

online oecd conference

Organized by



International
OCD
Foundation

PROGRAM GUIDE

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Hello Conference Attendees!!!

We are unbelievably excited to welcome you to the first-EVER Online OCD Conference!

While we hope to welcome you again in person next year, our top priority for 2020 is to bring you an online experience filled with interesting topics,

great speakers, and the community networking opportunities that we all love — all while making the conference experience accessible to more people around the world.

To those who are attending a conference for the first time, we thank you for coming and for caring. You are the heroes of today, simply by attending. You are immediately involved in increasing awareness, empowering research, and reducing the stigma associated with OCD and related disorders. Thank you for making history with us!

So, what will you find when you set foot on our virtual conference floor? You will have the opportunity to spend time with the world's foremost researchers, amazing clinicians who treat patients every day, and individuals with OCD and their families. Parents meet each other and form lifelong friendships. Everyone is willing to answer questions, provide information, make friends, and share hope. This community is what has drawn me and my daughter back for 12 years now. The friendships we have made have created an authentic and memorable experience, and we are hoping to replicate that same experience in a new, virtual space.

You will have the opportunity to learn about OCD and related disorders from experts in the field with over 70 sessions to choose from. If you want to know more about body dysmorphic disorder, family accommodation, pediatric research into PANDAS/PANS, caring for postpartum OCD patients, anxiety in the classroom, or the neurobiology of OCD, stop by those sessions and say hello! In addition, in place of our Conference support groups, we are holding 36 community discussion groups throughout the weekend. These will provide spaces for you to

connect with others and share ideas and information around a given topic.

For professionals and students, we have networking events for you to mingle, and our researchers have the opportunity to share their latest discoveries about the causes and treatment of OCD. Even if you aren't a professional, they value the opportunity to hear from the front lines about what is really occurring in the community of OCD sufferers. Feel confident in sharing your story — we want to hear from you.

Finally, be sure to stop by the International OCD Foundation's information booth in the virtual exhibit hall to meet members of the board of directors and some of the staff leadership of the IOCDF, including myself! 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.

In addition to all of this, Brandon Marshall and Maria Bamford will give keynote talks on Friday and Saturday, respectively, and we hope you'll join us for fun activities such as trivia, an open mic night, the art gallery, and more! I would love to tell you about each and every session because there are so many amazing topics! Read through this program guide, explore the website, ask us questions, and most importantly, have fun! If you have any suggestions or concerns during the conference, reach out to us at conference@iocdf.org.

Thanks for being such an important part of this community. By coming to the Online OCD Conference you are now a part of changing the lives of all those who are affected by OCD. Welcome to history and welcome to hope!

All the best,

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.

Susan Boaz
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 the 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.

IOCDF Board of Directors

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Specialist

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

1 Million Steps 4 OCD Walk | #OCDwalk

The 1 Million Steps 4 OCD Walk is an annual grassroots, awareness-building and fundraising event that takes place each year in June and 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 20 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 access to the latest information about OCD and related disorders in a supportive and engaging environment.

International OCD Awareness Week | #OCDweek

The IOCDF and its Affiliates and partners from around the world come together each second week in October to educate their communities and the general public about OCD and related disorders. This year, OCD Awareness Week will be held from October 11–17, 2020. 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.

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.

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.

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. In 2018 we launched the first phase of our Anxiety in the Classroom program with information and resources for school personnel, and we continue to add content and resources for parents and for 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.

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.

Welcome to the Online OCD Conference!

The first event of its kind, this virtual event 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, July 31 through Sunday, August 2, this virtual event will feature 70 talks, 36 discussion groups, and 160 presenters.

On-Demand Options

All educational webinars will feature approximately 45 minutes of pre-recorded content that will be available on-demand for two weeks after the conference. Sessions will be added to the IOCDF Webinars library later in the year.

The following parts of the conference are only available on Friday, July 31st through Sunday, August 2nd:

- Live Q&As with Speakers
- Community Discussion Groups
- Professional Networking Sessions
- Evening Activities
- Live Chat Lounge
- Chat With Other Attendees During Sessions

27th Annual OCD Conference in NYC 2021

Be sure to catch us next year in NYC!

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

Living Room Brigade

Based on the Annual OCD Conference's well-known Room Brigade, the Living Room Brigade is a supplemental resource for attendees. It allows them to connect with the many great OCD experts who attend the conference for a 20-minute consultation. There, they can talk through their situation, get support, and connect one-on-one with people who understand.

Please note: These sessions are not intended to take the place of therapy, and are not intended to be used if you are in crisis.

Conference Fun

Want another reason to engage in the conference? Every time you visit a booth, chat, presentation, or download something, you get a point! The highest point earners will be entered in our raffle.

Friday night will feature a Keynote Address from Brandon Marshall and Trivia Night will be a fun way to play an old classic in a virtual setting! Be sure to jump on for a game. Prizes will be distributed to the top scorers!

Saturday Night Entertainment will feature comedy from Maria Bamford, followed by open mic night! Join the OCD community in an evening of arts to wind down after a great Saturday!



Conference Planning Committee

Body Dysmorphic Disorder

- Scott Granet, LCSW
- Katharine Phillips, MD
- Denis Asselin
- Chris Trondsen

Living with OCD & Everyone

- Ethan Smith
- Molly Fishback
- Nathaniel Van Kirk, PhD
- Terence Ching, MSocSci
- Michelle Massi, LMFT
- Epifania Gallina
- Darcy Howell
- Elizabeth McIngvale, PhD, LMSW
- Charlene Salvador
- Stacey Conroy, LCSW, MPH
- Lacey Wisniewski

Parents & Families

- David Calusdian
- Jon Hershfield, MFT
- Chris Baier

Research to Clinical Practice

- Anthony Pinto, PhD
- Robert Hudak, MD
- Wayne Goodman, MD

Therapists

- Allison Solomon, PsyD
- Jenny Yip, PsyD
- Mary Torres, LMHC
- Amy Mariaskin, PhD
- Kasey Brown, LCSW
- Kimberly Quinlan, LMFT
- Michelle Witkin, PhD
- Kate Reeves, LMFT
- Patrick McGrath, PhD
- Ben Eckstein, LICSW
- Jordan Cattie, PhD

Young Adults

- Chris Trondsen
- Neil Hemmer
- Jess Kotnour
- Morgan Rondinelli
- Thomas Smalley

Body-Focused Repetitive Behaviors (BFRBs)

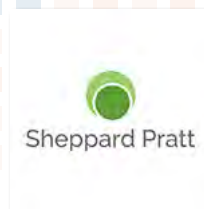
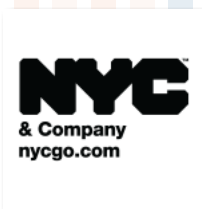
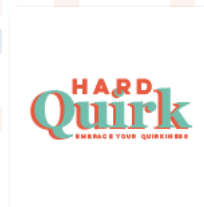
- Nancy Keuthen, PhD
- Jennifer Raikes
- Leslie Lee
- Charles Mansueto, PhD

Thank You to Our Sponsors!



And be sure to visit our Exhibitors!

Click the "Exhibition Hall" link in the top menu to visit our exhibitors' virtual booths and even participate in a public chat with exhibitor representatives. Also in the Exhibition Hall is the Virtual Art Gallery and Conference Bookstore!



| | 11:00AM–12:15PM ET | 12:30PM–1:45PM ET | 2:00PM–3:15PM ET | 3:30PM–4:45PM ET |
|---------|---|---|---|--|
| ROOM 1 | DIFFERENTIAL UTILITY OF SPECIFIC SELF-REPORT OCD ASSESSMENT SCALES Dean McKay, PhD | INCREASING PATIENT MOTIVATION FOR TREATMENT Allen Weg, EdD | ERP TREATMENT PLANNING Alec Pollard, PhD | PEDIATRIC OCD TREATMENT: PRIMER FOR PROFESSIONALS Eric Storch, PhD |
| ROOM 2 | DON'T TRY HARDER, TRY DIFFERENT Patrick McGrath, PhD | HOW TO MAINTAIN YOUR GAINS IN THE RECOVERY PROCESS Reid Wilson, PhD; Shala Nicely, LPC | PART I: INTRODUCTION TO ERP; WHAT IS IT AND WHY WOULD I DO IT? Jon Grayson, PhD | PART II: INTRODUCTION TO ERP: STARTING OFF ON THE "RIGHT" FOOT Jon Hoffman, PhD; Katia Moritz, PhD |
| ROOM 3 | AN INHIBITORY LEARNING APPROACH TO EXPOSURE THERAPY FOR OCD Jon Abramowitz, PhD | INCORPORATING ACT INTO ERP Lisa Coyne, PhD; Evelyn Gould, PhD, BCBA-D | INCORPORATING ACT - CREATIVE HOPELESSNESS, MATRIX, VALUES FOR PROFESSIONALS Marisa Mazza, PsyD | TREATMENT RESISTANT CASES Brad Riemann, PhD; Jason Krompinger, PhD; Marty Franklin, PhD; Thröstur Björgvinsson, PhD |
| ROOM 4 | WHAT IS INHIBITORY LEARNING THEORY AND HOW DOES IT APPLY TO OCD TREATMENT? Jen Buchholz, MA | ACCEPTANCE AND COMMITMENT THERAPY & MINDFULNESS FOR OCD Jon Hershfield, MFT; Kim Quinlan, LMFT | ACT: CREATIVE HOPELESSNESS, MATRIX, VALUES Kevin Ashworth, LPC; Jesse Crosby, PhD; Ashley Wray, LCSW | SELF COMPASSION AND COURAGE: AN INTRODUCTION TO COMPASSION FOCUSED THERAPY FOR ANXIETY AND SHAME BASED DIFFICULTIES Kim Quinlan, LMFT; Dennis Tirsch, PhD; Shala Nicely, LPC |
| ROOM 5 | THE SCOOP ON BDD: A DISCUSSION OF HOPE AND RECOVERY Tommy Smalley; Genevieve Kales; Jake Osborne | BDD, THE UNINVITED FAMILY GUEST: FAMILY AND CLINICIAN PERSPECTIVES AND TREATMENT Fugen Neziroglu, PhD; Denis Asselin | EXPOSURE THERAPY FOR BDD: MAKING THE MOST OUT OF THE TREATMENT Scott Granet, LCSW; Chris Trondsen, AMFT, APCC | COMMONLY ASKED QUESTIONS ABOUT BODY DYSMORPHIC DISORDER Katherine Phillips, MD; Sabine Wilhelm, PhD; Jamie Feusner, MD |
| ROOM 6 | PANDAS/PANS: A VIDEO SERIES Peter Klinger, MD; Andrew W. Gardner, PhD, BCBA-D | CAREGIVER COPING WITH PANS/PANDAS Hannah Ellerkamp, MS; Margo Thienemann, MD | TREATING CHILDREN AND ADOLESCENTS WITH OCD: ISSUES AND ANSWERS John Piacentini, PhD; Jen Freeman, PhD | ANXIETY IN THE CLASSROOM Denise Egan Stack, LMHC; Aureen Wagner, PhD |
| ROOM 7 | PROFESSIONAL NETWORKING: PENZEL AND MANSUETO Fred Penzel, PhD; Charles Mansueto, PhD | PROFESSIONAL NETWORKING: ABRAMOWITZ AND RIEMANN Brad Riemann, PhD; Jonathan Abramowitz, PhD | PROFESSIONAL NETWORKING: NEZIROGLU AND KHEMLANI-PATEL Fugen Neziroglu, PhD; Sony Khemlani-Patel, PhD | PROFESSIONAL NETWORKING: POLLARD AND MCGRATH Patrick McGrath, PhD; Alec Pollard, PhD |
| ROOM 8 | MAN UP! VIRTUAL EDITION: MEN'S COMMUNITY DISCUSSION GROUP Jacques Esses, MSW, QMHP; Neil Hemmer, MSW, QMHP; Collin Schuster | PARENTS OF ADULT CHILDREN WITH OCD Ben Eckstein, LCSW | COMMUNITY DISCUSSION GROUP FOR BFRBS Nancy Keuthen, PhD; Fred Penzel, PhD | YOUNG ADULTS ORIENTATION AND COMMUNITY DISCUSSION GROUP Neil Hemmer; Morgan Rondinelli; Genevieve Kales; Jacques Esses, MSW; Alegra Kastens, AMFT |
| ROOM 9 | DISCUSSION GROUP FOR GENDER NON-CONFORMING INDIVIDUALS WITH OCD Amy Mariaskin, PhD; Monnica Williams, PhD | COMMUNITY DISCUSSION GROUP FOR PARENTS OF TEENS WITH OCD Nicole Dover, LCSW-C; Emily Hoppe, PMHNP | OCD & TOURETTE'S COMMUNITY DISCUSSION GROUP Cary Jordan, PhD; Joe McNamara, PhD | COMMUNITY DISCUSSION GROUP FOR SPOUSES AND ROMANTIC PARTNERS OF ADULTS WITH OCD Travis Osborne, PhD; Alexia Spanos, PhD |
| ROOM 10 | ALL-INCLUSIVE WOMEN'S COMMUNITY DISCUSSION GROUP Beth Brawley, LPC; Shanda Curiel, PsyD | NAVIGATING THE UNCERTAINTY OF PARENTING KIDS WITH OCD DURING UNCERTAIN TIMES Jennie Kuckertz, PhD; Melissa Mose, LMFT | LGBTQ COMMUNITY DISCUSSION GROUP Jess Kotnour; Lindsay Miller, LPCC-S | PANS/PANDAS PARENT COMMUNITY DISCUSSION GROUP Hannah Ellerkamp, MS; Sana Ahmed, LCSW |

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

Please note that all live discussions (including post session Q&A for rooms 1–6) will take place via Zoom.

EVERYONE

PROFESSIONALS

PROFESSIONAL NETWORKING

COMMUNITY DISCUSSION GROUP

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

ROOM 1

FRIDAY KEYNOTE
6:00PM–6:30PM ET

BRANDON MARSHALL
former NFL player

sponsored by
peace of mind

FRIDAY NIGHT EVENING ACTIVITY
6:30PM–7:30PM ET

TRIVIA
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EBTCS
SCIENCE & COMPASSION
Evidence Based Treatment Centers of Seattle

11:00AM–12:15PM ET

Differential Utility of Specific Self-Report OCD Assessment Scales *

Room 1

Dean McKay, PhD

There are numerous self-report measures of OCD symptoms and severity available. Determining which one will be most effective in treatment planning can be challenging. This presentation will provide an overview of available measures, with a summary of the reliability and validity of each, and how to use each in treatment planning and evaluation of response to treatment.

Don't Try Harder, Try Different

Room 2

Patrick McGrath, PhD

Don't Try Harder, Try Different (DTHTD) is a stress management approach to challenging OCD. Since day-to-day stressors can have an influence on OCD, learning basic ways to challenge stressors can help to decrease OCD flare-ups. Be you a person with OCD or a friend or family member, the goal of DTHTD is to review 1: Common themes seen in stress and OCD, 2: Identification and elimination of safety seeking behaviors, and 3: Bringing some fun and humor back in your life, since OCD tries to rob you of that.

An Inhibitory Learning Approach to Exposure Therapy for OCD *

Room 3

Jon Abramowitz, PhD

Inhibitory learning theory provides specific techniques to optimize ERP for OCD by emphasizing fear tolerance, as opposed to habituation. This workshop will describe the inhibitory learning approach and illustrate strategies for optimizing ERP, including framing exposure to disconfirm threat-based expectations, introducing variability to promote extinction, affect labeling, deepened extinction, and how to use cognitive therapy. Case examples and videos will be used to illustrate techniques.

What is Inhibitory Learning Theory and How Does It Apply to OCD Treatment?

Room 4

Jen Buchholz, MA

Jennifer Buchholz will describe inhibitory learning theory and its applications to OCD treatment. She will offer examples and strategies for optimizing inhibitory learning during treatment, such as designing exposures to maximize surprise, introducing variability, labeling emotions during exposures, and strategically using cognitive techniques. Jennifer will interact with participants via a live chat and Q&A session to teach participants new ways to get the most out of OCD treatment.

The Scoop on BDD: A Discussion of Hope and Recovery

Room 5

Tommy Smalley; Genevieve Kales; Jake Osborne

Body dysmorphic disorder (BDD) can make you feel so ashamed and anxious that you may avoid certain situations that arise in life. Struggling with BDD can be isolating and leave a person with little hope. This panel allows conference attendees to hear personal stories from a group of individuals with BDD—of all ages—who have been successful in treatment and now live fulfilled lives. Lastly, audience members will have a chance to ask questions to the panel members.

Advancements in Multidisciplinary Consultation for PANS/PANDAS

Room 6

Peter Klinger, MD; Andrew W. Gardner, PhD, BCBA-D

Despite growing awareness and acceptance of Pediatric Acute-onset Neuropsychiatric Syndrome (PANS), continued development of a comprehensive and consistent approach to diagnosis and treatment is sorely needed. The University of Arizona in Tucson the Children's Post-infectious Autoimmune Encephalopathy (CPAE) Center was founded to address a void in access to high quality consultative care for children. Today's session will review our method of evaluation for PANS and explain the outpatient behavioral and psychiatric consultation service we provide for children and their families from across the US.

Professional Networking: Penzel and Mansueto

Room 7

Fred Penzel, PhD; Charles Mansueto, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Fred Penzel and Charles Mansueto.

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

Room 8

Jacques Esses, MSW, QMHP; Neil Hemmer, MSW, QMHP; Collin Schuster

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.

Discussion Group for Gender Non-Conforming Individuals with OCD

Room 9

Amy Mariaskin, PhD; Monnica Williams, PhD

This discussion group will provide a nonjudgmental and affirming environment for individuals with OCD and related disorders who are transgender, nonbinary or otherwise gender nonconforming. It is open to adults who want to discuss their OCD symptoms as well as the intersections between mental health, ethnic/cultural background, and gender identity. The group facilitators are cisgender licensed psychologists, and we will strive to provide helpful information about treatment while centering participants' voices and experiences.

All-Inclusive Women's Community Discussion Group

Room 10

Beth Brawley, LPC; Shanda Curiel, PsyD

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.

12:30PM–1:45PM

Increasing Patient Motivation for Treatment *

Room 1

Allen Weg, EdD

After a review of the challenges in motivating clients to do work in ERP (the counter-intuitive nature of the treatment, previous failed attempts, sense of helplessness, actual discomfort of the treatment, etc), a review of motivating strategies will be reviewed. These include the Motivational Interviewing foci of identifying personal values, losses to date/potential gain, but also the application of self-disclosure, anthropomorphification of OCD, use of hierarchy, and more.

How to Maintain Your Gains in the Recovery Process

Room 2

Reid Wilson, PhD; Shala Nicely, LPC

You've worked hard to master the skills of ERP, and it's time to say goodbye to treatment for now. But how will you preserve your hard-earned gains? Your original goal may have been to be free of all obsessions and urges to ritualize. By now, however, you realize that seeking this perfection is another way that OCD controls you. Instead, Reid and Shala will outline and illustrate the four tasks of a simple, active, self-help strategy to help you respond to new and old symptoms whenever they arrive.

Incorporating ACT into ERP *

Room 3

Lisa Coyne, PhD; Evelyn Gould, PhD, BCBA-D

This presentation will teach how clinicians may use ACT and ERP to enhance exposure-based treatment through supporting curiosity, willingness, and flexibility with OCD. Presenters will discuss A) exposure-based treatments and inhibitory learning research; B) teach how to conduct exposure-based treatment OCD; C) give an overview of ACT and its evidence-base; and D) demonstrate how to incorporate specific ACT interventions into exposure to strengthen and contextualize inhibitory learning.

Acceptance and Commitment Therapy & Mindfulness for OCD

Room 4

Jon Hershfield, MFT; Kim Quinlan, LMFT

Mindfulness and Acceptance and Commitment Therapy are science-based treatment modalities that improve treatment outcomes, increase motivation, and help manage strong emotions. This presentation will explain and demonstrate the core

components of Mindfulness and ACT and give easy-to-apply practices for managing uncertainty, anxiety, and doubt.

BDD, the Uninvited Family Guest: Family and Clinician Perspectives and Treatment

Room 5

Fugen Neziroglu, PhD; Denis Asselin

Body Dysmorphic Disorder (BDD), often misattributed to depression or anxiety, can take years to diagnose and properly treat. Individuals with BDD do not think therapy will be of any benefit, making effective treatment difficult. Denis Asselin will discuss how families can support a member who has BDD. Dr. Neziroglu will cover appropriate treatment; how to discourage the quest for cosmetic surgery; how to deal with suicidality and anger. The presentation will be followed by Q&A.

Caregiver Coping with PANS/PANDAS

Room 6

Hannah Ellerkamp, MS; Margo Thienemann, MD

Caring for someone with PANS/PANDAS comes with unique challenges and is often scary, and unpredictable. This can result in high caregiver burden and symptoms of depression, anxiety, and posttraumatic stress. Participants will learn about coping strategies to allow them to better support themselves and their loved ones. We will discuss how to navigate conversations with healthcare professionals, manage PANS/PANDAS crises, reduce stress, increase positive coping, and improve support networks.

Professional Networking: Abramowitz and Riemann

Room 7

Brad Riemann, PhD; Jonathan Abramowitz, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Brad Riemann and Jonathan Abramowitz.

Parents of Adult Children with OCD

Room 8

Ben Eckstein, LCSW

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.

Community Discussion Group for Parents of Teens with OCD

Room 9

Nicole Dover, LCSW-C; Emily Hoppe, PMHNP

This will be an informal, supportive discussion among parents of teenagers with OCD. Parents will have the opportunity to share their parenting challenges and successes, and share ideas with one another. Topics may include how and when parents can set limits and uphold expectations of their teen, while also giving their teen autonomy and encouraging independence. Additionally, examining the whole family impact of OCD, and supporting one another in managing this, will be discussed.

Navigating the Uncertainty of Parenting Kids with OCD During Uncertain Times

Room 10

Jennie Kuckertz, PhD; Melissa Mose, LMFT

Parenting a child with OCD always presents a variety of challenges, but this is especially true during these uncertain times. This support group will create a space to reflect on the experience of parenting a child with OCD, as well as issues such as finding online resources and how to cope when routines are upended, structure all but eliminated, and family relationships challenged with everyone at home. We will explore how to embrace uncertainty with curiosity and creativity (rather than fear!)

** Presentation is eligible for CE/CME credits.*

2:00PM–3:15PM ET

ERP Treatment Planning *

Room 1

Alec Pollard, PhD

Exposure and response prevention (ERP) is a primary evidence-based treatment for OCD. This presentation, intended for clinicians new to the treatment of OCD, will cover the basics of how to develop a treatment plan for implementing ERP. Topics include identifying obsession triggers, setting up an exposure hierarchy, and developing guidelines for response prevention.

Part I: Introduction to ERP; What Is It and Why Would I Do It?

Room 2

Jon Grayson, PhD

Exposure and Response Prevention (ERP) sounds like a straight forward simple intervention. It works best when you understand the nature of OCD, the goals of treatment and exactly what will motivate you to follow through with treatment, besides wanting to get better. Or as we say to our clients, "we don't want you to do anything that we tell you to do - unless we have convinced you that it makes sense." In Part I, I will be explaining OCD and treatment and how to motivate yourself to embrace ERP.

Incorporating ACT - Creative Hopelessness, Values, and Willingness Hierarchy *

Room 3

Marisa Mazza, PsyD

This workshop will focus on utilizing Acceptance and Commitment Therapy (ACT) to address motivation as well as the underlying issues that maintain OCD. ACT sets the stage for exposures by preparing clients to open up to challenging emotional experiences and addresses overall quality of living issues. This workshop will focus on what ACT is and how to execute Acceptance based exposures.

ACT: Creative Hopelessness, Matrix, Values

Room 4

Kevin Ashworth, LPC; Jesse Crosby, PhD; Ashley Wray, LCSW

This presentation will explore how the ACT concepts of creative hopelessness, values, and metaphors can be used with obsessive-compulsive disorder (OCD). The material is designed to be accessible for individuals with OCD while also giving clinicians helpful resources to use in their practice. We will discuss the concept of creative hopelessness, values and metaphors as tools to provide validation of experience while introducing acceptance as an option for working with OCD.

Exposure Therapy For BDD: Making the Most Out of the Treatment

Room 5

Scott Granet, LCSW; Chris Trondsen, AMFT, APCC

As with OCD, exposure and response prevention therapy is widely recognized as a vital part of the treatment for BDD. The presenters know BDD well as they have lived with it themselves for many years and know what it feels like to both suffer from it and to recover. Attendees of this workshop will learn how to construct exposure therapy hierarchies and the tools needed to successfully utilize the ERP process. Audience members will also have the opportunity to practice ERP during the presentation.

Treating Children and Adolescents with OCD: Issues and Answers

Room 6

John Piacentini, PhD; Jen Freeman, PhD

This presentation will review the cognitive behavioral treatment of OCD in youth, including the treatment of very young children and working with families. The second part of the presentation will address common issues that arise in treatment, including how to manage comorbidity, noncompliance, family complications, and poor or partial response. Adapting treatment in light of COVID, including the use of remote (telehealth) platforms will also be discussed.

Professional Networking: Khemlani-Patel and Neziroglu

Room 7

Fugen Neziroglu, PhD; Sony Khemlani-Patel, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Fugen Neziroglu and Sony Khemlani-Patel.

Community Discussion Group for BFRBs

Room 8

Nancy Keuthen, PhD; Fred Penzel, PhD

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.

OCD & Tourette's Community Discussion Group

Room 9

Cary Jordan, PhD; Joe McNamara, PhD

OCD symptoms typically do not present alone and commonly co-occur with Tic Disorders or Tourette's syndrome. Tic disorders can pose several challenges for families in seeking treatment and advocating for the best care. This support group is aimed at discussing evidenced-based treatments for Tic Disorders (e.g., Habit Reversal Therapy) and answering questions about combined presentations of OCD with Tic Disorder symptoms. Parents of children with PANDAS/PANS may also want to attend this group.

LGBTQ+ Community Discussion Group

Room 10

Jess Kotnour; Lindsay Miller, LPCC-S

This is a peer-facilitated discussion group for those who identify as LGBTQ. We hope to create a space that is free of judgment, yet open to those who are still questioning their sexuality or gender identity. This is intended to provide a space for LGBTQ identities within the OCD community, understanding that sexuality and gender differences are not mutually exclusive from OCD and is different from OCD regarding sexual orientation obsessions.

3:30PM–4:45PM ET

Pediatric OCD Treatment: Primer for Professionals *

Room 1

Eric Storch, PhD

This presentation will provide an overview on the nature and core components of cognitive-behavioral therapy for pediatric obsessive-compulsive disorder. The nuances of this treatment approach including exposure and response prevention will be discussed in terms of working with youth and their families. Integrating family members into treatment will be highlighted.

Part II: Introduction to ERP: Starting Off on the "Right" Foot

Room 2

Jon Hoffman, PhD; Katia Moritz, PhD

There are many misconceptions about ERP and its implementation that prevents many OCD sufferers from benefiting from this highly effective treatment. This presentation aims to set the record straight. Topics will include, getting ready for ERP, ERP myths, how to take ERP from the office into your daily life, and what makes someone the right ERP provider for you. This presentation will be facilitated by highly experienced ERP practitioners.

Treatment Resistant Cases *

Room 3

Brad Riemann, PhD; Jason Kropminger, PhD; Marty Franklin, PhD; Thörstur Björgvinsson, PhD

Although efficacious psychosocial and pharmacological interventions exist, there remains a subset of individuals with OCD that struggle to see substantial gains in treatment. This presentation will address such "treatment resistant" cases. Panelists will discuss such issues as diagnostic complexity, motivation, appropriateness of level of care, and treatment-interfering behaviors. The presentation will be followed by a Q and A period. Panelists are OCD experts with significant experience delivering treatment at all levels of care.

Self Compassion and Courage: An Introduction to Compassion Focused Therapy for Anxiety and Shame Based Difficulties

Room 4

Kim Quinlan, LMFT; Dennis Tirsch, PhD; Shala Nicely, LPC

Self-compassion is a highly effective practice when it comes to recovery from OCD, anxiety, and depression. This presentation will use scientific findings and personal and professional experiences to explore how self-compassion can be used to

enhance your OCD treatment. People with OCD and OCD practitioners will be given self-compassion tools and practices that can be used at all stages of OCD treatment.

Commonly Asked Questions About Body Dysmorphic Disorder

Room 5

Katherine Phillips, MD; Sabine Wilhelm, PhD; Jamie Feusner, MD

In this workshop, Drs. Katharine Phillips, Sabine Wilhelm, and Jamie Feusner — researchers and clinicians with expertise in body dysmorphic disorder (BDD) — will discuss commonly asked questions about BDD. Topics will include BDD's clinical features, diagnosis, possible causes, and how advances in translational research can inform treatment. They will also discuss medication treatment and cognitive-behavioral therapy. Their presentations will be followed by discussion with the audience.

Anxiety in the Classroom

Room 6

Denise Egan Stack, LMHC; Aureen Wagner, PhD

Anxiety/OCD can affect students' ability to achieve their potential. They may struggle when school personnel do not recognize OCD or know how to support them. Parents may be unsure how to help. Two experienced clinicians will discuss how OCD can manifest at school and what to do about it. They will discuss the potential impacts of school shutdowns due to COVID, and provide suggestions for anticipating and preparing children and teens to manage the challenges of the transition back to school.

Professional Networking: Pollard and McGrath

Room 7

Patrick McGrath, PhD; Alec Pollard, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Alec Pollard and Patrick McGrath.

Young Adults Orientation and Community Discussion Group

Room 8

Neil Hemmer; Morgan Rondinelli; Genevieve Kales; Jacques Esses, MSW; Alegra Kastens, AMFT

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!

Community Discussion Group for Spouses and Romantic Partners of Adults with OCD

Room 9

Travis Osborne, PhD; Alexia Spanos, PhD

OCD can have a significant impact on romantic relationships and spouses and dating partners of individuals with OCD often have limited outlets for obtaining support for the unique challenges they face. This support group will provide a forum for discussing a range of topics related to managing OCD in romantic relationships, including how to manage accommodation of OCD symptoms, what to do if your loved one is refusing treatment, and coping with setbacks.

PANS/PANDAS Parent Community Discussion Group

Room 10

Hannah Ellerkamp, MS; Sana Ahmed, LCSW

Many parents of kids with PANS experience caregiver burden, depression, anxiety, and post-traumatic stress. Your child's treatment is often prioritized over your own health and wellbeing. You may feel isolated from your family and friends, especially now. Navigating home and work responsibilities, and COVID-19's impact on mental health is likely taxing. Group leaders will guide discussions and welcome participation in this group. Our hope is for parents to get to know and support one another.

| | 11:00AM–12:15PM ET | 12:30PM–1:45PM ET | 2:00PM–3:15PM ET | 3:30PM–4:45PM ET |
|---------|--|--|---|---|
| ROOM 1 | PAVING YOUR CAREER: NAVIGATING THE OCD AND RELATED DISORDER FIELD AND BUILDING YOUR REPUTATION Elizabeth McIngvale, PhD, LCSW; Nathaniel Van Kirk, PhD; Jeff Szymanski, PhD; Jon Hershfield, MFT | CULTIVATING THE NEXT GENERATION OF OCD SPECIALISTS Denise Egan-Stack, LMHC; Josh Spitalnick, PhD; Amy Mariaskin, PhD | VIRTUAL INDIVIDUAL AND GROUP THERAPY: THE NEW WAVE OF TREATMENT Allison Solomon, PsyD; Michelle Massi, LMFT; Mary Torres, LMHC | PLENARY: RECENT RESEARCH IN PSYCHEDELICS AND IMPLICATIONS FOR OCD TREATMENT Chris Pittenger, MD, PhD; Carolyn Rodriguez, MD, PhD |
| ROOM 2 | "MORE THAN OCD": OUR PERSONAL STORIES Jess Kotnour; Genevieve Kales; Darcy Howell; Neil Hemmer | SOCIALIZING WITH OCD: FRIENDSHIPS, RELATIONSHIPS, AND INTIMACY! Morgan Rondinelli; Jess Kotnour; Molly Fishback; Chris Trondsen, AMFT, APCC | A SURVIVAL GUIDE FOR NAVIGATING SCHOOL WHILE HAVING OCD! Thomas Smalley; Caroline Kalen; Gabriella Holliman-Lopez; Alegra Kastens, AMFT | HOW TO SUCCESSFULLY BALANCE OCD, TREATMENT, AND YOUNG ADULTHOOD: BRING US YOUR QUESTIONS! Thomas Smalley; Mary Wilson; Epifania Gallina; Chris Trondsen, AMFT, APCC |
| ROOM 3 | HELPFUL/HARMFUL? IMPROVING TX BY REALIGNING BOUNDARIES & ELIMINATING UNHEALTHY ACCOMMODATIONS Jenny Yip, PsyD | OCD, RELATIONSHIPS, AND SEX Mike Heady, LCPC; Kim Rockwell-Evans, PhD | WORKING WITH FAMILIES Perrie Tal Merlin, LICSW | WORKING WITH THE FAMILIES OF TREATMENT-REFUSERS Alec Pollard, PhD; Heidi Pollard, MSN |
| ROOM 4 | FAMILY ACCOMMODATION IN OCD Susan Boaz, Denise Egan-Stack, LMHC, Meg Dailey | THREE'S A CROWD: OCD ISSUES THAT AFFECT COUPLES Jon Hershfield, MFT; Robin Zasio, PsyD, LCSW | ALL GROWN UP: ADJUSTING TO BETTER HELP YOUR ADULT CHILD WITH OCD Ben Eckstein, LCSW | ALL IN THE FAMILY: HOW OCD IMPACTS YOUR FAMILY AND HOW TO COPE Michelle Witkin, PhD; Chris Baier |
| ROOM 5 | PICKING ME OVER SKIN PICKING DISORDER: PERSONAL EXPERIENCES, MANAGEMENT STRATEGIES, SUPPORT GROUP & MORE Lauren McKeaney | ADDRESSING MOTIVATION ISSUES IN TREATMENT OF BODY FOCUSED REPETITIVE BEHAVIORS (BFRBS) Charles Mansueto, PhD; Ruth Golomb, LCPC | BFRB'S: MAKING THE MOST OF YOUR TREATMENT Nancy Keuthen, PhD; Erica Greenberg; MD Charles Mansueto, PhD | BFRBS: UPDATES FROM RESEARCH Jon Grant, MD; Michael Bloch, MD |
| ROOM 6 | NEW GENETIC FINDINGS IN OCRDS (OBSESSIVE COMPULSIVE RELATED DISORDER) AND ITS IMPACT ON TREATMENT Michele Pato, MD; Paul Arnold, MD, PhD, FRCPC; Peggy Richter, MD; Manuel Mattheisen, MD | NO SUFFERER LEFT BEHIND - HOW THE OCD COMMUNITY CAN IMPROVE ACCESS TO TREATMENT IN DIVERSE POPULATIONS Jamilah George, MDiv; Jenny Yip, PsyD | TELEHEALTH: OUR NEW NORMAL Patrick McGrath, PhD; Ashley Annestedt, LCSW | UNDERSTANDING AND TREATING OBSESSIVE COMPULSIVE PERSONALITY DISORDER (OCPD) Anthony Pinto, PhD |
| ROOM 7 | PROFESSIONAL NETWORKING: FRANKLIN AND STORCH Eric Storch, PhD; Martin Franklin, PhD | PROFESSIONAL NETWORKING: BONIFAY AND ASHWORTH Kevin Ashworth, LPC; Allison Bonifay, LPC | PROFESSIONAL NETWORKING: RODRIGUEZ AND PITTENGER Carolyn Rodriguez, MD, PhD; Chris Pittenger, MD, PhD | PROFESSIONAL NETWORKING: WILHELM AND PHILLIPS Katherine Phillips, MD; Sabine Wilhelm, PhD |
| ROOM 8 | BDD COMMUNITY DISCUSSION GROUP Scott Granet, LCSW | PARENTING WITH OC: A COMMUNITY DISCUSSION GROUP Roxanne Baechler-Gill; Katia Moritz, PhD | ARRESTED DEVELOPMENT Shanda Curiel, PsyD; Justin Nichols | COMMUNITY DISCUSSION GROUP FOR MENTAL HEALTH PROFESSIONALS AND TRAINEES WITH OCD Shereen Morse, MD, MPH, Dan Kalb, PhD |
| ROOM 9 | LIVING WITH BDD SUFFERERS: COMMUNITY DISCUSSION GROUP FOR PARTNERS, PARENTS, AND SIBLINGS Denis Asselin | EXISTENTIAL OCD: EXISTENTIAL OCD COMMUNITY DISCUSSION GROUP Ginny Fullerton, PhD; Kathleen Norris, LPC | NOT JUST OCD: A SUPPORT GROUP FOR THOSE WITH A DUAL DIAGNOSIS OF AUTISM SPECTRUM DISORDERS AND RELATED DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES Rebecca Sachs, PhD; Karen Swanay, LPC-MHSP | COMMUNITY DISCUSSION GROUP FOR HEALTHCARE PROFESSIONALS WITH OCD Lindsey Fraser, BSN, RN |
| ROOM 10 | PEOPLE OF COLOR COMMUNITY DISCUSSION GROUP Jelani Daniel, LPC; Charlene Salvador | WHEN OCD COMES TO MAYBERRY: NAVIGATING THE UNIQUE CHALLENGES OF LIVING WITH OCD IN A RURAL SETTING Micah Howe | MORAL SCRUPULOSITY COMMUNITY DISCUSSION GROUP Cassie Marzke; Jon Hershfield, MFT | EMETOPHOBIA COMMUNITY DISCUSSION GROUP Jim Claiborn, PhD |

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

Please note that all live discussions (including post session Q&A for rooms 1–6) will take place via Zoom.

EVERYONE

PROFESSIONALS

PROFESSIONAL NETWORKING

COMMUNITY DISCUSSION GROUP

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

ROOM 1

SATURDAY KEYNOTE

6:00PM–6:30PM ET

MARIA BAMFORD

sponsored by

peace of mind

FRIDAY NIGHT EVENING ACTIVITY

6:30PM–7:30PM ET

OPEN MIC

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EBTCS

SCIENCE & COMPASSION

Evidence Based Treatment Centers of Seattle

11:00AM–12:15PM ET

Paving Your Career: Navigating the OCD and Related Disorder Field and Building Your Reputation *

Room 1

Elizabeth McIngvale, PhD, LCSW; Nathaniel Van Kirk, PhD; Jeff Szymanski, PhD; Jon Hershfield, MFT

As an early or mid-career clinician/researcher it can often feel overwhelming to establish your career trajectory, determine appropriate goals, and foster your professional network within the small world of OCD and related disorders. While knowledge and practice in the field is critically important, so is building a network of mentors, to help clarify, and work collaboratively with, towards one's career aspirations. Panelists will address the various educational paths in the field and how to navigate clinical/research trajectories successfully. Pulling from their diverse backgrounds and trajectories, challenges/considerations critical for early career professionals will be discussed, including transitioning from trainee to colleague, cultivating opportunities for mentorship, developing a professional identity/reputation as an OCD/Anxiety specialist and engagement in community work to further expand your local network.

"More Than OCD": Our Personal Stories

Room 2

Jess Kotnour; Genevieve Kales; Darcy Howell; Neil Hemmer

Struggling with OCD can be difficult, often leaving a person who is suffering with little hope. Hearing that others in similar situations were able to navigate through treatment and get better offers encouragement and motivation! This panel gives conference attendees an opportunity to hear personal stories from a group of young adults with OCD, who have all been successful in treatment and now live fulfilled lives. Personal stories are some of the most inspirational for conference attendees and young adults will walk away from this talk inspired and hopeful. The panel will also encourage interactive sharing from the audience, including your stories of overcoming struggles and amazing successes! The panel will end with a Q & A segment!

Helpful/Harmful? Improving Tx by Realigning Boundaries & Eliminating Unhealthy Accommodations *

Room 3

Jenny Yip, PsyD

Family structure and boundaries are often blurred when a loved one suffers from OCD. Family members become hostage to OCD in order to accommodate the sufferer's demands that inadvertently hinders treatment progress. An important task in therapy is to help family members learn to be supportive without becoming overly involved or completely disengaged from the patient. Guiding family members to identify unhealthy accommodations and establish clear, concrete rules are key components to treatment.

Family Accommodation in OCD

Room 4

Susan Boaz; Denise Egan-Stack, LMHC; Meg Dailey

Living with someone with OCD can be challenging. It is difficult to watch someone you care about so deeply for suffer so much. Your attempts to help by assisting with OCD rituals can unexpectedly result in more anxiety and frustration instead of less. This presentation will teach you — from a family, clinical, and client perspective — what to do differently so that you can be more effective in helping your loved ones.

Picking ME over Skin Picking Disorder: Personal Experiences, Management Strategies, Support Group & More

Room 5

Lauren McKeaney

Join Picking Me Foundation CEO Lauren McKeaney as she leads a discussion on life with skin picking disorder. From working with estheticians to attending support groups to practicing logging to tips for different picking triggers, barriers, and situations—we will be uncovering it all. Come ready to listen to this candid conversation and partake in a live Q and A afterwards.

New Genetic findings in OCDs (Obsessive Compulsive Related Disorders) and its Impact on Treatment

Room 6

Michele Pato, MD; Paul Arnold, MD, PhD, FRCPC; Peggy Richter, MD; Manuel Mattheisen, MD

Genomic analysis in OCD is moving forward and as psychiatrists/geneticists we will review top findings for 2020. We will begin by focusing on OCD and ethnicity. We will then present new data regarding the genetic basis of OCD symptoms and subtypes in a large community-based sample of children/adolescents, focusing on potential implications for diagnosis and treatment. The most recent disease associated genetic markers from large-scale GWAS analysis on 13,000 cases of OCD will be reviewed to shed light on the genetic relationship between OCD and other (psychiatric) disorders, using structural equation modeling. To highlight the clinical relevance of OCD genomics we will end with a review of how genetic information may help predict drug response and tolerability in OCD.

Professional Networking: Franklin and Storch

Room 7

Eric Storch, PhD; Martin Franklin, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Eric Storch and Martin Franklin.

BDD Community Discussion Group

Room 8

Scott Granet, LCSW

In addition to living with tormenting obsessions and time-consuming compulsive behaviors pertaining to physical appearance, many people with BDD also tend to experience considerable shame and isolation. This online discussion group is a rare opportunity to meet others living with the disorder and to share experiences truly understood by only those who have it. This confidential meeting is also an opportunity to hear stories of successful recovery, and to offer support to those who may still be struggling with many of the daily challenges associated with living with it.

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

Room 9

Denise Asselin

Living on the frontline with BDD sufferers can often feel overwhelming. You find yourself on high alert from sunup to sundown, sleep with one eye open, and wonder what the challenges will be like the next day. Will it ever get better? How can one be supportive and not enable the disorder? In this BDD discussion forum, we will share stories of how we navigate these challenges and rejuvenate physically, psychologically, and spiritually so that we can be fully present and effective caregivers.

People of Color Community Discussion Group

Room 10

Jelani Daniel, LPC; Charlene Salvador

Ethnic groups often hear, "I'm colorblind, I don't see color. Therefore people shouldn't focus so much on talking about color." This can make persons of color feel invisible and unheard. These feelings, dynamics and barriers can also arise in therapeutic settings. This support group is for OCD sufferers of color to obtain support with issues that arise from language, religious & cultural differences, micro-aggressions felt from therapists, and not having peers & clinicians of color to relate to.

12:30PM–1:45PM ET

Cultivating the Next Generation of OCD Specialists *

Room 1

Denise Egan-Stack, LMHC; Josh Spitalnick, PhD; Amy Mariaskin, PhD

There is an undeniable need for increased availability and accessibility of evidence-based treatment options for individuals with OCD. The private practice sector offers opportunity to expand the reach of ERP yet most therapists, even those with specialized knowledge of OCD, lack the resources or expertise to build a group practice. This presentation brings together three established Clinical Directors who oversee vibrant OCD/Anxiety group practices.

Socializing With OCD: Friendships, Relationships, and Intimacy!

Room 2

Morgan Rondinelli; Jess Kotnour; Molly Fishback; Chris Trondsen, AMFT, APCC

As young adults, connecting with others, building friendships, and romantic relationships are extremely important. This time is often when people start dating, going out with friends, and getting into serious relationships. Also, young adults are befriending co-workers, moving in with roommates, and meeting people on dating apps and off of social media. Already challenging, OCD often complicates this, and individuals with the disorder struggle with obsessions and compulsions around their social life. This panel will answer questions and encourage an open discussion about these topics, and others, on social issues including: struggling to hide compulsions from friends, opening up to others about having OCD, posting about having OCD on social media, and struggling with obsessions around love, intimacy, and sex!

OCD, Relationships, and Sex *

Room 3

Mike Heady, LCPC; Kim Rockwell-Evans, PhD

OCD creates complex challenges in relationships. From how and when to disclose, to interference with sexual intimacy. Disclosing is a crucial task in a relationship and too often is approached as shameful apologies motivated by a compulsive need to unburden oneself. OCD interferes with sexual intimacy in numerous ways and partners are unclear how to help. Teaching the couple how to respond to the effects of OCD in the relationship can reduce the impact of OCD and prevent future distress.

Three's a Crowd: OCD Issues That Affect Couples

Room 4

Jon Hershfield, MFT; Robin Zasio, PsyD, LCSW

OCD doesn't just affect the person who has been diagnosed with it, because OCD is a family affair. No matter what theme of OCD a spouse or partner may have, the impact can be devastating to the relationship. This presentation helps uncover the common OCD themes that affect couples, the difference between providing support versus accommodation, how much information is appropriate to disclose that doesn't lead to reassurance seeking, and what to do when both in the relationship have OCD. Time for Q&A will be allotted.

Addressing Motivation Issues in Treatment of Body Focused Repetitive Behaviors (BFRBs)

Room 5

Charles Mansueto, PhD; Ruth Golomb, LCPC

Doesn't everyone who can't stop pulling out their hair or picking at their skin want to stop? Well, yes and no. While living with the damages that these practices produce can have very unpleasant consequences, BFRBs do meet varieties of needs in individual sufferers, thus creating ambivalence about stopping. This can present a major impediment for successful therapeutic outcomes. This presentation will examine methods for increasing motivation at every stage of BFRB treatment.

No Sufferer Left Behind - How the OCD Community Can Improve Access to Treatment in Diverse Populations

Room 6

Jamilah George, MDiv; Jenny Yip, PsyD

OCD doesn't discriminate. It can affect any person regardless of age, race, gender, or socioeconomic status. Although it takes an average of 14-17 years for an OCD sufferer to access effective treatment from onset of symptoms, the odds are even greater for ethnic and racial minorities. This presentation will highlight existing cultural barriers to treatment, offer considerations when treating an ethnic patient with OCD, and propose specific plans to improve access to OCD treatment.

Professional Networking: Bonifay and Ashworth

Room 7

Kevin Ashworth, LPC; Allison Bonifay, LPC

Join us for a meet and greet, and open ended discussion, with leading OCD experts Kevin Ashworth and Allison Bonifay.

Parenting with OC: A Community Discussion Group

Room 8

Roxanne Baechler-Gill; Katia Moritz, PhD

A discussion group for the unique challenges and experiences of raising children as a parent with OCD, as well as best practices for managing OCD in the face of those challenges.

Existential OCD Community Discussion Group

Room 9

Ginny Fullerton, PhD; Kathleen Norris, LPC

Existential OCD exists in many forms, though many people contending with these concerns often feel very isolated. This support group aims to offer a sense of community and direction for individuals whose OCD involves existential themes, including obsessions about life's purpose, solipsism, reality, and other philosophical concerns. Join with other sufferers and practice disentangling from these certainty-seeking traps in an accepting environment. As an interactive and professionally led group, attendees will have opportunities to share experiences understood by those with similar struggles and learn from leaders and each other about ways to overcome the weighty loops of existential OCD.

When OCD Comes to Mayberry: Navigating the Unique Challenges of Living With OCD in a Rural Setting

Room 10

Micah Howe

This discussion group will offer an opportunity for OCD sufferers and family members alike to engage in empathetic dialogue about many of the issues facing those with OCD in small towns and frontier communities. From lack of resources and information to counterproductive stigmas about mental illness in small town contexts, those with OCD who do not have easy access to urban centers face many challenges unique to their circumstance/s. Facilitated by the current leader of OCD Iowa who is also a sufferer himself (Micah Howe), this group will explore a variety of ideas and concepts to help those with OCD function better in communities that traditionally have less support, awareness and resources to offer.

2:00PM–3:15PM ET

Virtual Individual and Group Therapy: The New Wave of Treatment *

Room 1

Allison Solomon, PsyD; Michelle Massi, LMFT; Mary Torres, LMHC

Telemedicine offers patients and providers the opportunity to break down barriers to care. This panel will walk participants through the benefits, limitations, advantages and risks of providing and receiving ERP and group treatment for OCD in the virtual world. We will provide an overview of the pros and cons, and relevant ethical as well as legal considerations specific to this practice. We will discuss considerations for online groups including support groups versus treatment groups.

A Survival Guide For Navigating School While Having OCD!

Room 2

Thomas Smalley; Caroline Kalen; Gabriella Holliman-Lopez; Alegra Kastens, AMFT

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!

Working With Families *

Room 3

Perrie Tal Merlin, LICSW

Family treatment for OCD is becoming a necessary component in providing individual treatment. When treating an individual struggling with OCD, it's impossible to separate the individual from their environment. Similar to working with a plant, the environment must be taken into account. They can't be separated. We know interactions between the Family and Sufferer leads to accommodations which then often lead to a stagnation of developmental stages for both Family and Individual.

All Grown Up: Adjusting To Better Help Your Adult Child with OCD

Room 4

Ben Eckstein, LCSW

When your child is young, you play a central role in helping to manage their OCD. It can be difficult for parents to figure out how to make adjustments in order to best help their children who may still be struggling with OCD into adulthood. We'll discuss barriers to treatment, recovery avoidance, treatment refusal, and accommodation, while providing parents with concrete strategies to assist their adult children as they move towards independence and long-term management of OCD.

BFRB's: Making the Most of Your Treatment

Room 5

Nancy Keuthen, PhD; Erica Greenberg, MD; Charles Mansueto, PhD

Hair pulling and skin picking can be challenging disorders to treat. This presentation will provide an overview of empirically-supported treatments and discuss considerations in optimizing treatment outcome. Among the topics discussed are treatment expectations, identifying a knowledgeable provider, treatment choice and sequencing, maintenance of treatment gains, and managing relapse.

Telehealth: Our New Normal

Room 6

Patrick McGrath, PhD; Ashley Annestedt, LCSW

Teletherapy has seen a massive surge in the past several months, due to the COVID-19 pandemic. But, teletherapy is not a new service. For over twenty years, teletherapy has been provided effectively to rural communities, across international borders, and between hospitals and clinics. Effective teletherapy brings ERP into the home where exposures can take place live in your natural environment. It can also be an effective solution for those without specialty care in their area. Join this panel as they discuss the ins and outs of teletherapy and answer your questions about how it works.

Professional Networking: Rodriguez & Pittenger

Room 7

Carolyn Rodriguez, MD, PhD; Chris Pittenger, MD, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Carolyn Rodriguez and Chris Pittenger.

Arrested Development

Room 8

Shanda Curiel, PsyD; Justin Nichols

Many times individuals with OCD will defer engaging in major adult milestones, making major life decisions, and/or taking action towards life goals. Examples of significant experiences are dating and sex, commitment/marriage, having children, choosing a career path, travel, or hobbies. This group discussion will entail topics of shame from having OCD or ugly intrusive thoughts, fears one might act on unwanted thoughts, persistent doubt about making a decision and risking regret, and avoidance.

Not Just OCD: A Support Group for those with a Dual Diagnosis of Autism Spectrum Disorders and Related Developmental Disabilities and their Families

Room 9

Rebecca Sachs, PhD; Karen Swanay, LPC-MHSP

A dual diagnosis of OCD and Autism Spectrum Disorder (ASD) can at times feel overwhelming. For individuals with OCD/ASD and their family, the process of acceptance can bring various thoughts and feelings. This support group will provide an open forum to discuss issues, including: Impact of dual diagnosis over time, different paths to diagnosis; accessing best resources/professionals, educational/occupational/social/romantic impact, participating in treatment plan & engagement in treatment.

Moral Scrupulosity Community Discussion Group

Room 10

Cassie Marzke; Jon Hershfield, MFT

Scrupulosity OCD conversations often focus on religious fears, but scrupulosity can also attach to general morality without a religious component. People with moral scrupulosity have a variety of obsessions 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.

3:30PM–4:45PM

Plenary: Recent Research in Psychedelics and Implications for OCD Treatment *

Room 1

Chris Pittenger, MD, PhD; Carolyn Rodriguez, MD, PhD

This plenary will review the latest research in the areas of psychedelics and psychedelic-assisted therapy as it may apply to OCD. Although psychedelic medicines are not approved for any indication and cannot be legally used outside of a research setting, there is increasing excitement about their therapeutic potential. The presentation will address empirical and phenomenological studies, safeguards against adverse outcomes, and the potential of combining pharmacologic and therapy treatments.

How To Successfully Balance OCD, Treatment, and Young Adulthood: Bring Us Your Questions!

Room 2

Thomas Smalley; Mary Wilson; Epifania Gallina; Chris Trondsen, AMFT, APCC

Young adulthood is a time of great personal growth. This includes moving out, serious relationships, working, and other milestones. However, having OCD interferes with this process and presents a unique set of challenges. There is an additional balance required of aiming to be successful in these areas while also being affected by OCD and going through treatment. This talk addresses those challenges with open-forum discussions on accepting an OCD diagnosis, being successful with ERP, staying motivated during treatment, and the feeling of being "behind" your peers. Additional topics include how to successfully re-build your work, social, and academic life and re-creating your identity once treatment concludes. This talk addresses any of your general questions on having OCD during young adulthood!

Working with the Families of Treatment-Refusers *

Room 3

Alec Pollard, PhD; Heidi Pollard, MSN

Most therapists have little experience working with the families of treatment-refusers. The purpose of this presentation is to familiarize therapists with interventions designed to help families burdened by a relative with OCD who will not seek help. Particular attention will be devoted to an approach developed by the presenters called Family Well-Being Consultation (FWBC).

All in the Family: How OCD Impacts Your Family and How to Cope

Room 4

Michelle Witkin, PhD; Chris Baier

Raising a family is challenging. When a child in the family has OCD, it's even tougher. OCD doesn't just affect the child with OCD – parents, siblings, extended family, friends, and others can all feel the ripples. Two parents of kids with OCD (one of whom is an OCD specialist) share ways OCD can affect different family members and what everyone can do to survive, cope, and thrive.

BFRBs: Updates from research

Room 5

Jon Grant, MD; Michael Bloch, MD

Body Focused Repetitive Behaviors (BFRBs), which most commonly include trichotillomania and excoriation disorder, are understudied mental health problems that often lead to significant disability and dysfunction. This symposium will focus on new and yet to be published research regarding BFRBs.

Understanding and Treating Obsessive Compulsive Personality Disorder (OCPD)

Room 6

Anthony Pinto, PhD

Obsessive compulsive personality disorder (OCPD) is a chronic maladaptive pattern of excessive perfectionism and need for control over one's environment that frequently co-occurs with OCD. Despite its prevalence, many clinicians are not aware of how to treat OCPD. Dr. Pinto will review the core features of OCPD, how it impacts functioning, and explain how to differentiate it from OCD. Dr. Pinto will also cover cognitive behavioral therapy interventions that target OCPD traits and behaviors.

Professional Networking: Wilhelm and Phillips

Room 7

Katherine Phillips, MD Sabine Wilhelm, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Katherine Phillips and Sabine Wilhelm.

Community Discussion Group for Mental Health Professionals and Trainees with OCD

Room 8

Shereen Morse, MD, MPH; Dan Kalb, PhD

Being a mental health professional with OCD comes with a unique set of opportunities & challenges. We have the personal experience that enables us to truly empathize with our clients who are struggling. However, taking the courageous path of treating mental disorders when you have one (and quite often, more than one) also presents some challenges for which we all need support at times. Join us for the first virtual meeting of the support group for mental health professionals & trainees with OCD.

Community Discussion Group for Healthcare Professionals with OCD

Room 9

Lindsey Fraser, BSN, RN

This discussion group is designed for all healthcare professionals including Nurses, Nurse Practitioners, Physicians Assistants and Physicians who have OCD. In this support group, we will discuss the unique challenges associated with being a healthcare professional that lives with OCD. Caring for patients with diverse medical/mental health needs can be extremely challenging when you personally are trying to manage intrusive images, thoughts, urges, sensations and compulsions.

Emetophobia Community Discussion Group

Room 10

Jim Claiborn, PhD

Emetophobia (phobia of vomiting) can occur as a specific phobia or as a part of OCD. It can cause severe interference with daily functioning. This support group will be focused on helping people who are dealing with this fear.

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| | 11:00AM–12:15PM ET | 12:30PM–1:45PM ET | 2:00PM–3:15PM ET | 3:30PM–4:45PM ET |
|---------|--|--|--|--|
| ROOM 1 | OCD, DEPRESSION, AND SUICIDALITY Rachel Leonard, PhD | SCARED TO EAT: EFFECTIVELY TREATING OCD IN PATIENTS WITH EATING DISORDERS Beth Brawley, LPC; Steve Tsao, PhD | OPIOIDS, MARIJUANA, ALCOHOL AND OCD Patrick McGrath, PhD; Stacey Conroy, LCSW, MPH | CBT TREATMENT OF OCD AND AUTISM SPECTRUM DISORDERS: BEYOND THE BASICS Rebecca Sachs, PhD |
| ROOM 2 | WHEN OCD AND PSYCHOSIS MEET: A REVIEW OF OBSESSIONS AND DELUSIONS Robert Hudak, MD | OCD AND DEMENTIA Eda Gorbis, PhD; Evelyn Dubon, MS | TREATING OCD WITH CO-MORBID BORDERLINE PERSONALITY DISORDER Blaise Aguirre, MD | ASSESSMENT AND TREATMENT OF COMORBID OCD AND PTSD: INTEGRATING RESEARCH AND CLINICAL PRACTICE Caitlin Pinciotti, PhD |
| ROOM 3 | BRAIN CIRCUIT-BASED TREATMENTS FOR OCD: FORWARD (AND BACK) TO THE FUTURE Joan Camprodon, MD, MPH, PhD; Wayne Goodman, MD; Ben Greenberg, MD, PhD | BIOLOGICALLY-BASED TREATMENTS – MEDICATION UPDATES Chris Pittenger, MD, PhD; Carolyn Rodriguez, MD, PhD | NEUROBIOLOGY OF OCD: MOLECULES, CELLS, AND CIRCUITS Susanne Ahmari, MD, PhD | PERINATAL OCD, WHAT EVERY PROVIDER SHOULD KNOW Peggy Richter, MD; Joy Burkhard; Kate DeStefano-Torres, LPC |
| ROOM 4 | OCD AND LEGAL AND WORKPLACE ISSUES Elna Yadin, PhD; Susan Rushing, MD, JD | OCD AND SOCIAL MEDIA/INFLUENCERS Stuart Ralph, MSc; Chrissie Hodges, CPRS; Ethan Smith; Kim Quinlan, LMFT | BEYOND ACCOMMODATIONS: ADDRESSING DATING, INTIMACY, AND SEX IN OCD TREATMENT Angela Smith, PhD; Bridget Henry, MA; Ivy Ruths, PhD | ACCESSING INSURANCE Fred Penzel, PhD; Stephen Smith |
| ROOM 5 | WHEN OCD COMES BETWEEN US: RELATIONSHIP OCD AND RECOVERY Laura Yocum, MS, PPS, LMFT; Kelley Franke; Lauren McMeikan, LMFT | THINK OF THE CHILDREN: EXPLORING FEATURES AND TREATMENT OF POCD Jordan Levy, PhD | SEXUAL ORIENTATION OCD Elizabeth McIngvale, PhD, LCSW; Zach Westerbeck | PLEASE DON'T LET IT BE MY FAULT: OVER RESPONSIBILITY, GUILT & UNCERTAINTY Jon Grayson, PhD |
| ROOM 6 | 5 KEYS FOR BEATING SCRUPULOSITY (OCD WITH RELIGIOUS THEMES) Ted Witzig, Jr., PhD | SEXUAL/VIOLENT OBSESSIONS Monnica Williams, PhD; Chad Wetterneck, PhD | EMOTIONAL CONTAMINATION ASSESSMENT AND TREATMENT Carol Hevia, PsyD | PERFECTIONISM FROM A CONTEXTUAL BEHAVIORAL PERSPECTIVE: CONCEPTUALIZATION AND TREATMENT STRATEGIES Jennifer Kemp, MPsych |
| ROOM 7 | PROFESSIONAL NETWORKING: COYNE AND WAGNER Aureen Wagner, PhD; Lisa Coyne, PhD | PROFESSIONAL NETWORKING: GRAYSON AND ZASIO Robin Zasio, PsyD, LCSW; Jon Grayson, PhD | PROFESSIONAL NETWORKING: MORITZ AND HOFFMAN Jon Hoffman, PhD; Katia Moritz, PhD | PROFESSIONAL NETWORKING: STEKETEE AND FROST Randy Frost, PhD; Gail Steketee, PhD |
| ROOM 8 | CO-MORBID OCD AND EATING DISORDER COMMUNITY DISCUSSION GROUP Beth Brawley, LPC; Allie Wilson, LPC; | RELATIONSHIP OCD COMMUNITY DISCUSSION GROUP Annabella Hagen, LCSW | PTSD + OCD COMMUNITY DISCUSSION GROUP: WHEN INTRUSIVE THOUGHTS OVERLAP WITH TRAUMA Shanda Curiel, PsyD; Michele Carroll, PsyD | COMMUNITY DISCUSSION GROUP ON OCD/SUD Stacey Conroy, LCSW, MPH |
| ROOM 9 | COMMUNITY DISCUSSION GROUP FOR PEOPLE WITH SEXUAL AND VIOLENT OBSESSIONS IN OCD Nick Flower, PsyD; Maria Nicholas, LCSW | SCRUPULOSITY COMMUNITY DISCUSSION GROUP Ted Witzig, Jr., PhD | COMMUNITY DISCUSSION GROUP FOR INDIVIDUALS WITH PERINATAL OCD AND THEIR FAMILY MEMBERS Megan Barthle-Herrera, PhD; Ashley Ordway, LMHC | EMOTIONAL CONTAMINATION DISCUSSION GROUP AJ Land |
| ROOM 10 | "JUST RIGHT" OCD COMMUNITY DISCUSSION GROUP Annabella Hagen, LCSW; Allyson Guilbert, LCSW; | COMMUNITY DISCUSSION GROUP FOR INDIVIDUALS WITH SUICIDE-THEMED OCD Jason Krompinger, PhD; Alanna Lynch | MANAGING PERFECTIONISM Whitney Pickett; Taylor Newendorp, LCPC | SEXUAL ORIENTATION OCD COMMUNITY DISCUSSION GROUP Chelsea Clifton; Zach Westerbeck |

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

Please note that all live discussions (including post session Q&A for rooms 1–6) will take place via Zoom.

EVERYONE

PROFESSIONALS

PROFESSIONAL NETWORKING

COMMUNITY DISCUSSION GROUP

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Sunday, August 2

* Presentation is eligible for CE/CME credits.

11:00AM–12:15PM ET

OCD, Depression, and Suicidality *

Room 1

Rachel Leonard, PhD

OCD and MDD frequently co-occur. In addition, individuals with OCD and co-occurring MDD may be at increased risk of suicidal behaviors, stressing the importance of careful assessment of suicide risk for these individuals. This presentation will provide an overview of OCD and MDD, strategies for treating both concurrently, and review assessment and treatment of suicide risk. This will include strategies for differentiating intrusive thoughts about suicide from more ego-syntonic suicidal ideation.

When OCD and Psychosis Meet: A Review of Obsessions and Delusions *

Room 2

Robert Hudak, MD

The fact that OCD can occur in the presence of psychosis has been known about for decades and certain treatments for psychosis can cause or exacerbate OCD or OCD symptoms. Misdiagnosis of OCD symptoms as psychotic symptoms is not unusual, and leads to unnecessary treatments with significant morbidity attached. This lecture will explore how OCD and psychosis are related, how the differential diagnosis is made, and how OCD treatment is modified for patients with comorbid symptoms.

Brain Circuit-Based Treatments for OCD: Forward (and Back) to the Future *

Room 3

Joan Camprodon, MD, MPH, PhD; Wayne Goodman, MD; Ben Greenberg, MD, PhD

When OCD proves resistant to standard behavioral and medication treatments, there are other options. They range from noninvasive TMS (Dr. Camprodon's talk, this session) to invasive DBS (Dr. Goodman's talk), to neurosurgical ablation. A form of TMS recently obtained FDA approval for OCD, while DBS is approved in the EU with humanitarian approval in the US. This talk focuses on the history of, evaluation for and outcomes of ventral capsulotomy vs other available therapies for intractable OCD.

OCD and Legal and Workplace Issues

Room 4

Elna Yadin, PhD; Susan Rushing, MD, JD

This talk will consist of an informative presentation on the rights of persons with OCD and related disorders under the ADA and on the options that are appropriate for the degree of interference in functioning for the sufferer. We will then discuss the path to implementation of those rights in the real setting of school, college, and the workplace. Audience members will also be encouraged to share their experiences and ask questions.

When OCD Comes Between Us: Relationship OCD and Recovery

Room 5

Laura Yocum, MS, PPS, LMFT; Kelley Franke; Lauren McMeikan, LMFT

Relationship OCD (ROCD) can attack different relationships and cover a great array of obsessions. This presentation will explore:

- The different types of ROCD
- Common triggers, obsessions and compulsions.
- Navigating the pitfalls unique to ROCD
- How to support the OCD sufferer, the subject of their ROCD and the relationship in the context of ROCD
- Ideas for exposure work, both active and passive.
- The role of values in the treatment of ROCD.

5 Keys for Beating Scrupulosity (OCD with Religious Themes)

Room 6

Ted Witzig, Jr., PhD

When OCD symptoms become entwined in one's religious beliefs/practices, the symptoms are frequently misunderstood by the sufferers, their family members, mental health professionals, and clergy. Unfortunately, this can lead to treatment refusal and poorer outcomes when treatment does occur. Fortunately, empirically-supported psychological treatments for OCD can be reframed and adapted in ways that are effective and lead to increased follow-through in treatment.

Professional Networking: Coyne and Wagner

Room 7

Aureen Wagner, PhD; Lisa Coyne, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Aureen Wagner and Lisa Coyne.

Co-Morbid OCD and Eating Disorder Community Discussion Group

Room 8

Beth Brawley, LPC; Allie Wilson, LPC

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.

Community Discussion Group for People with Sexual and Violent Obsessions in OCD

Room 9

Nick Flower, PsyD; Maria Nicholas, LCSW

Sexual and violent obsessions are common but frequently unrecognized or misunderstood. Sexual obsessions can include worries about sexual orientation, being a pedophile, or acting out sexually. Violent obsessions may include fears about harming someone. This group aims to increase understanding of symptoms, distinguish obsessions from compulsions, and provide an opportunity to discuss potential experiences of stigma, shame, and rejection in a supportive space.

"Just Right" OCD Community Discussion Group

Room 10

Annabella Hagen, LCSW; Allyson Guilbert, LCSW

When you struggle with "Just right" OCD, and your thoughts, feelings and bodily sensations send the message that something just isn't right, a strong urge to fix the discomfort ensues. You may want to obey the urge to "fix" the discomfort, but does acting on the urge actually work effectively? Come share your challenges and successes. Let's talk about viewing the urge to feel "just right" with a different mindset.

12:30PM–1:45PM ET

Scared to Eat: Effectively Treating OCD in Patients with Eating Disorders *

Room 1

Beth Brawley, LPC; Steve Tsao, PhD

Eating disorders (EDs) are characterized by intense anxiety and the presence of ritualized, anxiety-reducing behaviors. This presentation appears very similar to the usual presentation of OCD, making it challenging for therapists to identify and manage these two disorders when a patient presents with features of both conditions. This virtual workshop will help therapists accurately identify EDs and learn ways to effectively implement ERP with patients who also have an ED.

OCD and Dementia *

Room 2

Eda Gorbis, PhD; Evelyn Dubon, MS

Dementia is a neurodegenerative disease that manifests as early as 50 years old. At early or late stages of the disease OCD might appear in some individuals. Those demented might exhibit obsessive and compulsive behaviors such as need to repeat behaviors multiple times. Recent research by American Academy of Neurology indicated that OCD symptoms could manifest as an early sign of dementia. The obsessions and compulsions, which are factors of anxiety, are commonly seen among dementia individuals.

Biologically-Based Treatments – Medication Updates *

Room 3

Chris Pittenger, MD, PhD; Carolyn Rodriguez, MD, PhD

Pharmacotherapy is effective for many with OCD. Unfortunately, a substantial number of patients do not improve with the best treatments we have to offer, either pharmacotherapeutic or psychotherapeutic. There is therefore an ongoing need for new treatment options. In this symposium we will briefly review the principles of standard pharmacological treatment of OCD. We will then discuss current research into new options for those who do not respond to the standard of care.

OCD and Social Media/Influencers

Room 4

Stuart Ralph, MSc; Chrissie Hodges, CPRS; Ethan Smith; Kim Quinlan, LMFT

Advocacy is one of the best ways to stay motivated for continued recovery. Social media gives everyone a legitimate platform from anywhere in the world and has become one of the most influential ways to share thoughts and impact communities in meaningful and creative ways. This presentation will provide participants an

Sunday, August 2

* Presentation is eligible for CE/CME credits.

opportunity to learn how to use social media to advocate for themselves, for the OCD Community, and to connect with people who are going through similar struggles.

Think of the Children: Exploring Features and Treatment of POCD

Room 5

Jordan Levy, PhD

This presentation will provide attendees with the opportunity to form a deeper understanding of Pedophilia OCD (POCD). Symptoms, typical presentations and features of POCD will be outlined. Individuals living with POCD often experience immense shame associated with their unwanted thoughts, images, sensations and urges. Cognitive Behavioral Therapy (CBT) strategies as well as Exposure and Response Prevention (EX/RP) will be highlighted to address POCD and accompanying shame.

Sexual/Violent Obsessions

Room 6

Monnica Williams, PhD; Chad Wettenbeck, PhD

Although there has been much written about how to treat obsessive-compulsive disorder (OCD) using cognitive-behavioral therapy (CBT), there has been relatively less focus on the application of CBT principles to those suffering from sexual and violent obsessions. Treating sexual and violent obsessions in OCD differs from the treatment of other forms of OCD due to heightened feelings of shame surrounding symptoms, widespread misdiagnosis from professionals, and the covert nature of ritualizing behaviors. This presentation provides clinicians with important tools needed to successfully help clients suffering from unwanted, intrusive thoughts of a sexual or violent nature. It provides instructions on how to diagnose OCD in clients reporting sexual and violent obsessions, guidance on measures to employ during assessment, and a discussion of differential diagnoses. It describes how to provide treatment, using Exposure and Ritual Prevention (Ex/RP), along with additional techniques.

Professional Networking: Grayson and Zasio

Room 7

Robin Zasio, PsyD, LCSW; Jon Grayson, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Jon Grayson and Robin Zasio.

Relationship OCD Community Discussion Group

Room 8

Annabella Hagen, LCSW

Your energy and determination are your strengths as you face the challenges of life, including OCD. Its rules and unhelpful advice can lead you to confusion and despair. When your loved one is the trigger to your anxiety and uncertainty, you may want out. Not so fast! Let's discuss the major red flags and ways to get unstuck from the ROCD trap. You can enjoy your relationship even when OCD wants to put in its two cents! Make your aspirations and goals for your relationship a reality.

Scrupulosity Community Discussion Group

Room 9

Ted Witzig, Jr., PhD

This group is intended for those who suffer from scrupulosity (OCD entwined with religious and moral matters). While this group is most specifically geared toward dealing with religious scrupulosity, those with moral scrupulosity are welcome. Family members and close friends of someone with scrupulosity can also attend. Join others in a professionally-led psycho-education and support group.

Community Discussion Group for Individuals with Suicide-Themed OCD

Room 10

Jason Krompinger, PhD; Alanna Lynch

Obsessive doubt around whether or not one wants to complete suicide is profoundly unmooring and paves the way for extreme distress, confusion, and an eroded sense of self. Individuals with this presentation can suffer from misdiagnoses, undergo unhelpful hospitalizations, and live in fear of their emotions. The purpose of this group is to provide psychoeducation on suicide OCD and discuss treatment approaches, as well as provide a context for sufferers to feel better understood. Topics to be discussed will be distinguishing suicide-OCD from suicidal ideation (and common obsessive doubts around the distinction); typical co-occurring obsessions including existential OCD; common rituals including "testing" for suicidality, and when distress related to suicide-OCD can give rise to bona fide suicidal thoughts.

2:00PM–3:15PM ET

Opioids, Marijuana, Alcohol and OCD *

Room 1

Patrick McGrath, PhD; Stacey Conroy

In Fall 2015 and Spring 2016 the IOCDF newsletter ran two articles on OCD and Substance Use Disorder (SUD). Research indicates that 25% of those with OCD had at some point met criteria for Substance Use Disorders. What impact do substances have on OCD, do symptoms get worse, or better? What are the options for treatment, and why is it such a challenge to treat OCD and Substance Use Disorders at the SAME time? What resources are there for those with OCD/SUD?

Treating OCD with Co-Morbid Borderline Personality Disorder *

Room 2

Blaise Aguirre, MD

Research suggests that borderline personality disorder (BPD) is not a rare comorbidity of OCD, with a rate ranging from 3% to 23% according to different studies. Patients with OCD and BPD seem to have a worse clinical condition than patients with OCD alone. One of the most common difficulties in treating patients with this comorbidity is the assessment of self-injury where self-injury and harm thoughts can be a symptom of either of the conditions or both.

Neurobiology of OCD: Molecules, Cells, and Circuits *

Room 3

Susanne Ahmari, MD, PhD

To address the unmet need for more effective and safer treatments for OCD and related disorders, Dr. Ahmari aims to identify novel molecular, cellular, and circuit targets that cause the alterations in the brain that lead to symptoms. To accomplish this goal, her research program integrates basic neuroscience approaches and cutting-edge technology with clinical studies of OCD patients to map patterns of neural activity and molecular changes related to compulsive behaviors and anxiety. In this talk, Dr. Ahmari will provide an overview of the neurobiology of OCD, highlighting current findings in the field from both humans and animal models.

Beyond Accommodations: Addressing Dating, Intimacy, and Sex in OCD Treatment

Room 4

Angela Smith, PhD; Bridget Henry, MA; Ivy Ruths, PhD

Much attention has been given to family accommodations in OCD, however addressing a broader range of relationship concerns is often warranted. This clinical presentation will address fears that affect physical intimacy and affection (e.g., fear of bodily fluids, STIs) and fears resulting from relationship-focused OCD from acceptance- and exposure-based frameworks, illustrating with case examples.

Sexual Orientation OCD

Room 5

Elizabeth McIngvale, PhD, LCSW; Zach Westerbeck

In this high energy, thought-provoking and interactive workshop participants will have the opportunity to interact with other participants and the speakers to explore Sexual Orientation OCD. Participants will understand how common this genre of OCD is and how it can effectively be treated to improve their symptoms. They will learn about ERP and how to utilize it with the help of a clinician to maximize results. In addition, we will break down stigmas associated with SO OCD and then discuss how OCD sufferers can turn this obstacle in their lives into an opportunity to grow and thrive. Lastly, attendees will get the opportunity to share their experiences with SO OCD with the speakers and have open dialogue on the topic. This workshop will equip attendees with the necessary life-skills to know how to properly treat SO OCD, overcome barriers and improve their lives.

Emotional Contamination Assessment and Treatment

Room 6

Carol Hevia, PsyD

Emotional contamination is an OCD symptom cluster in which sufferers fear that a person, object, or geographical location is dangerous; sufferers may obsess they will contract or "catch" bad luck, a mental illness, a negative personality trait, or be stuck in a time warp. Topics covered include: differential diagnosis, degrees of insight, magical thinking, thought-action fusion, superstitions, exposure construction and execution, and homework compliance between sessions. Case examples provided.

Professional Networking: Moritz and Hoffman

Room 7

Jon Hoffman, PhD; Katia Moritz, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD experts Katia Moritz and Jonathan Hoffman.

PTSD + OCD Community Discussion Group: When Intrusive Thoughts Overlap with Trauma

Room 8

Shanda Curiel, PsyD; Michele Carroll, PsyD

Research shows that between 4% and 22% of people with PTSD also have a diagnosis of OCD, and there is a 30% likelihood that a person with PTSD could develop OCD within a year. This complex presentation poses unique challenges, as triggers and response behaviors are compounded. Intrusions of all types (thoughts, images, flashbacks, nightmares) and avoidances of a generalized nature are common. Our Q&A will emphasize how to lean into an "Exposure Lifestyle" when you have also experienced trauma.

Community Discussion Group for Individuals with Perinatal OCD and Their Family Members

Room 9

Megan Barthle-Herrera, PhD; Ashley Ordway, LMHC

This group is open to individuals with perinatal OCD (pOCD) and their family members. In this group, two experts in CBT-E/RP will facilitate an open space for individuals with pOCD and their family members to discuss challenging symptoms, effective exposures, and personal successes while managing pOCD. This group will also give space for asking questions of others who have experienced the effects of pOCD in a supportive, nonjudgmental environment.

Managing Perfectionism

Room 10

Whitney Pickett; Taylor Newendorp, LPC

Perfectionism can be a disruptive personality trait for individuals with and without OCD. This group discussion will review common problematic perfectionistic tendencies people struggle with, from "just right" compulsions to negative self-judgment. Group participants will have the opportunity to share their own experiences and get feedback from the facilitators and other group members on methods from CBT, ERP, and ACT that can help manage the anxiety and stress that arise from perfectionism.

3:30PM–4:45PM ET

CBT Treatment of OCD and Autism Spectrum Disorders: Beyond the Basics *

Room 1

Rebecca Sachs, PhD

Through interactive discussion & roleplay, I will address common knowledge gaps/anxieties experienced by many clinicians when encountering individuals with ASD and OCD. There will be a quick review of the cognitive, emotional, sensory-motor, & social differences that may present in ASD. Roleplay of specific cases will illustrate which core CBT interventions including ERP can be applied to this group, and when & how modifications to typical delivery of OCD treatment can address these differences.

Assessment and Treatment of Comorbid OCD and PTSD: Integrating Research and Clinical Practice *

Room 2

Caitlin Pinciotti, PhD

Classic treatments have been shown to be less effective for individuals with comorbid OCD and PTSD. The purpose of this presentation is to provide professionals with clinically relevant information regarding the assessment and treatment of comorbid OCD and PTSD, including review of relevant literature; suggestions for differential diagnosis of symptoms; functional analysis of the intersection of OCD and PTSD symptoms; and recommendations for concurrent OCD and PTSD treatment.

Perinatal OCD, What Every Provider Should Know *

Room 3

Peggy Richter, MD; Joy Burkhard; Kate DeStefano-Torres, LPC

Maternal Mental Health Disorders like postpartum depression impact up to 1 in 5 women and have largely gone undiagnosed and untreated. Progress is being made to close these gaps through obstetric and pediatric screening efforts. Perinatal OCD has a higher incidence in pregnancy and the postpartum than it does in the general population, and often intrusive thoughts involve the baby. Perinatal OCD is often misunderstood by both primary care and mental health professionals.

Accessing Insurance

Room 4

Fred Penzel, PhD; Stephen Smith

For those depending upon health insurance to cover OCD treatment, navigating the rules can be frustrating and confusing. Getting approval for intensive or home-based treatment, finding a qualified therapist within a company's panel or getting out-of-network approval can be a real maze if you don't know your rights. This talk aims to help you understand your rights, to know how to assertively talk to your company, and how to get the help you are entitled to.

Please Don't Let It Be My Fault: Over Responsibility, Guilt & Uncertainty

Room 5

Jon Grayson, PhD

Over responsibility in OCD tends to focus on fears of what you may have done wrong to others in the past or constant fear of trying to be sure that you aren't responsible for harming anyone in the future. The potential guilt feels unbearable. But, like all OCD, certainty over the past or future is impossible to obtain. The presentation will focus on how to take the risk of living with uncertainty, how to cope with guilt, and what is the nature of self-forgiveness.

Perfectionism from a Contextual Behavioral Perspective: Conceptualization and Treatment Strategies

Room 6

Jennifer Kemp, MPsych

Perfectionism is a trans-diagnostic process that can elicit, maintain, and exacerbate many common mental health problems including OCD, BFRD's and hoarding. This workshop will explore perfectionism from a contextual behavioral perspective and show how this pragmatic approach allows unhelpful perfectionism to be transformed into more helpful patterns that support people living their best possible (yet imperfect) life. Integrating functional behavior analysis, Acceptance and Commitment Therapy, and Compassion-Focused Therapy, the presenter will provide a concise formulation of unhelpful perfectionism as five unhelpful perfectionistic processes and illustrate this with examples. Participants will have an opportunity to reflect on their own real-life examples and discuss via interactive chat. The presenter will then explore treatment approaches and provide opportunities to practice mindfulness and self-compassion strategies that can help people unhook from unhelpful patterns, build behavioral flexibility and develop compassion for their perfectionistic selves.

Professional Networking: Steketee and Frost

Room 7

Randy Frost, PhD; Gail Steketee, PhD

Join us for a meet and greet, and open ended discussion, with leading OCD and Hoarding Disorder experts Gail Steketee and Randy Frost.

Community Discussion Group on OCD/SUD

Room 8

Stacey Conroy, LCSW, MPH

The goal of this community discussion group is to create a place for those who live with OCD and substance use disorders (SUD) to ask questions and receive feedback. This community discussion group is aimed at letting others know they are not alone. Recovery is possible; let's discuss how to get there together.

Emotional Contamination Discussion Group

Room 9

AJ Land

The OCD "emotional contamination" subtype involves aversion to a person, place or thing, including disgust and/or a fear that contact with the trigger will in some way contaminate the individual. This fear often generalizes to items/places associated with the trigger, whether through actual physical contact, or simply abstract association (even thinking of the trigger). This group is for individuals with EC OCD, to share their experiences with one another, including treatment successes.

Sexual Orientation OCD Community Discussion Group

Room 10

Chelsea Clifton; Zach Westerbeck

This support group will be focused on helping individuals with Sexual Orientation OCD express what they are currently going through, how they are coping with their thoughts and provide opportunities for open dialogue around this topic. The goal of this support group will be to facilitate conversation, provide hope for recovery and to show others that they are not alone in their struggles. In addition, I will share best practices that have helped me improve my intrusive thoughts including the use of ERP, meditation, diet, exercise, and more.

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.

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.

“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.

A close-up photograph of a woman and a young child lying on their stomachs on a grassy surface. Both are smiling broadly at the camera. The woman has blonde, wavy hair and is wearing a dark top. The child has blonde hair with bangs and is wearing a grey shirt. The background is a soft-focus green lawn.

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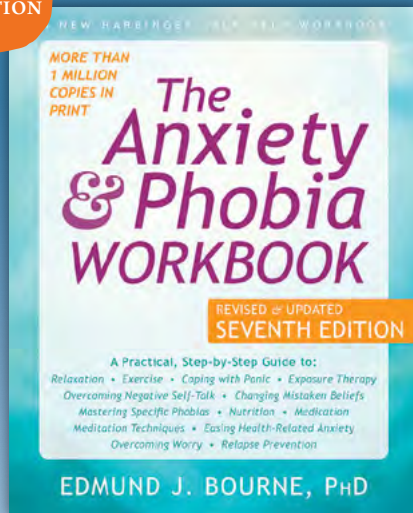
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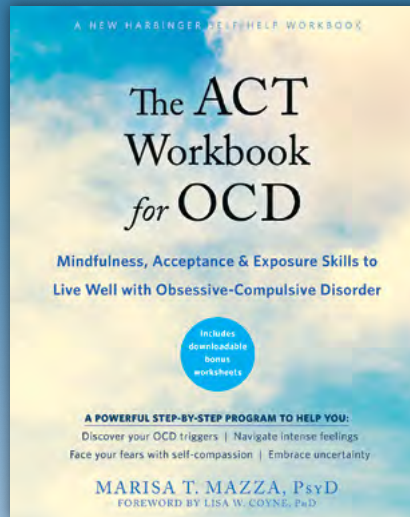
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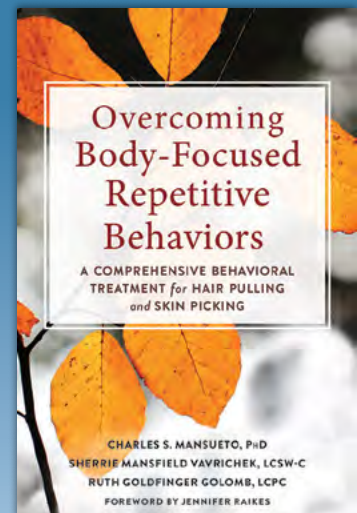
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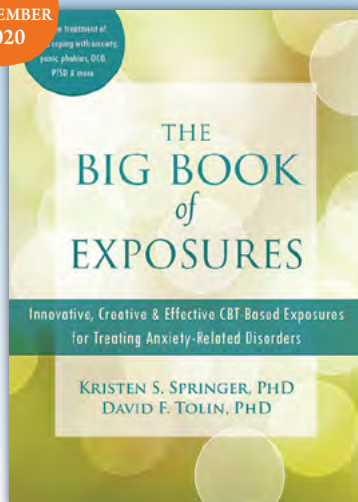


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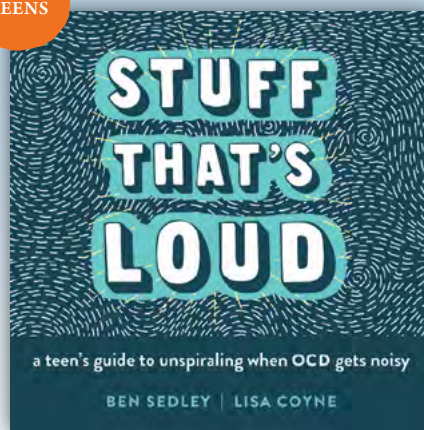
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