhD	EXPERIENTIAL ACCEPTANCE AND STIMULUS ENGAGEMENT (EASE) FOR MISOPHONIA: A PSYCHOLOGICAL MODEL AND TREATMENT Ezra Cowan, PsyD; Donald Marks, PsyD; Anthony Pinto, PhD	TREATING OBSESSIVE COMPULSIVE PERSONALITY DISORDER (OCPD) WITH CBT: WHAT CLINICIANS SHOULD KNOW Anthony Pinto, PhD; Michael Wheaton, PhD	OCD IN YOUTH: UNDERSTANDING DISTRESS INTOLERANCE AS KEY TO SUCCESSFUL TREATMENT Paula Yanes-Lukin, PhD; Pablo Goldberg, MD; Katherine Durham, PhD
ROOM 3	MINDFULNESS FOR OCD: INTEGRATING THEORY, RESEARCH AND PRACTICE Peggy Richter, MD; Lance Hawley, PhD	OCD AND SELF HARM Noah Laracy, PsyD; & Christine Izquierdo, PsyD;	WORRYING VS. OBSESSING: IS THERE A DIFFERENCE? Shmuel Fischler, LCSW-C; Michael Heady, LCPC; Michelle Massi, LMFT	DIVING DEEPER: EMBRACING TRANSTHEORETICAL PERSPECTIVES IN THE APPLICATION OF ERP FOR OCD Molly Martinez, PhD; Michael Greenberg, PhD; Carl Robbins, LCPC
ROOM 4	HELP! MY FAMILY MEMBER WITH OCD WON'T GET TREATMENT! Jon Abramowitz, PhD	WALKING THE TIGHTROPE: PARENTING YOUR CHILD THROUGH OCD Michelle Witkin, PhD; Melissa Mose, LMFT	THE LAUNCH: SUPPORTING YOUNG ADULTS WITH OCD AS THEY TRANSITION TO INDEPENDENCE Hayley Dauterman, PhD; Ariel Ravid, PhD; Kevin Menasco, LCSW; Kevin Ashworth, LPC	MARRIED ... WITH CHILDREN ... AND OCD Katy Marciniak; John Marciniak; Erin Ramachandran; Keith Ramachandran; Amy Mariaskin, PhD
ROOM 5	OCD STARING (AKA OCULAR TOURETTIC OCD) Jonathan Grayson, PhD	7 SHIFTS FOR BEATING RELIGIOUS SCRUPULOSITY Ted Witzig, PhD	THINKING THE UNTHINKABLE: LIVING WITH STIGMA AND SHAME-FILLED OBSESSIONS Lauren Rosen, LMFT; Elena Fasan, LCSW; Mary Sponaugle, LMFT; Kelley Franke, LMFT	WHEN OCD WINS THE LOTTERY: COPING WHEN YOUR WORST FEARS COME TRUE Madeline White; Cassie Marzke; Nathaniel Van Kirk, PhD; Samantha Faden
ROOM 6	ERP FOR FOLKS WITH AUTISM SPECTRUM DISORDER (ASD): THE BASICS Jonathan Hoffman, PhD; Katia Moritz, PhD; Sarah Gracia	NAVIGATING OCD IN THE WORLD OF 12 STEP SUD RECOVERY Stacey Conroy, LICSW, MPH; Lauren Rosen, LMFT	PEAS IN A POD: CONSIDERATIONS FOR TREATMENT OF OCD AND EATING DISORDERS Dee Franklin, PsyD; Myriam Padron, PsyD; Ciana Mickolus, PsyD; Kaitlyn Barrantes Simpson	THE CHICKEN, THE EGG, OR BOTH? DIFFERENTIAL CASE CONCEPTUALIZATION BETWEEN OCD AND PTSD Elna Yadin, PhD; Shmuel Fischler, LCSW-C
ROOM 7	WE'RE ALL MAJOR LEAGUERS: A PACK OF BASEBALL CARDS, OCD, AND THE COMMON DENOMINATOR OF FEAR Tom Smalley; Brad Balukjian, PhD	LEGISLATIVE ADVOCACY — HOW TO MOVE YOUR REPRESENTATIVES AND EFFECT CHANGE Vinay Krishnan, JD	WHAT YOU DIDN'T EXPECT WHEN YOU'RE EXPECTING: COPING WITH PERINATAL OCD Michelle Malloy, LMFT; Amanda Yeaton-Massey, MD; & Allison Livingston	PROFESSIONAL NETWORKING SESSION
ROOM 8	TWO TOTALLY IMMORAL AND UNSCRUPULOUS THERAPISTS TALK TO YOU ABOUT MORAL SCRUPULOSITY Patrick McGrath, PhD; Jon Hershfield, MFT	STILL NOT SLEEPING? A MISSING LINK FOR THOSE WHO ALREADY KNOW WHAT TO DO Diane Prost, LPC; Bonnie Lenz	TBD	LIVING WITH THE ENEMY: PERFECTIONISTIC SELF-CRITICISM AND THE STRUGGLE TO BE GOOD ENOUGH Jennifer Kemp, Mpsych
ROOM 9	EMOTIONAL CONTAMINATION DISCUSSION GROUP AJ Land	MORAL SCRUPULOSITY COMMUNITY DISCUSSION GROUP Jon Hershfield, MFT; Cassie Marzke	SCRUPULOSITY GROUPS 1) GENERAL — Ted Witzig, PhD 2) CHRISTIANS — Christine Black; Annabella Hagen, LCSW	SPECIAL INTEREST GROUP: NAVIGATING OCD & FAITH Katelyn O'Dunne, MDiv
ROOM 10	SEXUAL ORIENTATION OCD COMMUNITY DISCUSSION GROUPS: 1) GENERAL SO-OCD GROUP — Zach Westerbeck 2) SEXUAL ORIENTATION OCD IN NON-LGBTQ+ FRIENDLY COMMUNITIES: A DISCUSSION GROUP — Claudia Leiva Calderón	CO-MORBID EATING DISORDER AND OCD DISCUSSION GROUP Beth Brawley, LPC; Kimberley Quinlan, LMFT	RESPONSIBILITY OCD SUPPORT GROUP Amy Jenks, PsyD; Cassie Marzke	INTELLECTUALIZATION AS AN AVOIDANCE BEHAVIOR IN OCD: COMMUNITY DISCUSSION Zach Moses, LICSW; Emily Richardson

FAMILY ISSUES
 THERAPISTS (ADVANCED)
 EVERYONE
 COMORBIDITES

PROFESSIONAL NETWORKING
 COMMUNITY DISCUSSION GROUP

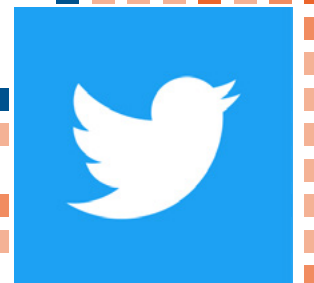
ROOM GUIDE

These tracks are intended to help you decide which presentations may be the most appropriate for you, but all of our presentations are open to everyone.

LIVE Q&A

All live discussions (including post-session Q&A for rooms 1–6) will take place via Zoom..

Follow the IOCDF on social media!



* Workshops with black outline are eligible for CE/CME credits.

11:00AM–12:15PM ET

Avoidant/Restrictive Food Intake Disorder: Perspectives on Phenomenology and Treatment *

Therapists Advanced

Avoidant/Restrictive Food Intake Disorder (ARFID) is characterized by a pattern of overly restrictive eating associated with functional impairment, that, unlike other eating disorders, occurs in the absence of concerns for one's weight or body image. The phenomenology of ARFID is not yet well understood, but is often associated with anxiety disorders and OCD. As such, those who struggle with this disorder often present for treatment to those who specialize in CBT and anxiety-related disorders. This session will discuss the current understanding of ARFID and present behaviorally oriented parent-based approaches to treatment. This complex problem will be explored from the perspectives of discussants including: clinical psychologists, a parent, and a child with ARFID. Join for this unique learning experience.

Understanding and Treating Emetophobia *

Therapists Advanced

Emetophobia (fear of vomiting) can present as a specific phobia or as part of OCD or a health anxiety disorder. This concern can lead to problems with eating, socializing, traveling and caring for family members. This presentation will review the presentation of the disorder, assessment and treatment.

Mindfulness for OCD: Integrating Theory, Research and Practice *

Therapists Advanced

There is an emerging literature supporting the efficacy of mindfulness-based interventions for OCD, across a broad range of outcomes including symptom alleviation. Our research team demonstrated that MBCT treatment alone (and MCBT following CBT) resulted in significant OCD symptom improvements as well as reductions in obsessive beliefs and increases in mindfulness. This workshop will involve an interactive discussion of MBIs for OCD, considering how to utilize mindfulness concepts in order to help your clients better manage their symptoms. The workshop will include an overview of our mindfulness protocol, experiential exercises and demonstrations, as well as a discussion of the emerging literature in OCD including data from our team involving technology supported mindfulness.

Help! My family member with OCD Won't Get Treatment!

Family Issues

When someone you love is struggling with OCD it's easy to become trapped in a vicious cycle. You're working overtime to help your loved one or get them into treatment, only to find yourself feeling frustrated and exhausted when things don't seem to get better. This workshop will help you understand (a) the family factors that contribute to OCD (such as accommodation), (b) reasons your family member might be resisting getting help, and (c) what you can do (and what you should avoid doing) to effectively support your loved one while becoming disentangled from the vicious cycle of OCD and promoting a healthier family environment that will support seeking treatment.

OCD Staring (AKA Ocular Tourette OCD - OTO) *

Everyone

Ocular Tourette OCD (OTO), to our knowledge is the least studied or understood form of OCD. Descriptively, it occurs when the individual feels or actually is staring inappropriately at others "privates" or other areas. The staring isn't voluntary and the consequences OTO are socially devastating and can include loss of friends and employment. \ For some the staring occurs and there is a constant worry about whether or not it's happening. For others there is the concern without actual staring. Despite awareness of OTO for at least 30 years, there is virtually no research. The purpose of today's presentation is to raise awareness of OTO and to discuss the current state of treatment and the need for research.

ERP for Folks with Autism Spectrum Disorder (ASD): The Basics * Comorbidities

OCD is a common comorbidity in Autism Spectrum Disorder (ASD). Yet, it is often misunderstood, overshadowed by other diagnoses or problems, or addressed incorrectly. Exposure and Response Prevention (ERP) is the gold standard treatment for OCD, but its concepts and techniques must be modified for it to be effective for those with ASD. Unfortunately, this does not happen as much as we all might want. Topics in this presentation will include understanding the differences and overlaps of OCD and ASD, recommended strategies for modifying ERP for ASD and helping those with ASD connect more with the purpose and potential benefits of ERP. For folks with ASD, ERP can be a game-changer - but only when appropriately introduced and modified.

We're All Major Leaguers: A pack of baseball cards, OCD, and the common denominator of fear

Everyone

On an 11,341-mile journey to track down all the players in a pack of 1986 baseball cards, Brad (who has OCD) discovered that Major League Baseball players are unwitting Buddhists, able to live in the present and to ignore the "what if...?" questions that plague those of us with OCD. The fears that these elite athletes deal with (what if I strike out? What if I fail?) may not be irrational in the same way as obsessive thoughts, but they are different flavors of the same thing: fear. Athletes, like OCD patients, may increasingly benefit from using a form of Exposure and Response Prevention to address their fears through exposure and response prevention and cognitive behavioral therapy.

Two Totally Immoral and Unscrupulous Therapists talk to you about Moral Scrupulosity

Everyone

While religious scrupulosity gets a great deal of attention, moral scrupulosity may actually be a more common concern. Individuals with moral scrupulosity may fear how thoughts or actions they performed in the past will come back to haunt them or harm others. They may see contamination not only as a potential harm to others, but also as their fault that they will deserve punishment for. Now, why you would want to listen to these two morons talk about this topic is, frankly, beyond anyone's comprehension. Yet, every time they do this talk the room is packed, so this year they are excited it is virtual so that even more people can come and listen to their amazing humor and advice.

Emotional Contamination Discussion Group

Community Discussion Groups

This group is for individuals with the "emotional contamination" sub-type of OCD. This involves aversion to a person, place, or thing (often felt as disgust), and concern about getting contaminated by the trigger. This fear can generalize to objects, people, or places associated with the trigger, and can relate to physical contact, or even abstract association (thinking of the trigger, or seeing or hearing a word related to him/her/them/it). Attendees will be able to share their experiences with others who have this form of OCD, and help one another with its challenges. This group supports the idea that CBT/ACT and ERP are just as effective for EC as for other forms of OCD – and that treatment success is possible.

Sexual Orientation OCD Community Discussion Group

Community Discussion Groups

In this highly interactive, dialogue and activity-based group discussion attendees struggling with Sexual Orientation OCD will gain a deeper insight into their specific genre of thoughts. Through Zach's personal story of struggling with and overcoming sexually intrusive thoughts, attendees will learn they are not alone and recovery is possible. Zach will share the best practices he utilizes to help cope with and improve sexual orientation intrusive thoughts. This will include discussing ERP as the foundation of recovery, as well as tools like meditation and mindfulness, exercise and values-based goal setting. Throughout the group discussion, attendees will be encouraged to share their experiences, and best practices with others in attendance to foster a community of openness and shared recovery.

Sexual Orientation OCD in Non-LGBTQ+ Friendly Communities: A Discussion Group

Community Discussion Groups

This discussion group aims to be a safe space for people with OCD whose obsessions are related to sexual orientation, especially people who live or interact with communities that are not friendly towards LGBTQ+ members. We hope to discuss LGBTQ+ rights from different backgrounds and their effect on Sexual Orientation OCD.

12:45PM–2:00PM ET

OCD and Depression: The Seesaw Effect. When Depression Complicates OCD Treatment *

Therapists Advanced

Depression can often be present when someone is suffering from OCD, and it can significantly complicate the treatment and the management of OCD. We must consider questions such as: Is depression truly a co-existing condition or one that is secondary to OCD? Should depressive symptoms be addressed before addressing symptoms of OCD or concurrently with their treatment? Can interventions for depressive symptoms interfere with treatment of OCD, and vice-versa? What does the evidence base suggest as the most potentially efficacious psychological treatment options? When is a medication consultation imperative? Can depression happen when OCD symptoms start to improve? All these questions and how to tailor interventions for depressive symptoms for those in OCD treatment will also be discussed.

Experiential Acceptance and Stimulus Engagement (EASE) for Misophonia: A Psychological Model and Treatment *

Therapists Advanced

Misophonia is a condition characterized by experiencing a strong aversion to specific sounds (and sights) and is associated with functional impairment. The aversive reaction typically involves experiencing anger or rage in response to specific triggers that are made by specific people—most often immediate family members. The focus of this presentation is to share a theoretical model that explains misophonia from a psychological perspective. In this model, misophonia is postulated to be the result of rigid and perfectionistic tendencies in combination with classical and operant conditioning. Flowing from the model, a basic outline of a treatment for misophonia called experiential acceptance and stimulus engagement (EASE). A case example will be presented to illustrate EASE.

OCD and Self-Harm *

Therapists Advanced

The Harm-OCD subtype can co-occur with self-harm behaviors such as cutting, burning, and other injury-inflicting actions. Self-harm or NSSI's (non-suicidal self-injury) can cause confusion and anxiety for both clinicians and clients with OCD. Differentiating NSSI's from harm-based OCD symptoms can be confounding, as is using ERP effectively while addressing the unwanted and potentially harmful NSSI behaviors. In this workshop, attendees will learn about the origins, functions, and purpose of NSSI behavior as well as effective treatment interventions for managing them. Participants will be able to differentiate NSSI's from suicidal behaviors. In addition, they will integrate approaches to treat both behaviors at the same time. Attendees will also learn when it is not safe to implement ERP.

Walking the Tightrope: Parenting Your Child Through OCD

Family Issues

Parenting a child with OCD can be tough. You want to help your child, yet you may be struggling, too. This presentation, by two OCD specialists who are also both parents of children with OCD, takes a practical look at parenting when OCD is in the picture. We will look at supporting children without supporting OCD, responding when children refuse treatment, and weathering emotional outbursts. With specific examples to illustrate, we will look at skills to “walk the tightrope” of parenting your child while helping them to beat OCD.

7 Shifts for Beating Religious Scrupulosity

Everyone

Scrupulosity is a subtype of OCD where one's obsessions and compulsions become entwined in religious and moral matters. Fortunately, there are good treatments for OCD (CBT/ACT/ERP) that can be applied to treating scrupulosity. Unfortunately, individuals with scrupulosity sometimes have difficulty implementing empirically-supported treatments due to fear of harming their religious beliefs and values. This presentation will lay out 7 shifts that will help scrupulosity sufferers (and those supporting them) to use treatment tools to overcome scrupulosity and to live out their faith and beliefs as they desire.

Navigating OCD in the world of 12 Step SUD Recovery

Comorbidities

OCD leads to anxiety, anxiety leads to drinking/using, substance use leads to life stressors, life stressors lead to anxiety.... anyone feel stuck? Various studies indicate a range for co-occurrence of OCD/SUD from 25% (OCD) to 44% (BDD). Those who have OCD and SUD finding support is a challenge even within the self-help community of 12 Step Meetings. It's important to address the challenges faced by those in the OCD/SUD community who utilize self-help programs. This presentation focuses on navigating life as an individual in recovery from OCD and SUD; from triggers at meetings, to compulsions related to step work, misinformed Sponsors, and using substances to manage intrusive thoughts. Presenters will bring their clinical and lived experience as Therapists in recovery.

Legislative Advocacy - How to Move Your Representatives and Effect Change

Everyone

Do you want to move your Senator or Representative to support legislation on mental healthcare? Join me to find out how. As the National Field Organizer for the Center for Popular Democracy, I bring constituents to their Representatives to effect change. In this training, I'll show you step by step how to meet with your leaders and move them to take action. We'll discuss telling your story in office visits, on digital calls, and at town hall events. We've used these skills to move legislation on all of our campaigns. Let's talk through how we can use them to gain investments in mental healthcare, improve mental health education, and combat stigma. Let's work together to keep our community safe.

STILL Not Sleeping? A Missing Link for Those Who Already KNOW What to Do

Everyone

Sleep issues are common to people with OCD, and have often been discussed in this conference. Many of us have tried numerous methods and treatments for insomnia and dysregulated sleep patterns, including sleep hygiene, supplements and dietary changes, medications, meditation and relaxation, exercise, hypnosis, and more. After 60 years of plans, programs, and pills yielding very limited success, this client and therapist discovered that disordered sleep was not co-morbid with OCD but a symptom of OCD, and must be treated as OCD. This presentation will address the process of identifying OCD as a cause of sleep problems, and how reframing behaviors associated with sleeplessness as compulsions can lead to greater success in treating both OCD and dysregulated sleep.

Moral Scrupulosity Community Discussion Group

Community Discussion Groups

Scrupulosity OCD conversations often focus on fears relating to religion, but scrupulosity can also attach to general morality without a religious component. People with moral scrupulosity have a variety of intrusive thoughts that stem from the fear of being a “bad” person. This group will serve as a space for people with moral scrupulosity (including those who do not experience religious scrupulosity) to connect and share personal stories as well as to discuss group leaders' experiences with moral scrupulosity. A therapist will provide insights about treatment for moral scrupulosity, and participants will have the option to take part in fun activities and brainstorm creative ways to challenge moral scrupulosity.

Co-Morbid Eating Disorder and OCD Community Discussion Group

Community Discussion Groups

When OCD and an eating disorder present hand in hand, the difficulty of treatment is compounded. In this group, individuals with co-morbid OCD and eating disorders, as well as family members and loved ones of those suffering from these disorders, will come together in a safe and supportive environment. Individuals will be able to ask questions of facilitators and each other as to how best to support themselves and their loved ones through this journey to recovery.

2:30PM–3:45PM ET

ADHD & Obsessive-Compulsive Disorders (OCD, BDD, Body Focused Repetitive Behaviors, Hoarding) *

Therapists Advanced

Attention Deficit Hyperactivity Disorder (ADHD) is characterized by distractibility, impulsivity, hyperactivity, and executive functioning challenges. Interestingly, 20-30% of people with OCD also have ADHD. In addition, ADHD is seen in other Obsessive-Compulsive Spectrum Disorders, such as BDD and Hoarding. Although OCD and ADHD traits appear opposite of each other, there are actually more similarities than one might think. Often ADHD is undiagnosed and symptoms are not adequately addressed and treated in OCD patients, which can significantly affect treatment. This presentation will review the scientific literature on this understudied comorbidity, a practical understanding of the ADHD brain, as well as how OC Spectrum Disorders and ADHD can clinically present. Treatment recommendations will be reviewed. Clinical and personal anecdotes will be presented.

Treating Obsessive Compulsive Personality Disorder (OCPD) with CBT: What Clinicians Should Know *

Therapists Advanced

Obsessive compulsive personality disorder (OCPD) is a chronic maladaptive pattern of excessive perfectionism, preoccupation with orderliness/detail, and need for control over one's environment that frequently co-occurs with OCD and can complicate its treatment. Despite its prevalence, many clinicians are not aware of how to treat OCPD. Dr. Pinto will review the core features of OCPD, how the condition impacts functioning, and explain how it can be differentiated from OCD. Then Drs. Pinto and Wheaton will use role plays to demonstrate cognitive behavioral therapy interventions targeting three specific problem areas: behavioral inflexibility, procrastination, and indecision. Finally, the panel will discuss other treatment recommendations for individuals with OCPD and answer questions on the challenges of working with these patients.

Worrying vs. Obsessing: Is There a Difference? *

Therapists Advanced

Obsessive-Compulsive Disorder (OCD) and generalized anxiety disorder (GAD) are categorized as separate disorders. Observations of their phenomenology in clinical settings suggest that there may be more overlap than clear distinctions between the two disorders. Worry, the defining characteristic of GAD, is often described as an intrusive mental process with no accompanying behavioral or mental response, however, this may be an incomplete and inaccurate representation of the phenomena with implications for treatment and prognosis. In this workshop, we will explore the value of conceptualizing and treating the two disorders as more similar than different and make the case for GAD as an OC-spectrum disorder.

The Launch: Supporting Young Adults with OCD as they Transition to Independence

Family Issues

For families of young adults with OCD, the transition to independence can be uncertain and daunting. Many questions arise about how much to push for progress versus how much to protect and accommodate. This panel discussion will outline common family accommodations of young adults with OCD and discuss the planful removal of accommodations to support young adults' treatment. We will also review strategies for setting achievable and meaningful goals with young adults (despite level of treatment engagement or symptom severity) to help them launch. Setting goals targeting independence, quality of life, and mood maintenance will be highlighted. Our goal is to empower parents with knowledge and tools to continue supporting your young adult as they transition to greater independence.

* Presentation is eligible for CE/CME credits.

Thinking the Unthinkable: Living with Stigma and Shame-filled Obsessions *

Everyone

A key part of treating OCD is accepting the presence of intrusive thoughts. Many with OCD worry that their thoughts cannot be accepted, fearing that they're too depraved, too offensive. When it comes to accepting thoughts, though, no topic is too sacred or off-limits. This talk will explore: OCD Subtypes that are prone to stigma and shame (POCD, Incest Obsessions, etc.); Why we accept these thoughts; How we accept these thoughts; Anxiety about whether the thought is "intrusive," "unwanted," or upsetting; Addressing the shame related to thoughts through community.

Peas in a Pod: Considerations for Treatment of OCD and Eating Disorders *

Comorbidities

Many people with OCD & related issues will also report clinical or sub-clinical disordered eating behaviors. Disordered eating behaviors are a misunderstood source of psychological and physical morbidity and mortality, carry high-risk psychiatric complications, cognitive deficits and medical acuity. Most patients with disordered eating have significantly elevated health service utilization in all service sectors in the year preceding and the year following the identification and diagnosis. For this reason, considering disordered eating alongside the nuances and specialty of OCD treatment adds tremendous complexity to case management and treatment of those living with both problems. But how dissimilar are these problems? When 2 specialty areas intersect, you may or may not be surprised to learn that they are peas in a pod.

What You Didn't Expect When You're Expecting: Coping with Perinatal OCD *

Everyone

This presentation will provide attendees with the opportunity to form a deeper understanding of Perinatal OCD. Symptoms, presentation and specific treatment considerations will be outlined. Individuals living with Perinatal POCD often experience guilt and shame associated with their obsessions. The importance of early intervention, treatment, and support will be reviewed, in addition to CBT and ERP strategies specific to this population.

Overcoming Religious Scrupulosity Community Discussion Group

Community Discussion Groups

This group is intended for those who suffer from religious scrupulosity (OCD entwined with religious and moral matters). Family members and close friends of someone with scrupulosity are also welcome to attend. Join others in a professionally-led psycho-education and support group. This will be an interactive group so that participants can learn from the leader and one another about ways to overcome scrupulosity. While the group is primarily focused on religious scrupulosity, individuals with moral scrupulosity are welcome.

Responsibility OCD Community Discussion Group

Community Discussion Groups

For people with Responsibility OCD, everyday tasks appear to present countless opportunities to accidentally harm others. The core fear with Responsibility OCD is harming people accidentally versus the fear of doing it on purpose with Harm OCD. Often people with Responsibility OCD worry that they will cause harm if they are not careful enough, leading to compulsions such as excessive checking. In this support group, an individual with OCD will discuss her experience with responsibility OCD, a therapist will describe ERP for Responsibility OCD and the group will have the opportunity to discuss their own experiences and ask questions.

Scrupulosity OCD Group for Christians

Community Discussion Groups

The constant nagging inside your head with thoughts such as, "I'm not deserving of God's blessings" probably lead you to feeling miserable and depressed. It can be frustrating when OCD is targeting one of the values you care about the most. Your relationship with God and your faith are the targets but can also be the main tools during treatment. We'll process your concerns and questions. You can share your experiences and help others know they are not alone in their journey.

4:15PM–5:30PM ET

Expanding and Improving OCD treatment for Autistics through Patient-Therapist / ASD-NT Collaboration

Therapists Advanced

While autistics are increasingly appearing for OCD treatment, many practitioners say they lack sufficient knowledge to treat OCD+ASD. ASD patients and their families frequently express feeling misunderstood and needing to be a “teacher” in the therapeutic relationship. Through interactive discussion the panelists—an autistic individual with OCD and a psychologist who treats OCD+ASD—will address knowledge gaps and provide strategies for collaborative treatment and continued learning. We will review different ways ASD presents/impacts OCD treatment and address how misinterpretation of ASD presentation (eg. overreliance on autistic stereotypes, experience with one autistic patient) can hinder accurate diagnosis/treatment. Additionally, we will explore ways that practitioners can foster learning from autistics and how autistics can self-advocate in the mental health community.

OCD in Youth: Understanding Distress Intolerance as Key to Successful Treatment

Therapists Advanced

This presentation will highlight the role of distress intolerance in OCD, specifically how distress intolerance (DI) aids in the conceptualization/function of OCD and how focusing on DI as a core target of treatment can improve outcomes. Further, we will explain the link between sadness, in particular, as frequently underlying the distress experienced in OCD (e.g., at the core of one's fears) and ways to enhance ERP treatment by including emotion management strategies related to sadness. We will discuss the impact of this treatment conceptualization on clinical work with patients and their parents, as well as medication management strategies.

Diving Deeper: Embracing Transtheoretical Perspectives in the Application of ERP for OCD

Therapists Advanced

We invite you to dive beyond the techniques of ERP to examine what's beneath the surface of treatment for OCD. With fidelity to ERP, we will explore elements of developmental, cognitive, and metacognitive therapies that can be integrated into ERP to enhance results. Specifically, we will touch on lifespan developmental theory, rumination-focused ERP, psychodynamic theory, and Inference-Based Therapy. We are interested in what these models may add to OCD treatment, as well as how various emerging, innovative ideas may prompt further research. Most importantly, we respect that other schools of thought can and do contribute to our own. We honor the complexity of the human mind and the psychotherapeutic process by humbly admitting that alternative avenues can provide valuable insights.

Married...with children...and OCD

Family Issues

Being married and having your OCD show up as the third wheel can seem impossible at times. Throw in a child or two and there is a whole lot of material for OCD to go after. In this discussion, a couple will share their experiences with developing a fulfilling, loving relationship despite having OCD tagging along. Panelists will discuss how they disclosed their OCD, what their biggest challenges have been, perspectives of significant others, how significant others can become healthy support systems, and what's been helpful in navigating parenthood as a couple when OCD rears its ugly head. Maintaining a healthy relationship and starting a family is more than possible, no matter what your OCD has to say about it.

When OCD Wins the Lottery: Coping When Your Worst Fears Come True

Everyone

In ERP, we learn to accept everything as a possibility. But what happens when the thing you fear the most isn't just hypothetical anymore? This presentation will explore how to process when the worst happens. We will look closer at OCD that is based on “real life events” and the intersection between OCD and trauma. We will discuss how to cope with distressing real life events in order to both honor and validate the experience, while simultaneously minimizing compulsions. Whether your worst fear is a car crash, a pandemic, or the end of a relationship, you can move through the discomfort. Maybe your worst fear will come true, maybe not – but you can get through it regardless.

The Chicken, the Egg, or both? Differential case conceptualization between OCD and PTSD

Comorbidities

It is not uncommon for those seeking treatment for OCD to also discuss having experienced past traumatic events resulting in post-traumatic stress symptoms. This comorbidity can have important implications in the way that treatment unfolds. For example: which one of these conditions is primary and requires intervention first? Would ERP treatment for OCD be appropriate for these situations? And if not, how can treatments be combined so that they can learn to manage both disorders simultaneously? This workshop will discuss how a therapist may identify a differential diagnosis and/or comorbidity of OCD and PTSD, and examples for those with the disorder on how to work with their therapist to create an appropriate treatment plan. Cases from clinical practice will be utilized for illustration and audience participation will be encouraged.

Professional Networking Session

Professional Networking

Please join members of the IOCDF Scientific and Clinical Advisory Board (SCB) to ask questions about professional development, case consultations or anything else! Several SCB members will be available during this time and attendees will be able to self-select into a breakout room of their choice.

Note: Please only attend if you are a mental health professional or in training to become a mental health professional.

Living with the Enemy: Perfectionistic Self-Criticism and the Struggle to be Good Enough

Everyone

Do you struggle with never being good enough? Do you criticize yourself and your efforts to change? Even when treatment ends, self-criticism can remain. Chronic self-criticism is a hallmark of unhelpful perfectionism and can have a devastating impact on your ability to live a fulfilling life. First looking at perfectionistic self-criticism using a behavioral framework, the presenter will use self-reflective questions and experiential exercises to help participants build a more compassionate way of approaching themselves. Through an extension of a well-loved ACT metaphor ‘The Passengers on the Bus’, participants will explore their own ‘self-critical passenger’, how to respond in flexible new ways that lead them towards a meaningful life, and how to offer even their critical passenger greater compassion.

Special Interest Group: Navigating OCD & Faith

Community Discussion Groups

Are you seeking to navigate your OCD while remaining connected to your faith community? Have you ever felt like you had to choose between your religious space and clinical mental health treatment? Have you ever struggled with whether to turn to a faith leader or mental health practitioner? This special interest group will provide a safe space for individuals of ALL religious traditions to share about their experiences with OCD, as well as ways this has impacted their connection to a faith community. We will focus on seeking to understand the needs of the faith and mental health community. We will also begin to form a community where your beautiful faith and mental health treatment can work together.

Intellectualization as an Avoidance Behavior in OCD: Community Discussion

Community Discussion Groups

Intellectualization can be a mechanism employed by people with OCD as a way to avoid fully engaging with treatment. People with OCD may spend time theorizing and researching their experiences rather than addressing them. Focusing on learning, reasoning, knowledge, and understanding rather than treatment itself enables distancing from uncomfortable emotions and challenging exposures. If a person with OCD genuinely values curiosity and learning, how can they honor those values while not using them as a means of deflection? As a clinician how can you introduce this to your client and how does it affect treatment? This group will serve as a space for people who struggle with intellectualization to connect as well as to discuss group leaders' experiences with it.

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.

Glossary of Key Terms

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.

Glossary of Key Terms

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.



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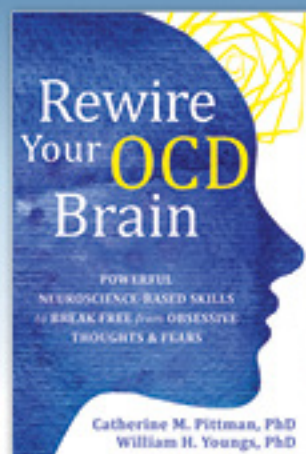
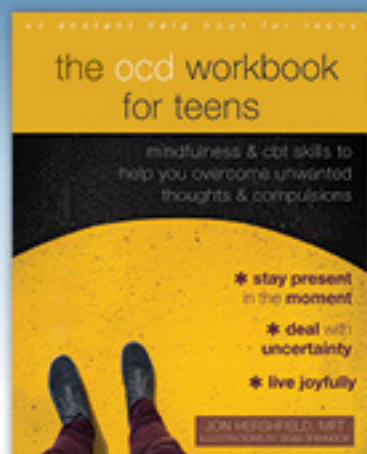
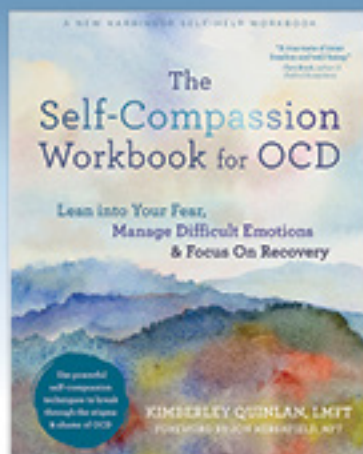
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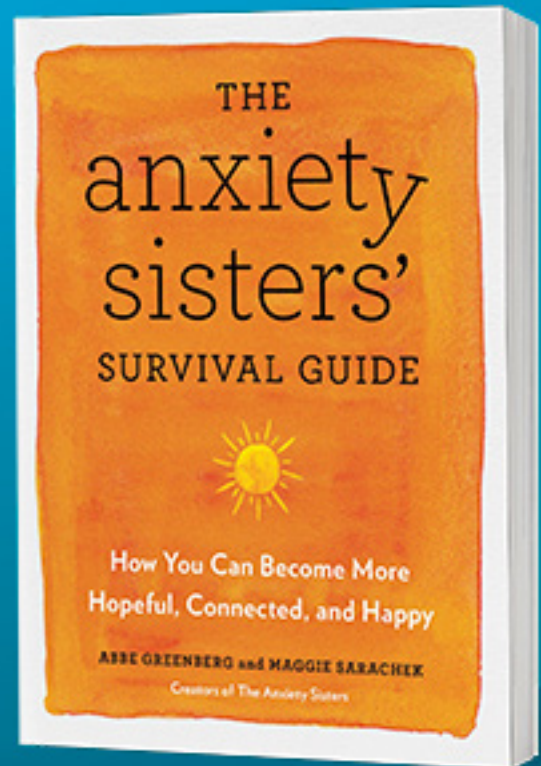
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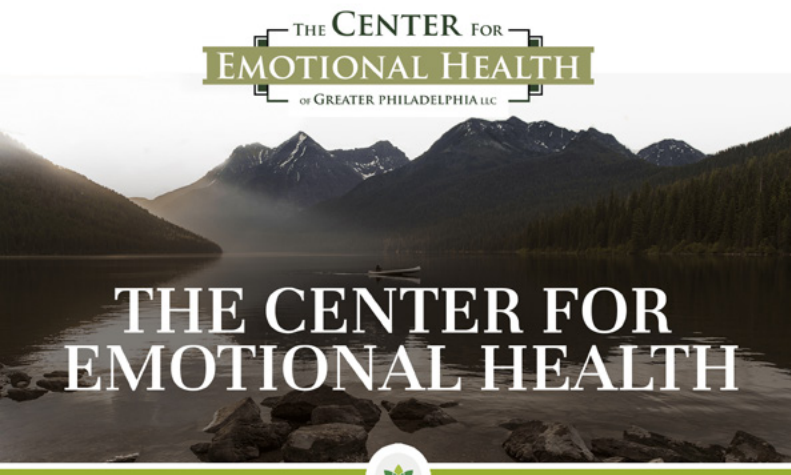
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