

online OCD conference

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Hello Conference Attendees!!!

We would like to give you a warm welcome to our third annual Online OCD Conference!

After a successful return to hosting the in-person Annual OCD Conference in Denver this past July, we are delighted to continue our Virtual Conference Series. We

have seen how accessible, empowering, and hopeful they are for you and viewers around the globe. Thanks to your feedback, support, and advocacy, we promise that this virtual event will be filled with even more opportunities to build community, gain insight, and have a blast!

If this is your first time attending the Online OCD Conference — welcome! We are excited and honored to have you join us, and hope that this experience will provide you with help, healing, and hope — the core values that drive our community and the mission of the IOCDF.

Whether you are brand new to attending our #OCDCon series or are returning for this year's programming, you'll see that we are using the same format — an intuitive experience that attendees have loved since we launched online. Our program includes several popular, day-long tracks, including Young Adults, Body Dysmorphic Disorder (BDD), and Working with Diversity. Our Community Discussion Groups are back as well, giving you a safe and empowering space to ask questions and speak about your experiences. For therapists, there will be three specific tracks (one Introductory and two Advanced) that cover a variety of topics on the treatment of OCD and related disorders across the lifespan and offer our professional attendees the opportunity to earn continuing education (CE) credits.

We're also adding a few new components this year! There will be a Professional Development track on Saturday that will focus on topics like clinic leadership, supervision/training, and feelings of perfectionism as a therapist. And on Sunday, there will be two full tracks on comorbidities in OCD, which will include talks on the intersection of OCD and PTSD, psychosis, ADHD, bipolar disorder, and more.

We promise that this year's #OCDCon will be a unique, unifying, and unforgettable experience. For the last 14 years, my daughter and I have found the conferences to be a time to connect with other people with OCD and related disorders, life-saving clinicians and brilliant researchers, and loved ones who help in the struggle and overcoming of these conditions. Everyone wants to answer questions, make friends, inspire hope, and prevail — together. You will be welcomed and we will all learn from each other.

And remember, all content will be available on-demand for 60 days after #OCDCon is over, so you can return back to the talks that interested and inspired you!

We are thrilled that the past few months have brought good news all around. After listening to you and working with the consulting group, Blue Beyond, we reevaluated our mission and vision to continue serving you with more devotion, compassion, and commitment. Our new Impact Statement (please check it out on the following page!) is our pledge to you and every member of our community to continue fighting for increased access to treatment for all with OCD and related disorders, amplifying our efforts to spread awareness and the right information, and ensure that you are never alone.

Our return to Denver went over and above what we dreamed it would be. We saw reunions, new friendships, and insightful presentations from top researchers, therapists, and advocates. We were captivated by the Kinberg family's beautiful Keynote speech. And we saw a community that brims with strength and encouragement — people of all ages and walks of life finding hope, security, and peace

during those three days. We hope to see you in-person at our San Francisco Annual OCD Conference on July 7–9, 2023!

And, finally, 2022 OCD Awareness Week, held the 2nd week in October, was a huge success! Our livestreams totalled over 8,000 views across all platforms — a new record! (You can check out the #OCDWeek YouTube playlist [here](#), and watch the IOCDF Advocates' Instagram Live hosted by Katie O'Dunne [here](#)!). Several IOCDF Advocates participated in nationally broadcast commercials focusing specifically on OCD — check out the WHAT IF campaign, produced and directed by our very own National Advocate, Ethan Smith. We partnered with Ogilvy Denmark to launch Escape the Loop, a youth-focused campaign that uses GIFs that change the perception around wrong OCD stereotypes and helps those suffering break the vicious cycle early on. This campaign has 1.4 million views and counting on GIPHY, and will inform people on what OCD really means.

We hope you learn, meet new people, and find empowerment during this #OCDCon. Please stop by the IOCDF's Information Booth in the virtual Exhibit Hall to meet some of the staff leadership of the IOCDF! Ask us what we do, and why we love doing it. You will find a warm and motivated group who would love to answer your questions and help you have the best experience possible! Ask us what session you may want to attend next, what support groups are available, or what steps you could take to help yourself or a family member.

All the best,



Susan Boaz
President, Board of Directors
International OCD Foundation

— ADVERTISEMENT —



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Impact Statement

The mission of the IOCDF is to ensure that no one affected by OCD and related disorders suffers alone. Our community provides help, healing, and hope.

Our vision is that everyone impacted by OCD and related disorders has immediate access to effective treatment and support.

The IOCDF provides up-to-date education and resources, strengthens community engagement, delivers quality professional training, and advances groundbreaking research.

Supporting the IOCDF

As a 501 (c)(3) public charity, the IOCDF relies on the generosity of the individual donors to fulfill our mission. Below are some ways you can support our work to help people with OCD and related disorders:

- **Annual Fund** | iocdf.org/donate: Supports programs that educate, raise awareness, and improve access to resources.
- **Research Grant Fund** | iocdf.org/donate-research: Supports researchers who study OCD and related disorders to better understand causes and improve treatment outcomes.
- **Conference Scholarship Fund** | iocdf.org/conference-scholarship-fund: Provides financial support to people who would otherwise be unable to attend the Annual OCD Conference.
- **Behavior Therapy Training Institute (BTI) Scholarship Fund** | iocdf.org/bti-scholarship-fund: Provides scholarships for therapists to attend in-depth, three-day intensive training courses on effective OCD treatment.

Make your donation online, over the phone by calling (617) 973-5801 (Monday-Friday, 9am-5pm EST), or by sending a check to: IOCDF, P.O. Box 961029, Boston, MA 02196.

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How We Help

Thanks to the and generosity of our 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.

Promote Awareness & Advocacy

One Million Steps for OCD Walk | iocdf.org/walk



An annual grassroots event that brings together the OCD and related disorders community to challenge stigma, raise funds, and create awareness about what it really means to have obsessive compulsive disorder. The OCD Walk was first held in Boston in 2013 and presently takes place in more than 30 communities across America, thanks to our nationwide IOCDF Affiliates.

Annual OCD Conference | iocdf.org/ocdcon



The largest international in-person event focused on OCD and related disorders. #OCDCon brings together individuals with lived experience, their loved ones, mental health professionals, and researchers to nurture community, empower those impacted by OCD, and provide education about the latest treatments and findings.

Online Conference Series | iocdf.org/conferences

The IOCDF hosts several virtual conferences throughout the year, including an Online OCD Camp for youth and families, Conferencia de TOC Online for Spanish-speaking community members, and events for faith and hoarding communities.

OCD Awareness Week | iocdf.org/ocdweek



This special week exists to spread knowledge about #RealOCD and reduce stigma associated with obsessive compulsive and related disorders. Each year during the 2nd full week in October, the IOCDF and our Advocates provide a number of ways to get involved - from special events and community activities, to livestreams and more.

Public Policy Advocacy Program |

iocdf.org/public-policy



Connects our community to policy makers in Washington and beyond, with the goal of making our voices heard when important decisions are made. We offer the IOCDF Action Center where members of our community can contact their

elected representation directly about legislation of key interest to the OCD and related disorders community.

IOCDF Advocate Program | iocdf.org/advocates

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

Providing Resources & Support

IOCDF Resource Directory | iocdf.org/find-help

A free international, comprehensive database of treatment providers, clinics, and programs specializing in OCD and related disorders, searchable by location for in-person therapy as well as by state for teletherapy options. The directory also includes OCD support groups for individuals and family members.

Peace of Mind Virtual Community | iocdf.org/peaceofmind



Weekly virtual livestream programming covering a variety of OCD and related disorders topics, hosted by our very own IOCDF Advocates. Connect with community members the world over; learn more about OCD subtypes, treatment, and research; and ask questions of expert providers.

IOCDF Affiliates | iocdf.org/affiliates

Our 30 nationwide Affiliates carry out the mission of the IOCDF at the state level. IOCDF Affiliates hold conferences, participate in the OCD Walk, organize community meetups, and more! Visit the IOCDF website to find your local Affiliate or learn how to start an Affiliate in your area.

OCD Newsletter | iocdf.org/newsletter

A quarterly newsletter that includes personal stories from the community as well as articles about the latest OCD therapy, research, and resources.

IOCDF Websites | iocdf.org

Receiving more than 2 million visits each year, the IOCDF main website is packed with expanded and updated information about OCD and related disorders. The IOCDF also maintains a suite of specialty websites:

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

HelpForHoarding.org – For individuals and families impacted by hoarding disorder (HD), the mental health professionals who treat HD, and first responders.

HelpForBDD.org – For teens, young adults, adults, and family members impacted by body dysmorphic disorder (BDD), and mental health professionals who treat BDD.

AnxietyintheClassroom.org – For school personnel, students, and families dealing with anxiety and/or OCD in an education setting.

AnxietyinAthletes.org – For team staff, athletes, and families dealing with anxiety and/or OCD in sports and athletics.

Improving Education & Treatment

IOCDF Training Institute | iocdf.org/training



On average, it can take 14-17 years from the onset of symptoms for an individual to be diagnosed with OCD. We are committed to training more clinicians to effectively diagnose and treat OCD to close this gap. Our Training Institute includes professional training opportunities, including our flagship Behavior Therapy Institute (BTI), Pediatric BTI, case consultation groups, and destination CE/CME opportunities.

IOCDF Research Grant Program | iocdf.org/research-grant-program

Thanks to the generosity of donors, we have awarded more than \$9 million in grant funding to scientists investigating the causes and treatment of OCD and related disorders.

IOCDF Pediatrician Partnership Program | iocdf.org/pediatric-outreach-program

Provides pediatricians with up-to-date knowledge to diagnose pediatric OCD and PANDAS/PANS, and to connect families with effective treatment. This is a companion outreach program to our Pediatric Behavior Therapy Training Institute (BTI) for mental health professionals.

— ADVERTISEMENT —

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Welcome to the Online OCD Conference!

Now in its third year, the Online OCD Conference once again offers the OCD and related disorders community an accessible and interactive learning and community building experience right from the comforts of home. This year's programming has something for a variety of populations, including individuals with lived experience, their family members and supporters, and the professionals who treat them. Spanning three full days (Friday-Sunday), this amazing event features nearly 70 educational sessions, 40 community discussion groups, and over 250 presenters.

Schedule Structure

Educational sessions are broken up by track to help you navigate which talks are right for you. Sessions are broken up into two parts: 45 minutes of pre-recorded content during which attendees can chat questions to the presenters in real time, followed by a 45-minute live Q&A held via Zoom accessible through the orange "Live Q&A Session" button below the pre-recorded video. Community Discussion Groups are live discussions for the full 1 hour and 15 minute time slot and center around a particular population.

Mindful Movement Breaks

In between talks are 30-minute breaks that include messages from our emcees, IOCDF Advocates Ethan Smith and Katie O'Dunne, words from our generous sponsors, as well as mindful movement breaks to help break up the long days at a computer. Make sure to join the breaks to follow along with the movements led by members of our community!

"After Hours" Activities

The educational portion of the conference runs 11:00am–5:30pm ET, broken up by 30-minute mindful movement breaks and a chance for attendees to visit the virtual Exhibit Hall and learn more about our exhibiting partners and sponsors. But the fun doesn't stop there! Friday and Saturday nights feature a variety of "After Hours" activities to allow attendees to connect and unwind after a long day of learning and support.

Living Room Brigade

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

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

Chat Rooms

In addition to housing the sessions and community discussion groups, the virtual platform also has a suite of Chat Rooms accessible from the main landing page. Group chats are broken up by a variety of topics allowing attendees to connect to others with similar experiences. Attendees can also chat in direct messages, so long as their profiles are made visible to others. Stop by to say "hi" to your fellow attendees!

Virtual Exhibit Hall

Similar to the in-person Annual OCD Conference where attendees can head to the Exhibit Hall and learn about the services provided by our marketing partners, the Online OCD Conference features a virtual "Exhibit Hall" for attendees to "visit" in the digital space. Virtual booths are manned by clinic/program staff and attendees can chat to ask questions and even set up video calls to learn more. Make sure to stop by the virtual Exhibit Hall during one of the breaks to learn more!

On-Demand Offerings

All educational sessions will feature approximately 45 minutes of pre-recorded content that will be available on-demand for 60 days after the conference weekend within the same virtual platform. The following portions of the Online OCD Conference will not be available on-demand, and are only available live November 4-6, 2022:

- Live Q&A with speakers (via Zoom) following the pre-recorded sessions
- Community Discussion Groups

Continuing Education

The Online OCD Conference offers two opportunities for clinicians to receive continuing education (CE) credit. Professionals can attend 12 sessions live throughout the weekend for a total of 15 hours of live CE credit. After the live event concludes, all registered clinicians will be able to access the on-demand portion of the event. An additional 55 sessions eligible for CE credit can be accessed for 60 days after the Online OCD Conference for a total of 41.25 hours of on-demand CE credit! Visit onlineocdconference.org for more information/videos on for them.

Conference Planning Committee

The Online OCD Conference program is created as a partnership between IOCDF staff and a Conference Planning Committee (CPC) that is made up of diverse stakeholders within the OCD community (individuals, family members, therapists, etc.). Together, the IOCDF and the CPC review every submission and work together to set the final Conference programming. The CPC is organized into several subcommittees that map on to the Conference tracks and special topic series, with each subcommittee composed of the leaders and experts in the OCD community.

Body Dysmorphic Disorder

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

Body-Focused Repetitive Behaviors

Nancy Keuthen, PhD
Charles Mansueto, PhD
Jen Monteleone, APR
Jennifer Raikes

Parents & Families

Micah Howe
Jason Niosi
Lori Shah
Carrie Smalley

Living with OCD & Everyone

Valerie Andrews
Caitlin Claggett Woods, PhD
Stacey Conroy, LMSW
Molly Fishback
Darcy Howell
Marni Jacob, PhD
Vinay Krishnan
Elizabeth McIngvale, PhD
Ethan Smith
Chris Trondsen, AMFT, APCC

Young Adults

Meg Dailey
Caroline Kalen
Kyle King
Alex Rosenberg
Tom Smalley

Therapists

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

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Thank You to Our Sponsors!

Make sure to visit the virtual Exhibit Hall to learn more about our sponsors and exhibiting partners. In the virtual platform, click the "Exhibitors" link in the top menu or the blue tile to visit our exhibitors' virtual booths. You can participate in a public chat with booth representatives and even request a one-on-one video meeting.

Title Sponsor



Conference Scholarship Sponsor



Virtual Platform Sponsor



Mindful Movement Break Sponsor



Bronze Sponsors



Exhibiting Partners



ROOM GUIDE

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

LIVE Q&A

All live discussions (including post-session Q&A for rooms 1–8) will take place via Zoom.

| | 11:00AM–12:15PM ET | 12:45PM–2:00PM ET | 2:30PM–3:45PM ET | 4:15PM–5:30PM ET |
|---------|--|--|---|--|
| ROOM 1 | <div>YOU MIGHT HAVE MISSED IT BEFORE: EFFECTIVELY ASSESSING FOR OCD SYMPTOMS THROUGHOUT TREATMENT</div> <div>Kellie Kintz, LCSW; Shauna Pichette, LPC, NCC; Taylor Newendorp, LCPC</div> | <div>FROM CONTENT TO CORE: GETTING PAST OBSESSIONS TO TREAT UNDERLYING FEARS THAT PERPETUATE COMPULSIONS</div> <div>Jenna Overbaugh, LPC; Nicholas Farrell, PhD; Taylor Newendorp, LCPC; Tracie Ibrahim, LMFT, CST</div> | <div>THE ART OF THINKING BACKWARDS: OVERCOMING OCD THROUGH PARADOXICAL INTENTION</div> <div>Allen Weg, EdD</div> | <div>CBT FOR CHILDREN AND TEENS WITH OCD</div> <div>Aureen Wagner, PhD</div> |
| ROOM 2 | <div>IS IT OCD?: UNTANGLING OCD FROM COMMON DIFFERENTIAL DIAGNOSES</div> <div>Jenny Yip, PsyD, ABPP; Molly Matinez, PhD; Robert Hudak, MD</div> | <div>BRIEF INTENSIVE OCD TREATMENT: SUPPORT, IMPLEMENTATION, & CONSIDERATIONS</div> <div>Cindi Gayle, PhD; Jessica Wheeler, MEd; Karlie Mariano; Tatianna Zambrano</div> | <div>HOW TO CUSTOMIZE TREATMENTS FOR OCD CLIENTS: CASE FORMULATION + CREATIVITY+ PROTOCOL FLEXIBILITY</div> <div>Jon Hershfield, MFT; Josh Spitalinick, PhD, ABPP; Nicholas Farrell, PhD; Patrick McGrath, PhD</div> | <div>BEYOND SYMPTOM MANAGEMENT: IMPROVING CONNECTION AND BELONGING IN A LIFE ONCE RULED BY OCD</div> <div>Bridget Henry, PhD; Chad Wetterneck, PhD; Jennifer Sy, PhD; Ryan Judd, LCSW</div> |
| ROOM 3 | <div>DO WE NEED TO ACCEPT OUR WORST FEARS AS TRUTH TO EXPERIENCE FREEDOM?</div> <div>Cali Werner, LCSW; Christopher Trondsen, LMFT, APCC; Elizabeth McIngvale, PhD, LCSW; Emily Bailey, PsyD</div> | <div>ERP AND PARENT TRAINING: A CRITICAL COMPONENT OF CARE FOR YOUTH OF ALL AGES</div> <div>Allison Bonifay, LPC; Hayley Dauterman, PhD; Jennifer Tininenko, PhD; Stacy Welch, PhD</div> | <div>PRACTICAL ADVICE FOR CREATING AND CONDUCTING OCD GROUPS</div> <div>Dan Kalb, PhD; Patricia Zurita Ona, PsyD; Sarah Carr, LMFT</div> | <div>INNOVATION AND INTEGRITY: ADAPTING ERP FOR TELEHEALTH WITH YOUNG CHILDREN</div> <div>Christina Brooks, PsyD; Elena Fasan, LCSW</div> |
| ROOM 4 | <div>HOW TO ADDRESS BODY IMAGE CONCERNS AND IMPROVE SELF ESTEEM</div> <div>Amanda Rosenberg; Robyn Stern, LCSW, MEd; Scott Granet, LCSW; Thomas Smalley, MS, CSCS</div> | <div>CHALLENGES WHEN TREATING BODY DYSMORPHIC DISORDER AND RECOMMENDED APPROACHES</div> <div>David Veale, MD; Fugen Neziroglu, PhD ; Katharine Phillips, MD</div> | <div>MEDICATION FOR BDD & OCD: WHAT DO YOU DO IF FIRST-LINE TREATMENT FAILS & RESEARCH DATA ARE LACKING?</div> <div>Christopher Pittenger, MD; Eric Hollander, MD; Katharine Phillips, MD</div> | <div>DIFFERENT STROKES FOR DIFFERENT FOLKS: THE INTERSECTION OF ERP AND ACT IN BDD TREATMENT</div> <div>Jenifer Cullen, PhD; Kellie Smith; Samantha Faden</div> |
| ROOM 5 | <div>BUT I STILL FEEL ANXIOUS...: EXPERIENCING SUCCESS IN TREATMENT WITHOUT HABITUATION</div> <div>Ashley Wray, LCSW; Jessica McKee, LPC; Kevin Menasco, LCSW; Myles Rizvi, PsyD</div> | <div>REDUCE ANXIETY AND STRESS THROUGH A WELLNESS PLAN</div> <div>Anna Liljenwall; Christopher Trondsen, LMFT, APCC; Elizabeth Trondsen, RD; Thomas Smalley, MS, CSCS</div> | <div>WHEN SHAME FUELS OCD</div> <div>Alegra Kastens, MA, LMFT; Christopher Trondsen, LMFT, APCC; Jessica Serber, LMFT</div> | <div>“WE WANT YOU!” BUILDING AN ADVOCATE COMMUNITY</div> <div>Christopher Trondsen, LMFT, APCC; Elizabeth McIngvale, PhD, LCSW; Ethan Smith ; Katie O’Dunne, MDiv; Thomas Smalley, MS, CSCS; Valerie Andrews</div> |
| ROOM 6 | <div>ANTICIPATORY ANXIETY AND ITS PARTNER, CHRONIC INDECISIVENESS</div> <div>Sally Winston, PsyD</div> | <div>IMPROVING WORLD-WIDE ACCESS TO ERP: THE IOCDF INTERNATIONAL TRAINING INITIATIVE</div> <div>Alec Pollard, PhD; Jackki Yim, PhD; Jeff Szymanski, PhD; Lijun Ding, MD; Liz Basanez, MSE</div> | <div>KICKING THE INNER CRITIC WHERE IT COUNTS: USING SELF-COMPASSION STRATEGICALLY IN OCD RECOVERY</div> <div>Jon Hershfield, MFT; Kimberley Quinlan, LMFT</div> | |
| ROOM 7 | <div>OCD 101: UNDERSTANDING WHY YOU HAVE IT & WHAT CAN YOU DO ABOUT IT</div> <div>Jonathan Grayson, PhD</div> | <div>CHANGING YOUR BEHAVIOR WON’T BE ENOUGH: ACQUIRING A PHILOSOPHY TO GET YOU OVER THE ROUGH SPOTS</div> <div>Fred Penzel, PhD</div> | <div>HARNESSING THE POWER OF FIERCE SELF-COMPASSION IN OCD RECOVERY</div> <div>Amy Mariaskin, PhD; Hillary Henize, PsyD</div> | <div>LAUGHING IN THE FACE OF FEAR: USING HUMOR TO SUPPORT EXPOSURE AND RESPONSE PREVENTION</div> <div>Kelley Franke, LMFT; Lauren Rosen, LMFT</div> |
| ROOM 8 | <div>SO MUCH MORE THAN MY OCD</div> <div>Alexandra Reynolds; Ezra Homonoff; Morgan Rondinelli</div> | <div>REAL EVENT OCD AND FALSE MEMORY OCD</div> <div>Kristina Orlova, LMFT, CMT; Mattew Codde, LCSW</div> | <div>WHEN ITS ALL IN YOUR HEAD: USING NON-ENGAGEMENT RESPONSES TO MANAGE COMPULSIVE REASONING</div> <div>Lisa Levine, PsyD</div> | <div>BEING IN YOUR BODY: CULTIVATING SEXUAL INTIMACY WHEN YOU HAVE OCD</div> <div>Amy Mariaskin, PhD; Cindi Gayle, PhD; Michael Heady, LCPC; Katie Boyer, LMSW</div> |
| ROOM 9 | <div>CDGS BY GENDER:</div> <div>1) ADULT WOMEN WITH OCD COMMUNITY DISCUSSION GROUP: OFFERING A SAFE, WARM, WELCOMING & SUPPORTIVE SPACE — Jenna Sheftel, PsyD; Kathi Abitbol, PhD</div> <div>2) MAN UP: REAL MEN TALK ABOUT THEIR FEELINGS (A DISCUSSION GROUP FOR MEN WITH OCD) — Jacques Esses</div> <div>3) COMMUNITY DISCUSSION GROUP FOR TRANSGENDER, NONBINARY, AND GENDER NONCONFORMING PEOPLE WITH OCD — Amy Mariaskin, PhD; Katie Boyer, LMSW</div> | <div>CDGS FOR BDD:</div> <div>1) BDD COMMUNITY DISCUSSION GROUP — Scott Granet, LCSW</div> <div>2) NAVIGATING FAMILY LIFE WITH A BDD SUFFERER: A COMMUNITY GROUP — Denis Asselin</div> | <div>CDGS FOR PARENTS:</div> <div>1) PARENTS OF KIDS WITH OCD COMMUNITY DISCUSSION GROUP — Sonia Greaven, PhD; Rachel Berton-Sniderman</div> <div>2) PARENTS OF TEENS WITH OCD COMMUNITY DISCUSSION GROUP — Michelle Massi; Nadine Shoukry</div> <div>3) SUPPORT OF AND DISCUSSION WITH PARENTS OF ADULT CHILDREN WITH OCD — Kathy Stocking; Susan Lane</div> | <div>YOUNG ADULTS SUPPORT GROUP AND ORIENTATION</div> <div>Kyle King</div> |
| ROOM 10 | <div>“WHAT IF I DON’T REALLY HAVE OCD?” COMMUNITY DISCUSSION GROUP FOR OBSESSIVE DOUBTS</div> <div>Kelley Franke, LMFT; Lauren Rosen, LMFT</div> | <div>SOCIAL ANXIETY WELCOME AND SUPPORT GROUP</div> <div>Jessica Serber, LMFT; Sonia Greaven, PhD</div> | <div>ALIGNING MY FAITH PRINCIPLES WITH OCD TREATMENT: A COMMUNITY DISCUSSION GROUP</div> <div>Annabella Hagen, LCSW; Christine Black, LCSW</div> | <div>PEOPLE OF COLOR COMMUNITY SUPPORT GROUP</div> <div>Erijing Cui, LMHC</div> |

AFTER HOUR ACTIVITIES

6:00PM–7:00PM ET

NAME THAT SOUND!

Katie O’Dunner, MDiV

JOURNEY BEYOND OCD: CREATING A VALUES MAP

Darcy Howell; Emily Melrose

10:00AM–6:00PM ET

Help Desk

Support

Having issues or have a question? Click [here](#) to speak to live support

11:00AM–12:15PM ET

You Might Have Missed It Before: Effectively Assessing for OCD Symptoms Throughout Treatment *

Therapists Introductory

Most early-stage OCD therapists can relate to the experience of realizing we likely saw dozens of clients in the past who had OCD... but we missed it. Similarly, we may have worked with numerous individuals with OCD before recognizing that we had overlooked mentally compulsive processes and other subtle safety behaviors that occur with OCD. This presentation will focus on conducting a thorough assessment at the outset of treatment and offer tips on differentiating among OCD and all Anxiety Disorders. We will teach techniques to continually elicit important information throughout the course of ERP to further assess for obsessions and compulsions that could arise for someone later on and/or that the client was not aware of at the outset of treatment.

Is It OCD?: Untangling OCD from Common Differential Diagnoses *

Therapists Advanced

Am I at risk for suicide? Is my patient psychotic? Or is it OCD? OCD comes in many forms, some of which are scary, bizarre, and/or confusing to patients and providers alike. Even for experts, OCD can be a challenge to differentiate from other conditions, but doing so is vital to determining the best course of treatment. Jumping to the wrong diagnostic conclusion can be costly in terms of stress, time, unnecessary interventions, and delay of appropriate care. This session will equip attendees with helpful tools to distinguish OCD from its common differential diagnoses and comorbidities and highlight implications for treatment directions. We will give special emphasis to differentiating OCD from suicidality, psychosis, bipolar disorder, postpartum disorders, and ASD.

Do We Need to Accept our Worst Fears as Truth to Experience Freedom? *

Therapists Advanced

As OCD clinicians, we often get stuck in a one size fits all treatment approach. We may lose sight of the necessary exposure pacing needed to help patients ease into their fears due to the rushed "immediate result" culture we live in. This panel will focus on how although ERP is the gold-standard of treatment, there are custom treatment approaches to consider for each patient and their presenting symptoms. This panel will focus on how freedom from OCD does not require accepting the worst-case scenario but instead it's about leaning into uncertainty which leads to freedom. We will discuss negative patient outcomes and treatment understanding that can happen when ERP is not implemented in an effective manner.

But I Still Feel Anxious... Experiencing Success in Treatment Without Habituation

Everyone

"Habituation" (reduced distress due to repeated exposures over time) is commonly a goal of ERP treatment of OCD, but sometimes anxiety or discomfort persists, and this experience can impact motivation to continue engaging in exposures. Hope is not lost! OCD can be treated even when habituation does not occur! We will discuss how to proceed in treatment through use of alternative interventions to build new learning and increase willingness to feel uncertainty or distress.

Anticipatory Anxiety and Its Partner, Chronic Indecisiveness

Everyone

Stemming from memory, expectations, mood or traumatic conditioning, anticipatory anxiety is experienced as dread or worry shaped by the production of anxious narratives that drive experiential and behavioral avoidance. It is bleeding before you are cut. Residing vividly in the imagination and the body, it is the driver of creative "coping skills", reassurance seeking and escape planning that ultimately serve as compulsions. Chronic Indecisiveness is fueled by anticipatory anxiety, perfectionism, fear of regret and trouble with uncertainty. This talk will explore these phenomena and develop a descriptive model. A series of steps called D.A.N.C.E describes the way forward through "surrender and commit", a shift in metacognitive and attitudinal perspective. This counteracts becoming so hijacked by imagination that avoidance wins.

How To Address Body Image Concerns and Improve Self-Esteem Body Dysmorphic Disorder (BDD)

The messaging around needing to be beautiful, in-shape, and youthful is broadcast daily through advertisements in commercials, magazines, and social media platforms. This has led to an overall obsession with body image, causing many to turn to cosmetic surgeries and fad diets. Unfortunately, individuals struggling with BDD and other body image concerns are more susceptible to this pressure, leading to a fixation on perceived flaws, lowered self-esteem, and a need to isolate. This panel combines clinicians specializing in BDD treatment and individuals with lived experience who will discuss evidence-based, effective treatments used to reduce comparison to others, restructure maladaptive thoughts, forgo plastic surgeries, and improve overall self-esteem. A question and answer segment with the panel will conclude this presentation!

OCD 101: Understanding Why You Have It & What Can You Do About It

Living with OCD

The target audience for this population is for first time attendees, (newly diagnosed with OCD and/or unfamiliar with Exposure/Response Prevention). This not only includes those adults and teens who have OCD, but also their families and professionals who want to learn how to present the concepts of ERP to their clients. The presentation will start by helping attendees to understand the interplay of learning and biology in creating their OCD and the crucial role intolerance of uncertainty plays in most forms of OCD. This will provide the basis for the second part of the presentation, which will explain the ins and outs of ERP and why after treatment they won't be normal - they will be better than normal

So Much More Than My OCD

Living with OCD

When struggling with OCD, it can seem as if it's your only identity. It affects so many aspects of your life, it can be easy to forget who you truly are and what makes you unique. Attendees will examine their lives from a more flexible perspective, rather than through an OCD lens. This interactive workshop will utilize individual exercises designed to help attendees gain an alternative perspective, rather than OCD's rigid inflexible interpretations. This will include small group discussions regarding living according to personal life values, goals, instead of OCD.

"What if I Don't Really Have OCD?" Community Discussion Group for Obsessive Doubts

Community Discussion Groups

OCD tends to attack whatever is most important to us. It's no surprise, then, that it often goes after recovery. Related obsessions might sound like:

"What if, deep down, I really do like my thoughts?"

"You're just tricking your therapist into thinking you have OCD!"

"What if I'm forever plagued by these thoughts?"

"Don't do that! It could be a compulsion."

"My therapist is contaminated! I can't see her anymore."

This presentation will cover common obsessions and compulsions for those with obsessions about their diagnosis, obsessions, compulsions and therapist. The talk will also explore exposure and response prevention with these obsessions. The presenters will discuss the problems with trying to do treatment perfectly and navigating the two-tailed spike.

Adult Women with OCD Community Discussion Group: Offering a Safe, Warm, Welcoming & Supportive Space

Community Discussion Groups

Struggling with OCD can steal the pleasure from the many meaningful aspects of your life. We are here for you no matter what OCD subtypes, such as maternal themes, you are currently experiencing. Participants offer support, validation, and tips that they've found helpful. The clinicians are happy to offer any guidance as desired. You are welcome to participate and be heard, or to just be present and feel a sense of community. We will provide you with our favorite OCD resources designed to meet the needs of adult women, so you can feel cared for and understood beyond our time together.

Man Up: Real Men Talk About Their Feelings (A discussion group for men with OCD)

Community Discussion Groups

Are you a male suffering with OCD and haven't found a safe place to discuss your issues? Participants will have the opportunity to share their experience navigating the unique challenges they face, including being encouraged to "man up," opening up to their girlfriends or partners about the mental disorder, keeping their anger in check, dealing with medication side effects, finding an OCD therapist, and admitting they need help. This support group will provide a safe space where men are able to ask questions and engage in discussion on topics they face being a male with OCD.

Community Discussion Group for Transgender, Nonbinary, and Gender Nonconforming People with OCD

Community Discussion Groups

This support group will provide a nonjudgmental and affirming environment for people 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, gender, and other aspects of identity. Additionally, the group will allow for individuals to process their experiences within the mental health system and the challenges of finding well trained OCD treatment providers who are also competent in gender diversity. The leaders will seek to center the voices of participants.

12:15PM–12:45PM ET

Mindfulness Movement Break

Break

Thank you to our sponsor, Biohaven, for sponsoring our mindfulness movement breaks!

12:45PM–2:00PM ET

From Content to Core: Getting Past Obsessions to Treat Underlying Fears That Perpetuate Compulsions *

Therapists Introductory

Many of us can relate to getting focused on and stuck in the "content" piece of obsessions, especially when first learning about the nature of OCD and how to treat it—either as a clinician, someone living with OCD, or both. This presentation provides education on core fears underlying obsessions that can perpetuate anxiety and compulsive urges. We will discuss common fears such as losing control mentally or physically, feeling out of touch with one's own identity, and being amoral, among others. We will demonstrate CBT techniques to help uncover such underlying fears and explain how to design hierarchies and ERP exercises that target core fears to increase the effectiveness of treatment and help people learn how to truly tolerate uncertainty.

Brief Intensive OCD Treatment: Support, Implementation, & Considerations *

Therapists Advanced

There are evidence-based treatments that have been found to be effective in treating symptoms of OCD. Unfortunately, these treatments are not easily accessible for all. Brief intensive OCD treatment offers an opportunity to decrease OCD symptom severity in fewer sessions over a shorter period of time, potentially increasing access to treatment. This presentation seeks to shed light on the benefits and limitations of brief intensive OCD treatment. Relevant research, cultural and familial considerations, and implementation in practice will be discussed. A case study will be shared to demonstrate how brief intensive OCD treatment removed barriers to access to treatment for an individual, the format of the treatment, the diversity and familial considerations, and the outcomes.

ERP and Parent Training: A Critical Component of Care for Youth of All Ages *

Therapists Advanced

Not all youth begin ERP therapy with high motivation, clear treatment goals, or even much willingness to change their behavior. Therefore, parent training and support serve as integral components to pediatric anxiety treatment. However, clinicians often under-utilize these interventions due to a lack of knowledge or confidence in effective implementation. This panel, comprised of providers from three specialty OCD clinics, will discuss the utility of parent-delivered interventions to improve treatment outcomes in youth. Discussions will focus on how parent-delivered interventions can improve youth access to lower levels of care. Lastly, specific parent-delivered interventions will be outlined for addressing common presentations, including ERP homework non-completion, family accommodations, and demand avoidance.

Challenges When Treating Body Dysmorphic Disorder and Recommended Approaches *

Body Dysmorphic Disorder (BDD)

Clinicians commonly encounter multiple challenges when treating individuals with body dysmorphic disorder (BDD). Insight regarding the perceived appearance flaws is usually poor or absent, which can interfere with engagement and motivation for appropriate treatment. Poor or absent insight can also fuel a desire for cosmetic treatment such as surgery or dermatologic treatment – which is usually ineffective – instead of mental health treatment. Co-occurring substance use disorders are another frequently encountered challenge. In addition, BDD is associated with very high rates of suicidality, which clinicians need to address when it is present. In this session we will discuss these frequently encountered challenges and will recommend approaches that clinicians can implement when treating people with BDD.

Reduce Anxiety and Stress Through A Wellness Plan

Everyone

Most individuals with OCD experience stress and anxiety, with 76% having a diagnosable, comorbid anxiety disorder. Although exposure and response prevention (ERP) is the gold-standard treatment for OCD, research shows that an overall wellness plan can aid as adjunct to OCD treatment. When experiencing stress reduction, individuals with OCD can tolerate greater anxiety levels when engaging in exposures. This panel consists of a registered dietician, a certified strength and conditioning specialist, a yoga and mindfulness teacher, and a mental health clinician lending their combined expertise on overall well-being for stress reduction. The panel will offer attendees science-based, tangible, and take-home information on nutrition, exercise, mindfulness, yoga, sleep hygiene, and other stress-reduction techniques to aid in an overall reduction in anxiety.

Improving World-Wide Access to ERP: The IOCDF International Training Initiative

Everyone

Due, in large part, to a shortage of properly trained ERP therapists, there is limited access to evidence-based treatments for OCDs in most areas of the world. Increasing the number of therapists in the US has long been a part of the IOCDF mission. More recently, the focus of this effort has expanded to other countries. This symposium will provide an update on recent efforts and future plans to increase international access to ERP, including implementation of a train-the-trainer model. Presenters participating in this new training model will provide progress reports from Singapore, Mexico, and China.

Changing Your Behavior Won't Be Enough: Acquiring A Philosophy To Get You Over the Rough Spots

Living with OCD

While ERP and most other therapies for OCD concentrate on facing obsessions and resisting compulsions, a crucial aspect often neglected, much less discussed, involves changing your beliefs about life, yourself and coping with adversity. Taken together, these beliefs could be termed your 'philosophy.' A good philosophy helps you to cope with difficulty and suffering and promotes resilience, while an inadequate philosophy can actually worsen things. This talk will focus on the differences between the two and on how to work to acquire a more helpful and practical view of things and give you tools that will aid you in pursuing recovery, staying recovered, and navigating life in general.

Real Event OCD and False Memory OCD

Living with OCD

"Real Event OCD" and "False Memory OCD" are two similar subtypes that are rarely discussed but negatively impact many. Both OCD subtypes occur when someone has obsessive thoughts about a past event that either did or did not occur and was deemed insignificant. However, later on, there is a fear they did something immoral or wrong, and sometimes despite no evidence of these memories being factual. Both subtypes often overlap and share similarities, including the engagement of mental compulsions, such as mental review, in the search for clarity to relieve discomfort. This presentation allows attendees to better understand how to address mental compulsions utilizing exposures that include worry scripts, embracing uncertainty, and media with similar feared themes.

Social Anxiety Welcome and Support Group

Community Discussion Groups

We understand social anxiety can make attending a conference like this one daunting. We also know how incredibly beneficial and fun it can be to spend time learning from and getting to know like-minded individuals in a supportive environment. This welcome and support group will offer a safe space for individuals with social anxiety to get your feet wet before attending other talks and groups. You will receive support, a sense of community, and helpful tips for navigating this conference and getting the most you can out of it!

BDD Community Discussion Group

Community Discussion Groups

Most people living with BDD never meet someone else who also has it. That only further contributes to feelings of isolation, shame and despair, all hallmarks of living with this often misunderstood disorder. The IOCDF annual conference BDD support group offers a rare opportunity to meet others who truly understand what it is like to live with such a tormenting psychiatric illness: fellow BDD sufferers. This is a safe, confidential environment where people are free to share their concerns and to give and receive support, all without judgment. The group is led by a therapist who also has lived with BDD himself. Please join us!

Navigating Family Life with a BDD Sufferer: A Community Group

Community Discussion Groups

Given the intensity of BDD, it takes plenty of compassion, resilience, creativity, and love for partners, parents, and siblings to live at home with a BDD sufferer. What can caregivers do daily to navigate these troubled waters and be supportive while still maintaining composure and inner peace? It's too easy to push personal needs aside and focus entirely on the challenge. In this forum, we will share stories of our successes and shortcomings, focusing primarily on how we take care of ourselves so that we can become more effective caregivers. Compassionate self-care is key to a sustainable approach to this demanding disorder.

2:00PM–2:30PM ET

Mindfulness Movement Break

Break

Thank you to our sponsor, Biohaven, for sponsoring our mindfulness movement breaks!

2:30PM–3:45PM ET

The Art of Thinking Backwards: Overcoming OCD Through Paradoxical Intention *

Therapists Introductory

"Thinking backwards" is at the heart of ERP treatment for OCD. Engaging clients to "buy into" the counter-intuitive nature of exposure therapy is essential if one is to be motivated enough to do the hard work of facing fears. This presentation engages the audience to experience the tension of paradox through illustrations and examples, and then demonstrates how to apply this to the initial psycho-educational phase of OCD treatment. For clients, choosing behaviors that defy physical expression of fear designed to protect them from uncertain danger requires a therapist skilled, not so much in the art of persuasion, but in the ability to demonstrate the nature of paradox. This presentation is designed to equip the therapist to do just that.

How to Customize Treatments for OCD Clients: Case Formulation + Creativity+ Protocol Flexibility *

Therapists Advanced

It takes time to develop confidence in the implementation of ERP for OCD. When first trained in ERP, you may feel that you have to follow a strict protocol. While having this type of guidance can be helpful, it can also be difficult to apply when a patient has an OCD presentation that does not fit a textbook presentation. Yet, moving away from the protocol can be uncomfortable for new therapists, causing stuck points in therapy. Join this panel discussion as the clinicians talk about how they not only developed their own style in the delivery of ERP, but how they train therapists to evolve from a strict protocol-based treatment to a treatment based on ERP knowledge, personality, and instinct.

Practical Advice For Creating And Conducting OCD Groups *

Therapists Advanced

Nuts and bolts will be discussed by highly experienced OCD group therapists. Factors to be addressed will include: Addressing the many hesitations OCD patients have about attending group; criteria for potential members; group composition issues (heterogeneity of symptoms, mixing former members with new ones, those in concurrent individual therapy with those who aren't); considerations of length of session, time of day, and fees; attendance requirements; possible formats: ongoing vs discrete number of sessions, whether to include didactic elements, in vivo exposures, and/or discussion of pre-selected topics; fostering interaction while maintaining focus, keeping the emphasis on homework and accountability; possible addition of mindfulness and self-compassion elements; challenges unique to OCD groups as opposed to other anxiety groups; termination issues.

When Shame Fuels OCD *

Everyone

Anxiety is the emotional experience most commonly associated with OCD and, while it plays a big role in the disorder, other emotions do as well. Another predominant emotion involved is shame. Shame is a painful and isolating feeling with implications for one's mental health. It can act as fuel for OCD, particularly in themes related to perfectionism, intrusive thoughts, hyper-responsibility, and scrupulosity. In this talk, we will discuss the role shame plays in OCD, help you gain a deeper understanding of this complex emotion, and address how to implement tools to combat it in your or your clients' lives. Let's drain OCD of one of its fuel sources and get on the road to living a freer, more beautiful life!

Medication for BDD & OCD: What Do You Do If First-Line Treatment Fails & Research Data Are Lacking? *

Body Dysmorphic Disorder (BDD)

Three psychopharmacologists with expertise in the treatment of BDD and OCD will discuss approaches prescribers can take when first-line pharmacotherapy doesn't work well enough and when research data are lacking regarding the next best step to take with medication treatment. Dr. Pittenger will summarize medication studies on OCD and discuss his approach to treating OCD in this situation. Dr. Phillips will do the same for BDD. Dr. Hollander will then discuss his approach to treating both disorders, which will include a discussion among the three presenters. The presenters will highlight areas of agreement as well as differences in their treatment approaches. They will also comment on similarities and differences between medication treatment of BDD versus that of OCD.

Harnessing the Power of Fierce Self-Compassion in OCD Recovery Living with OCD

Life with OCD isn't butterflies and rainbows. Neither is self-compassion! Sometimes being kind to yourself is a warm and nurturing experience. Other times self-kindness means standing up, speaking out, or drawing a firm boundary. In this workshop, you'll learn how to harness the bold, protective power of fierce self-compassion in your journey with OCD. We'll introduce fierce self-compassion skills that you can use to stand up to OCD, motivate your ERP practice, challenge people-pleasing behavior, assert your needs, and speak out against OCD stigma.

When Its All in Your Head: Using Non-Engagement Responses to Manage Compulsive Reasoning Everyone

Compulsive reasoning, also referred to as compulsive rumination, is a painful mental compulsion that can be difficult to navigate. Because it is so easily confused with obsessing, it is a compulsion that often flies under the radar. In this seminar, participants will learn how to identify compulsive reasoning, and how to use non-engagement responses to address and intervene in this compulsive process. Non-engagement responses are tools that arm people with the ability to actively affirm and acknowledge the presence of uncertainty and anxiety rather than striving to escape, avoid, and resolve it. Learning how to use them enables sufferers to extricate themselves from the often tormenting "hamster wheel" of compulsive reasoning, and to beat OCD at its own game.

Parents of Kids with OCD Community Discussion Group Community Discussion Groups

This is a Community Discussion Group (CDG) for parents of kids with OCD.

Parents of Teens with OCD Community Discussion Group Community Discussion Groups

This is a Community Discussion Group (CDG) for parents of teens with OCD.

Support of and Discussion with Parents of Adult Children with OCD Community Discussion Groups

The Support Group for Parents of Adult Children with OCD is a peer-led group that provides support to parents of Adult children with OCD. Our purpose is to share experiences and concerns, foster emotional and moral support, and help empower parents of adult children with OCD to cope and thrive in an empathetic and non-judgmental environment. This group discussion will be facilitated by two parents of adult children with OCD who helped start virtual, parent-led support groups in 2020. These groups provide parent-to-parent support to parents of Adult children with OCD and is a safe place for parents to connect, share experiences, ideas, and resources, and receive compassionate support from other parents who are on a similar journey.

Aligning My Faith Principles with OCD Treatment: A Community Discussion Group Community Discussion Groups

How can I know if a situation is scrupulosity OCD and not a real faith challenge? This is a common question you may have asked yourself. What is your usual response? Your scrupulous mind loves to be involved in matters that are most important in your life. The urge to internally solve your dilemma may be logical, but is it helpful? What happens when you start dissecting your thoughts related to your faith? In this psychoeducation and support group, we will discuss how to respond to your mind's unhelpful advice. We will identify ways you can align your faith and life's values so you can focus on what truly matters to you each day!

3:45PM–4:15PM ET

Mindfulness Movement Break Break

Thank you to our sponsor, Biohaven, for sponsoring our mindfulness movement breaks!

4:15PM–5:30PM ET

CBT for Children and Teens with OCD *

Therapists Introductory

This presentation will emphasize the core principles and strategies of exposure-based CBT for children and teens, which are critical to the development and implementation of effective treatment plans. Guidelines and strategies for working collaboratively with the client and parents to identify triggers, develop exposure hierarchies, and implement response prevention will be discussed. Proactively addressing the right and wrong goals of treatment, developing readiness and motivation, setting realistic expectations, addressing noncompliance, and clinical decision-making will be highlighted. Ideas for adapting exposure treatment for telehealth will be presented. New ERP therapists are invited to participate actively in the question-answer session.

Beyond Symptom Management: Improving Connection and Belonging in a Life Once Ruled by OCD *

Therapists Advanced

Many core fears in OCD relate to loneliness or fear of loss or rejection. Unfortunately, fear-driven behaviors can give rise to the very loneliness one is trying to avoid, often contributing to depression as well. While ERP is effective in reducing symptoms of OCD, learning to improve connection and belonging in life takes special consideration in treatment. Not only does OCD interfere with relationships, individuals may unknowingly engage in intra- and inter-personal patterns that perpetuate a sense of disconnection. Presenters will discuss how clinicians can learn to spot these processes and develop a treatment approach that not only targets OCD symptom reduction but also aims to augment meaningful connection to improve overall quality of life.

Innovation and Integrity: Adapting ERP for Telehealth with Young Children *

Therapists Advanced

Circumstances related to the COVID-19 pandemic have forced clinicians and clients to adapt to changes in the provision of therapy services, namely through telehealth. During this transition, clients and clinicians alike have recognized the advantages of providing and receiving mental health care via video conferencing. Many prefer to maintain this treatment modality. Providing therapy via telehealth to young children presents unique challenges. To afford continued access to care for families across ethnic and SES groups and to further reduce existing disparities in mental health care, it is vital to manage these challenges. This clinical session will focus on identifying challenges presented when providing ERP to young children with OCD through telehealth and present strategies and resources that address these challenges.

Different Strokes for Different Folks: The Intersection of ERP and ACT in BDD Treatment *

Body Dysmorphic Disorder (BDD)

While ERP remains the gold-standard when treating Body Dysmorphic Disorder (BDD), the use of Acceptance and Commitment Therapy (ACT) skills can also propel individuals forward in their recovery journey. Two patients, along with their therapist, explore the intersection between ERP and ACT in BDD treatment, while emphasizing that the path to wellness is not always a "one size fits all" approach. Panelists will share their unique stories of healing from BDD as they and their therapist describe in detail the ACT and ERP skills that allowed them to optimize their success and live their most fulfilled, value-driven lives today.

We Want You! Building An Advocate Community Everyone

Individuals with OCD experience unique challenges when seeking out proper treatment and resources. To help address this issue, the IOCDF created the advocate program consisting of people who have successfully navigated through many of these challenges. The national and lead advocates, who head this group, will discuss their passion projects that focus on specific needs experienced by many in the OCD community. These passions include addressing the needs of the BIPOC, faith, and LGBTQ+ communities, in addition to providing resources for athletes with anxiety. Furthermore, making sure individuals 50+ feel represented, and perinatal OCD receives increased focus. There are additional advocacy topics that need to be addressed, and that is where you come in! The panelists will support attendees seeking to discover and advocate for what is important to them, while also providing resources and opportunities to help those interested in advocacy!

Kicking The Inner Critic Where It Counts: Using Self-Compassion Strategically in OCD Recovery

Everyone

For many with OCD, the intensity of the urge to do compulsions is driven by a legitimate aversion to the self-hatred anticipated if fears were to come true. In other words, when we are conditioned to be vicious towards ourselves, we become motivated to work for the OCD more than against it. Self-compassion can be a powerful antidote to this problem, but it can be easily confused with self-denial and may seem impossible to access honestly. This workshop aims to take the fluff and woo out of self-compassion, defining its central features, and demonstrating how it can be weaponized against OCD as a powerful motivator to do the hard things.

Laughing in the Face of Fear: Using Humor to Support Exposure and Response Prevention

Living with OCD

Exposure and Ritual Prevention (ERP) is widely considered the gold-standard treatment for OCD. Since ERP involves approaching triggers, embracing anxiety and abstaining from compulsions, this therapy can seem daunting. Facing fears head on is no joke, but laughter can support people in taking treatment by storm (think: "I'm coming for you OCD!") and finding humor in the scariest of places. This talk with focus on helping those with OCD reclaim their laughter through:

- Exposure ideas (Watching topical comedy)
- Responding to thoughts (Typical brain, of COURSE you'd come up with that!)
- Noticing feels (Well, if it isn't my old pal anxiety...)
- and more!

The presentation will also explore how levity can be the biggest exposure of all.

Being in Your Body: Cultivating Sexual Intimacy When You Have OCD

Living with OCD

Many people with OCD say that they live from the neck up, spending hours stuck in thoughts without resolution. This can detach you from your sensory experience of the world and the very body that carries you through it, making sex and intimacy scary or difficult. To complicate things, many symptoms attack aspects of sex/sexuality, such as with ROCD, SO-OCD, contamination, and harm. The panelists will discuss current research about the kinds of sexual difficulties people with OCD face and will provide skills from ERP, sex therapy and mindfulness to help people approach their sexual experiences with curiosity, self compassion, and openness. This talk will be LGBTQIA+ and poly inclusive and will address intersectionality as it pertains to sex

Young Adult Support Group and Orientation

Community Discussion Groups

Young adults—welcome to the 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. In this first session of the conference, IOCDF Advocates will first welcome and provide a logistical orientation to the conference. After this, the attendees will break out into small discussion groups led by a conference "Veteran" to meet and learn from one another. The Veteran discussion leader you meet in this session will serve as your "group leader" throughout the conference, an accessible guide who will help you get the most out of the weekend!

People of Color Community Discussion Group

Community Discussion Groups

Race and culture can have a significant impact on both the manifestation of OCD and the lived experiences of persons of color (POC) with OCD. Cultural competence treatment is often needed to address these cultural factors related to POC suffers' functioning. This support group aims to provide a safe space for persons of color to connect and to discuss these challenges, including, but not limited to, language barriers, cultural differences, racial trauma, and/or microaggressions faced both within and outside of therapeutic settings. Family members and POC clinicians are also welcome to join.

5:30PM—6:00PM ET

Dinner Break - Don't forget about After Hour activities!

Break

Day 1 is done, but there's plenty of fun things to still do during our "After Hours" activities. We hope you'll come back and join us to continue connecting with other members of the community!

6:00PM—7:00PM ET

Name That Sound!

After Hours Activity

Sometimes, it feels like OCD is all-consuming, which can make it feel tough to just be together and have fun. This activity-based session is focused on making connections with others in the OCD community...by laughing and playing a guessing game. Participants will be divided into teams as they try to "guess" a series of secret, random sounds. The activity will help participants to be present while simply having fun with one another. The winning team will receive some awesome prizes. And yet, everyone's a winner...because this evening activity reminds you that you are so much more than your OCD!

Journey Beyond OCD: Creating a Values Map

After Hours Activity

Come join members of the IOCDF Creatives SIG (special interest group) in illustrating your journey battling OCD! Panelists will discuss how art has both helped their recovery as well as ways OCD has made creativity challenging. Attendees will then be led in creating their own map that depicts how their values can help them live a life beyond OCD. All supplies can easily be found at home!

ROOM GUIDE

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

LIVE Q&A

All live discussions (including post-session Q&A for rooms 1–8) will take place via Zoom.

| | 11:00AM–12:15PM ET | 12:45PM–2:00PM ET | 2:30PM–3:45PM ET | 4:15PM–5:30PM ET |
|---------|---|---|--|---|
| ROOM 1 | EVIDENCE-BASED PSYCHOLOGICAL INTERVENTIONS FOR BODY-FOCUSED REPETITIVE BEHAVIORS Marla Deibler, PsyD; Renae Reinardy, PsyD | YOU, ME AND RELATIONSHIP OCD: DIAGNOSIS, TREATMENT AND INTIMACY WITH ROCD Beth Brawley, LPC; Michelle Massi, LMFT | SUPPORTING ERP WITH SELF COMPASSION AND INTERNAL FAMILY SYSTEMS Melissa Mose, LMFT | ADVICE FOR NEWBIES BY A COUPLE OF OLD HANDS Charles Mansueto, PhD; Fred Penzel, PhD |
| ROOM 2 | CLINICAL APPLICATION OF RO-DBT FOR OCD: FINDINGS AND RECOMMENDATIONS Brittany Little, LICSW; Rachel Morin, LCMHC; Timothy DiGiacomo, PsyD | OCD AND CANNABIS: JUST SAY KNOW Dean McKay, PhD, ABPP; Jonathan Hoffman, PhD, ABPP; Michael Randazza; Stacey Conroy, LICSW, MPH | TWO GEEKS NERDING OUT ON METACOGNITIVE APPROACHES TO TREATING OCD Carl Robbins, LCPC; Michael Heady, LCPC | CASE CONSULTATION ROUNDTABLE: INTEGRATING ACT & ERP IN THE TREATMENT OF OCD Marisa Mazza, PsyD; Marla Deibler, PsyD; Samantha Deana, PsyD |
| ROOM 3 | OOPS I DID IT AGAIN - TRIPS, SLIPS AND MISSTEPS ERP CLINICIANS OFTEN MAKE Jenifer Cullen, PhD; Jennie Kuckertz, PhD; Jason Krompinger, PhD; Leslie Shapiro, LICSW; Sinhae Cho, PhD | LEADING BY VALUES: AN INSIDER’S PERSPECTIVE TO OCD CLINIC LEADERSHIP DRIVEN BY PASSION AND SERVICE Amy Mariaskin, PhD; Diane Davey, RN, MBA; Elizabeth McIngvale, PhD, LCSW; Katia Moritz, PhD, ABPP; Lauren Wadsworth, PhD; Maria Fraire, PhD | FROM GENERALIST TO SPECIALIST: SUPERVISION AND TRAINING OF ANXIETY DISORDER CLINICIANS Josh Spitalinick, PhD, ABPP; Kelly Flanagan, LPC-MHSP; Allen Weg, PhD | THE PERFECTIONISTIC THERAPIST: THE PERILS OF SETTING ‘GOLD STANDARDS’ FOR OUR WORK AND OURSELVES Jennifer Kemp, MPsyCh |
| ROOM 4 | MULTICULTURAL FORMULATION AND EXPOSURE PLANNING USING ACCEPTANCE AND COMMITMENT THERAPY Jordan Cattie, PhD; Sheeva Mostoufi, PhD | WE SHOULD TALK ABOUT BRUNO: EXAMINING OCD STIGMA IN LATINX COMMUNITIES Alexandra Reynolds; Raquel Garcia; Romina Vitale | TREATING TRANSGENDER CLIENTS WITH OCD: BEYOND THE BASICS Andrew Triska, LCSW | BIPOC NETWORKING AND DIVERSITY CONSULTATION Erjing Cui, LMHC; Marcia Rabinowits, PsyD; Becca Roberts, LCPC; Adrienne Marcellus-Altman, LCSW |
| ROOM 5 | CATCH THEM IF YOU CAN! ROOTING OUT SNEAKY ACCOMMODATIONS Michelle Loewy, LMFT; Rindee Ashcraft, PhD | HOW TO HELP PARENTS HANDLE DIFFICULT BEHAVIOR CAUSED BY OCD Natasha Daniels, LCSW | SUPPORTING YOUR ADULT CHILD WITH OCD: CLINICAL AND FAMILY PERSPECTIVES Ben Eckstein, LCSW; Eli Lebowitz, PhD; Kathy Stocking; Susan Lane | PREVENTING CAREGIVER BURNOUT: ILLUMINATING HOPE IN UNCERTAIN TIMES Catherine Varley; Jenny Woodworth, MSW; Kristi Horner |
| ROOM 6 | NO PAIN, NO GAIN: THE SILVER LINING IN SUFFERING FOR OCD TREATMENT Dean McKay, PhD, ABPP; Jonathan Hoffman, PhD, ABPP; Katia Moritz, PhD, ABPP | OVERVIEW OF BODY-FOCUSED REPETITIVE BEHAVIORS Marla Deibler, PsyD; Renae Reinardy, PsyD | ADD SOME ACCEPTANCE & COMMITMENT THERAPY TO YOUR ERP, WITHOUT CONFUSING THINGS! A FAMILY WORKSHOP Andrea Kulberg, PhD; Grace Stirling, AMFT | THRIVING WITH CHRONIC OCD: HOW TO FLOURISH, IMPROVE FUNCTION, AND ENHANCE QUALITY OF LIFE Dana Solnik, OT Reg. (Ont.); Justine Dembo, MD, FRCPC; Nathania Lukman, MSc.OT, OT Reg. (Ont.); Peggy Richter, MD; Rahat Hossain, MD |
| ROOM 7 | WHO DO I TELL?!: OPENING UP ABOUT YOUR OCD Tiffany Vicencio, LMFT; Alexander Rosenberg; Ezrin Homonoff; Darcy Howell | HOW TO DATE WHEN OCD IS ALWAYS THIRD-WHEELING Adira Weixlemenn ; Megan Dailey | COMPLICATIONS IN EDUCATION Cassie Markze; Emily Feldewerth; Matthew Codde, LCSW; Micah Howe | WHEN OCD MAKES YOU FEEL BEHIND Alexandra Reynolds; Emily Weems, LCSW; Micah Howe; Morgan Rondinelli |
| ROOM 8 | WHEN OCD ATTACKS THOSE YOU LOVE: ADDRESSING COMMON FEARS ACROSS HARM OCD, POCD, AND ROCD Josh Kaplan, LCSW; Sara Conley, PhD; Taylor Newendorp, LCPC | WORKPLACE ISSUES AND LEGAL RIGHTS FOR INDIVIDUALS WITH OCD Michael Gigante, MA, JD | NO CURE? SO WHAT! - LIVING A VALUE-DRIVEN, JOYFUL LIFE ANYWAY Katie O’Dunne, MDiv; Shala Nicely, LPC; Ethan Smith; Kimberley Quinlan, LMFT | SLIP SLIDING AWAY: MAINTAINING YOUR RECOVERY GAINS Jonathan Grayson, PhD |
| ROOM 9 | DEALING WITH OCD ALONE FOR THE FIRST TIME: TRANSITIONING TO COLLEGE & AWAY FROM FAMILY ACCOMMODATION Alexandria Graham | LIVING A HEALTHY AND BALANCED LIFE: A COMMUNITY DISCUSSION GROUP Jayme Jacobs, PsyD | #PICKING ME OVER SKIN PICKING: A DERMATILLOMANIA COMMUNITY DISCUSSION GROUP Lauren McKeaney | PERINATAL OCD COMMUNITY SUPPORT GROUP Allison Livingston; Lindsay Devon |
| ROOM 10 | WHAT RECOVERY ACTUALLY LOOKS LIKE: COMMUNITY DISCUSSION GROUP FOR LIFE AFTER TREATMENT Kelley Franke, LMFT; Kevin Foss, MFT; Lauren Rosen, LMFT | OCD PERFECTIONISM COMMUNITY DISCUSSION GROUP Taylor Newendorp, LCPC; Whitney Pickett | CDGS BY SUBTYPES: 1) WHEN EVERYTHING FEELS FAKE: A COMMUNITY DISCUSSION GROUP FOR EXISTENTIAL OCD — Alexandria Graham 2) EMOTIONAL CONTAMINATION COMMUNITY DISCUSSION GROUP — AJ Land 3) HARM OCD COMMUNITY DISCUSSION GROUP — Allison Brandt, PhD; Jill Davidson, PsyD; Keegan Baurer, MA, LPC | COMMUNITY DISCUSSION GROUP FOR MENTAL HEALTH PROFESSIONALS WITH OCD Dan Kalb, PhD; Kristina Orlova, LMFT, CMT |

THERAPISTS (INTODUCTORY)

THERAPISTS (ADVANCED)

PROFESSIONAL DEVELOPMENT

DIVERSITY

PARENTS AND FAMILIES

EVERYONE

YOUNG ADULTS

LIVING WITH OCD

COMMUNITY DISCUSSION GROUPS (CDGS)

AFTER HOUR ACTIVITIES

6:00PM–7:00PM ET

YOUNG ADULT GAME NIGHT!

Kyle King

THINKING OUTSIDE THE BOX: USING HUMOR & CREATIVITY TO MANAGE OCD

Barbara Zelop, LPC,
ATR-BC; Tracie Ibrahim,
LMFT, CST

10:00AM–6:00PM ET

Help Desk

Support

Having issues or have a question? Click [here](#) to speak to live support

11:00AM–12:15PM ET

Evidence-Based Psychological Interventions for Body-Focused Repetitive Behaviors *

Therapists Introductory

Evidence-based psychological treatment approaches Body-Focused Repetitive Behaviors (BFRBs), including trichotillomania (hair pulling), excoriation disorder (skin picking), and other repetitive self-grooming behaviors, are based on a cognitive-behavioral model of conceptualization. Although habit reversal training (HRT) has historically been considered the “gold standard” intervention, the treatment landscape has broadened to include the comprehensive model for behavioral treatment (ComB), acceptance and commitment therapy (ACT), and dialectical behavior therapy (DBT) - enhanced HRT. Despite these advances in treatment, successful long-term BFRB treatment outcomes remain challenging and is an area of growth and development in the field. This workshop will discuss current evidence-based psychotherapeutic interventions and potential areas of future investigation.

Clinical Application of RO-DBT for OCD: Findings and Recommendations *

Therapists Advanced

Radically Open Dialectical Behavior Therapy is supported by emerging research as a modality that may be effective for individuals with OCD. The core components of RO-DBT, flexibility and adaptability, social connectedness, and seeking out novelty have interesting theoretical and practical applications for the treatment of OCD. Clinicians treating clients with OCD need effective strategies for supporting their clients in breaking free from OCD, which RO-DBT may provide. In our presentation we will discuss RO-DBT and its utility in a residential treatment setting with adolescents and young adults with OCD. We will share case-study based information on our application of the modality and offer insights on the benefits and challenges of this modality in a variety of treatment settings.

Oops I Did It Again - Trips, Slips and Missteps ERP Clinicians Often Make *

Professional Development

Approximately 40% of patients with OCD do not respond to ERP. Lack of treatment response may not be entirely connected to the patient. The most effective therapists may be those willing to examine their responsibility in this relationship to improve treatment outcomes. This discussion is intended for clinicians interested in learning about mistakes made along the way. The panelists comprise junior therapists who describe their most common errors made throughout their training and seasoned clinicians who describe their ongoing traps. The discussion will include both overt and covert pitfalls, such as losing sight of the most effective intervention in the service of preserving the therapeutic alliance and therapist's participation in avoidance behaviors, such as inadvertently providing reassurance.

Multicultural Formulation and Exposure Planning using Acceptance and Commitment Therapy *

Diversity

Acceptance and Commitment Therapy (ACT) is a versatile transdiagnostic approach that promotes psychological flexibility by practicing acceptance of emotions and thoughts, and aligning actions with one's core values and sources of meaning. Because ACT emphasizes understanding the full context for behavior, and developing individualized goals based on personal values, it is also a powerful tool for developing thorough multicultural case formulations and treatment plans. This advanced workshop briefly reviews core concepts of ACT, and guides participants through applying these processes to multicultural formulation and treatment planning using the Contextual Functional Assessment. Ultimately, the therapeutic relationship, and treatment adherence can benefit from learning to collaboratively built value-driven treatment plans that are grounded in the unique cultural contexts of presenting clients.

Catch Them If You Can! Rooting Out Sneaky Accommodations

Parents and Families

Do you ever wonder why you work hard to stop accommodating your child's OCD, and then somehow you realize that actually, you are still over-involved in their OCD and you have no idea how you got there? Welcome to the world of sneaky accommodation! OCD has somehow managed to sneak its way into your family once again. This talk will help you identify the less obvious but very common ways that families may accommodate their kids. These include things like distraction, round-about avoidance, being “tricked” into giving reassurance, or allowing avoidance. Once you have figured out these sneaky accommodations, you can change your behavior to help free your family from spending time accommodating, and help your child feel better! Win-Win!

No Pain, No Gain: The Silver Lining in Suffering for OCD Treatment

Everyone

We get it. Singing the praises of suffering sounds like the worst IOCDF conference idea ever. Nonetheless, we hope to convince you why it just might be exactly the opposite. Illustrated by current Cognitive Behavioral Therapy (CBT), neural network and experiential models, this panel will examine the paradox of suffering associated with both OCD and its treatment, particularly exposure and response prevention. Topics will include understanding and differentiating positive and negative suffering, incorporating helpful ‘positive suffering’ strategies into OCD treatment and the reasons why suffering may actually facilitate greater life satisfaction en route to recovery. Attendees will have the opportunity to ask questions and share experiences. We hope you're curious enough to risk suffering through this presentation to join us!

Who Do I Tell?: Opening Up About Your OCD

Young Adults

OCD can be a very personal thing, but that doesn't mean you have to keep it all to yourself. You may wonder, however, who you “should” and “shouldn't” tell. Significant others? Bosses? Friends? Family? The list goes on. Figuring this out and opening up about your OCD can be a very scary and challenging thing. In this session, participants will learn from a panel of those with OCD about tips on deciphering who you want to tell about your OCD and how to open up about it as well as time for a Q&A session.

When OCD Attacks Those You Love: Addressing Common Fears Across Harm OCD, POCD, and ROCD

Living with OCD

Within subtypes of OCD such as Harm OCD, POCD, ROCD, and Postpartum OCD, people might experience the most distress when their obsessive thoughts, images, and urges focus on the people they love the most in their lives. From doubts about hurting someone's feelings to violent intrusive thoughts, there tends to be one common theme tying all of these obsessions together—a fear that the person will somehow lose control and irreparably damage their loved ones physically, emotionally, or both. This presentation will teach participants CBT and ERP techniques to identify and cope with deeper fears that contribute to anxiety, compulsions, avoidance, and isolation, allowing them to reconnect with the people they care most about in a meaningful way.

Dealing with OCD Alone for the First Time: Transitioning to College & Away from Family Accommodation

Community Discussion Groups

Transitioning away from home and to college is a difficult time for anyone, let alone the OCD sufferer. Transitioning from a comfortable environment to one where you now have to deal with your own issues 24/7 can bring on waves of homesickness and fear at being left to your own devices. As OCD sufferers, how do we deal with these intense emotions away from safety “crutches” and navigate family accommodation? In this session, I will be sharing my own personal experience with navigating life with OCD away from home for the first time, and the tips and tricks that worked to help me regulate my emotions. The whole session will be interactive, so feel free to share your own tidbits!

What Recovery Actually Looks Like: Community Discussion Group for Life After Treatment

Community Discussion Groups

Ever wondered to yourself what in the world “recovery” actually looks like? “When will I know I’ve arrived?” are common in OCD treatment. This presentation aims to paint a realistic picture of what recovery really looks like. It may not be the Pinterest-perfect image that you had in mind, but the good news is that it doesn’t have to be! We will cover expectations versus reality when it comes to ongoing exposure and response prevention. We will also discuss navigating the presence of obsessions and anxiety in recovery (Hint: These are not “bad signs!”). Lastly, we’ll talk about how self-compassion can support the ongoing quest to better live life with OCD in tow.

12:15PM–12:45PM ET

Mindfulness Movement Break

Break

Thank you to our sponsor, Biohaven, for sponsoring our mindfulness movement breaks!

12:45PM–2:00PM ET

You, Me and Relationship OCD: Diagnosis, Treatment and Intimacy with rOCD *

Therapists Introductory

Much of life is uncertain and relationships are no exception to this fact. When a partner has rOCD, this intolerance of uncertainty can greatly impact the relationship. Individuals with rOCD may struggle from misdiagnosis, counterproductive treatment methods, and knowing how to mindfully engage in both the large moments and daily minutia of relationships. Physical and emotional intimacy may also be affected when rOCD is present in a relationship. This session will teach clinicians to recognize common manifestations of rOCD, how to avoid common pitfalls in the treatment of rOCD, and examine the application of ERP principals. Hierarchy examples will be discussed. Case studies will be examined alongside ways to increase and strengthen mindful intimacy.

OCD and Cannabis: Just Say Know *

Therapists Advanced

The purpose of this panel is expanding attendees’ consciousness regarding impacts of cannabis on OCD and its treatment. Cannabis is the most widely used psychoactive substance despite its association with many negative psychological outcomes. Higher rates of cannabis use disorder (CUD) are observed among those with OCD. Topics include how recent policy and public opinion shifts may influence the perceptions of those with OCD about the safety of cannabis use in general or to purposefully target OCD symptoms; the ramifications of cannabis/THC on OCD symptomatology and efficacy of exposure and response prevention (ERP); and potential modifications of ERP for those with OCD who engage in cannabis use. The panelists are all experts in OCD with or without substance use disorders.

Leading by Values: An Insider’s Perspective to OCD Clinic Leadership Driven by Passion and Service *

Professional Development

Join our panel of women leaders in the field who run OCD specialty programs across the country at all levels of care to discuss leadership in the OCD world. Presenters will share their challenges and successes of leading clinics driven by values and patient focused goals with specifics on mentorship, leadership, building strong teams, and staying true to clinical missions and patient centered work. This presentation will focus on building a program, clinical models, and how to navigate levels of care. Insider perspectives around “being in charge”, managing people, and business modeling will also be discussed. If you want to learn how to build a program and lead in a way that feels good— this talk is for you!

How to Help Parents Handle Difficult Behavior Caused by OCD

Parents and Families

OCD doesn’t just cause intrusive thoughts and feelings. It doesn’t just create a vicious cycle of compulsions. Often OCD can cause difficult behaviors that can be just as hard to deal with as the OCD itself. In this presentation, Natasha Daniels, an OCD child therapist and mom to three kids with OCD, will discuss how parents can handle the difficult behavior that often comes with OCD. She will talk about how to play detective and see the OCD hiding behind the behavior. She will teach effective ways to not only handle the behavior, but address the OCD behind it as well.

We Should Talk About Bruno: Examining OCD Stigma in Latinx communities *

Diversity

The Disney movie “Encanto” has sparked many exciting and necessary conversations regarding topics such as family roles and mental illness. One such conversation centers on the character Bruno who displays symptoms of OCD and is cast as the outsider of his family due to being different. For many Latinx OCD sufferers, Bruno is a familiar embodiment of the high levels of stigma faced when breaking cultural norms regarding mental illness as taboo to seek treatment. A diverse group of Latinx panelists will share their personal experiences with OCD stigma with the goals of educating the community regarding the increased stigma Latinx sufferers face and inspiring conversations on ways to increase awareness and decrease stigma in the Latinx community.

Overview of Body-Focused Repetitive Behaviors *

Everyone

Body-Focused Repetitive Behaviors (BFRBs) are repetitive self-grooming behaviors, such as trichotillomania (hair-pulling) and excoriation disorder (skin-picking), that fall within the scope of OCD and related disorders. Although BFRBs are common, affecting as many as 1 in 20 individuals, accessing accurate information and evidence-based treatment resources can be challenging. This workshop will provide an overview of BFRBs, including the phenomenology, self-reinforcing nature of the disorders, current trends in evidence-based treatment, and resources for clinicians as well as for those living with these disorders.

How to Date When OCD is Always Third-Wheeling

Young Adults

Every young adult looking for or in relationships knows - romance can play a huge role in a young person’s life. And while romance is tricky for everyone, OCD can make it even trickier. Whether OCD makes you obsessively doubt your relationship or involves your partner in compulsions, you are not alone - these problems have been faced and overcome before! In this session, you will have the chance to hear from a panel of both clinicians and young adults with OCD on the most common difficulties that come up when dating with OCD and some techniques to combat them. After the presentation, attendees will then have the chance to ask the panelists questions.

Workplace Issues and Legal Rights for Individuals with OCD

Living with OCD

This presentation will examine common workplace and job performance issues for individuals with OCD, including difficulty maintaining concentration, arriving to work on time, staying organized, and meeting deadlines. The presentation will also examine the legal rights afforded to individuals with OCD under the Americans with Disabilities Act (ADA), including the right to not be discriminated against in employment, and the duty of employers to accommodate individuals via “reasonable accommodations” and engaging in an interactive dialogue or “process” with such individuals. The presentation will discuss court cases about individuals with OCD who requested workplace accommodations, and what courts around the country have ruled are employees’ rights and employers’ duties. Workplace issues/accommodations related to COVID-19 will also be addressed, including telecommuting.

Living a Healthy and Balanced Life: A Community Discussion Group

Community Discussion Groups

Developing healthy habits is hard enough when you’re not facing OCD. Add OCD and other comorbid conditions to the mix, and it can be incredibly difficult to make time and space for the things that bring balance to your life. In this support group, we will not only explore the common pitfalls associated with good habits and self-care, but will also highlight the nuanced challenges that present as a result of OCD. Thereafter, we will discuss a variety of ways to successfully approach healthy habits, emphasizing the importance of flexibility and non-judgment in this journey.

OCD Perfectionism Community Discussion Group

Community Discussion Groups

We plan to present the 2022 version of the OCD Perfectionism Support Group at the Online OCD Conference. We will make it collaborative, enjoyable & informative experience - so please join us!

2:00PM–2:30PM ET

Mindfulness Movement Break

Break

Thank you to our sponsor, Biohaven, for sponsoring our mindfulness movement breaks!

2:30PM–3:45PM ET

Supporting ERP with Self Compassion and Internal Family Systems *

Therapists Introductory

Therapists of clients with OCD often struggle with barriers to motivation and willingness to engage in exposures during ERP, or they face challenging and complex cases that require adjustments and enhancements to treatment. Flexibility in our approach while still delivering the most effective ERP treatment is a must. Self-compassion has been shown to provide a significant advantage for clients who are perfectionistic and hard on themselves. Internal Family Systems (IFS) is an evidence-based approach that fosters the clients' ability to access the compassion, curiosity, and courage to encounter their fears and face them without wishing them away. With the addition of these protocols, exposure therapy is deepened and enhanced, and treatment outcomes can be significantly improved.

Two Geeks Nerding Out on Metacognitive Approaches to Treating OCD *

Therapists Advanced

There is a growing interest among clinicians in finding evidence-based approaches to OCD that can complement or provide alternatives to ERP. This presentation is designed to feel like you're eavesdropping on two colleagues with over 50 years combined clinical experience having a practical, case-based conversation about the theory and application of IBT and MCT. Our goal is to provide intermediate and advanced clinicians specific and practical metacognitive interventions beyond standard ERP that can enhance your work starting Monday morning.

Treating Transgender Clients with OCD: Beyond the Basics *

Diversity

Transgender identity in people with OCD is not well researched, and many trans therapy clients report that their therapists do not understand the interplay of trans identity and obsessions/compulsions, even those who possess basic knowledge of gender identity. This presentation will increase clinicians' ability to appropriately treat transgender and gender variant clients with OCD. Participants will be introduced to relevant literature on transgender people with OCD, learn to distinguish gender variance from intrusive thoughts about gender identity in cisgender people (often called "transgender OCD"), understand factors in the treatment of trans clients with OCD that may not be present in cisgender clients, learn to structure exposures effectively, understand risk management considerations, and participate in an interactive discussion of case studies.

From Generalist to Specialist: Supervision and Training of Anxiety Disorder Clinicians *

Professional Development

This talk features 3 seasoned clinical supervisors highlighting their strategies for guiding students and less experienced clinicians toward being specialists in the field of OCD and anxiety disorders. To increase access to effective, affordable care and meet the growing demand for anxiety disorder specialists, we need to curate exceptional educational experiences from beginning to end. It's no easy task to meet the needs of new clinicians, and it starts with selecting appropriate training candidates. Supervisors need skills for supporting clinicians as they try out unfamiliar and sometimes counterintuitive techniques, as well as helping them develop strategies for long term professional success. In this talk, panelists will cover this entire developmental process and prospective supervisors will leave empowered to lead.

Supporting Your Adult Child with OCD: Clinical and Family Perspectives

Parents and Families

Parents of adult children with OCD are faced with some unique challenges. The days of explicitly directing their child's treatment are long gone, however, parents can still positively impact the course of their adult child's recovery in other ways. How are parents affected when their adult children struggle to maintain independence? What can they do to enhance motivation? How can parents seek support for themselves? Are there ways for parents to help, even if their children are refusing or are ambivalent about treatment? We'll explore these questions and more in a panel discussion featuring both parents of adult children with OCD and clinicians

Add Some Acceptance & Commitment Therapy to Your ERP, Without Confusing Things! A Family Workshop

Everyone

We all know that ERP is the number one, evidence-based treatment for OCD. In this workshop, you will discover the "why" of exposure therapy- which is to live a normal life! Steven Hayes refers to Acceptance and Commitment Therapy as exposure-based. In ACT, the client lives the life they choose, while accepting the painful experiences that inevitably come with it. Participants will learn how to identify Control Strategies (attempts to get rid of unpleasant thoughts and emotions), and learn to defuse from distressing thoughts, accepting their presence with indifference. The powerful principles of ACT increase willingness to move toward anxiety, by normalizing discomfort as a frequent part of living. Participants will design live and imaginal exposures incorporating ACT-based ideas.

Complications in Education

Young Adults

School by itself is challenging. You add OCD on top of it and it can become extremely difficult to navigate. But it's not impossible! This session will include a discussion from a panel of those with lived experience of juggling OCD and school as well as a time for Q&A. A wide array of topics will be covered such as managing your social life in school, getting accommodations, knowing if you need to take a break from school, how to stay on top of assignments while managing OCD/ERP and so much more. Whether you're in school, applying to school, or want to go back to school, this session will be a benefit for you!

No Cure? So What! - Living a Value-Driven, Joyful Life Anyway

Living with OCD

When individuals hear there is no cure for OCD, there can be a sense of hopelessness and fear about what the future holds. And yet, the chronic nature of OCD hardly means you're sentenced to a miserable life. Learn how to stop negotiating with OCD and start living. By acknowledging the diagnosis, leaning into the uncertainty, using tools from treatment, and offering yourself compassion, you can take huge steps toward your values and learn that "chronic" is just a word, not a constant state of being. It's not easy to reclaim the beautiful life you desire and deserve, but it's most definitely possible and totally worth it.

#Picking Me over Skin Picking: A Dermatillomania Community Discussion Group

Community Discussion Groups

Have you felt alone and isolated by your skin picking disorder? Do you endlessly search for ways to manage dermatillomania? Are you overwhelmed and unsure of where to start? Would you like to find a place that is welcoming and validates you on your skin picking journey? Come join Picking Me Foundation CEO Lauren McKeaney and fellow skin pickers as we connect over candid convo, swap strategies, and share check-ins of our BFRB experiences. And if you can, grab a fidget toy to bring and redirect restless finger energy off the body while we chat (plus we'd love to see them as a Show 'n Tell)! We're excited to grow our community and here's to #PickingMe over Skin Picking fam!

When Everything Feels Fake: A Community Discussion Group for Existential OCD

Community Discussion Groups

An often underrepresented sub-genre of OCD is existential OCD: defined from the IOCDF as "intrusive, repetitive thinking about questions which cannot possibly be answered, and which may be philosophical or frightening in nature, or both". So, the question arises: how do you find the gusto to combat a thought that makes everything you do seem meaningless, pointless, or fake? In this group, we will be discussing our experiences with existential OCD, weighing sources of motivation, and handing out useful tips and tricks for activating oneself behaviorally and combating overwhelming emotion. We will expound on useful exposure strategies, ways to get out of bed on those bad days, and how to find meaning in a OCD-described meaningless world!

Emotional Contamination Community Discussion Group

Community Discussion Groups

This group is for individuals with "emotional contamination" OCD. This involves aversion to a person, place, or thing (often felt as disgust), and concern about getting contaminated by the trigger. The feared contamination may spread to things/people/places associated with the trigger, either through a chain of physical contact with the trigger, or abstract association, such as thinking of, seeing, or hearing anything associated with the trigger (such as a word). Attendees will be able to share their experiences with others who have this type of OCD, and help one another with its challenges. This group supports the idea that CBT/ACT and ERP are as effective for EC as for other forms of OCD – and that treatment success is possible.

Harm OCD Community Discussion Group

Community Discussion Groups

Many people with OCD experience harm-related obsessions, such as intrusive violent images, worries about physically harming others/themself, concern that they will engage in inappropriate sexual behavior, and/or fear of saying/doing something hurtful, which leads them to engage in various compulsive behaviors aimed at preventing harm (e.g., hiding sharp objects, reviewing their actions repeatedly, seeking reassurance from others, avoiding violent media, etc.). Understandably, harm-related obsessions can feel incredibly uncomfortable, scary, shameful, and isolating. The aim of this group discussion is to provide a safe place for individuals who experience harm-related obsessions to connect and share experiences with others impacted by similar obsessions.

3:45PM–4:15PM ET

Mindfulness Movement Break

Break

Thank you to our sponsor, Biohaven, for sponsoring our mindfulness movement breaks!

4:15PM–5:30PM ET

The Perfectionistic Therapist: The Perils of Setting 'Gold Standards' for Our Work and Ourselves *

Professional Development

The often-mentioned 'gold standard treatments' for OCD require a high level of precision and training to deliver, yet even with this expertise, outcomes remain uncertain and often elusive. In this context, setting a gold standard for our work as a therapist will inevitably lead to self-criticism and self-doubt. Seeking certainty and not wanting to fail, we can grip tightly to protocols and to the goal of delivering perfect therapy. Starting with a concise formulation of perfectionism from a behavioral perspective, this interactive session will explore personal standards, self-criticism, and self-doubt we experience as therapists. Participants will then explore how to unhook from unhelpful standards and self-criticism to deliver 'imperfect' yet effective therapy that helps our clients, communities, and ourselves.

Advice for Newbies by a Couple of Old Hands *

Therapists Introductory

The treatment of OCD and related disorders is a specialty that involves many skills as well as the appreciation of diverse nuances that are features of these problems. Therapists starting out in this field will greatly benefit from proper training and supervision in order to succeed. This presentation will provide guidance for newcomers in identifying knowledge and skills that enhance effectiveness in therapy for these disorders, and the various ways they might acquire them. This presentation draws on the personal experiences of two seasoned therapists who have been active in this field for over eighty years between them. It will be an interactive experience with many opportunities to ask questions and get answers.

Case Consultation Roundtable: Integrating ACT & ERP in the Treatment of OCD *

Therapists Advanced

While Exposure and Response Prevention (ERP) has been the gold standard treatment for OCD since the 80s interest in integrating ERP and Acceptance and Commitment Therapy (ACT) has piqued within the past several years. When compared, both approaches are equally effective in treating OCD. While comparative research is valuable, many therapists are interested in integrating these two approaches and have done so in various ways. For some, this integration has been used to address motivation, dropout, long-term living, and comorbidity. In this session, panelists will discuss various ways in which they integrate ACT and ERP to address these clinical issues. Clinician attendees will be encouraged to raise theoretical and case consultation questions to further explore this contemporary treatment approach.

Preventing Caregiver Burnout: Illuminating Hope in Uncertain Times

Parents and Families

When you take better care of yourself, you provide better care to others. Courage to Caregivers is in the caregiver burnout prevention business. As both professional and family caregivers, we recognize the importance of taking care of yourself and finding techniques to cope and manage the stress of caregiving, thereby reducing compassion fatigue and caregiver burnout. This workshop begins with a breathing meditation focused on compassion fatigue, as an embodied experience. Including: learning a breathing technique, light movement, a guided meditation centered on hope. Followed by a presentation on understanding stress, the difference between compassion fatigue and caregiver burnout. Participants will leave feeling grounded, supported, with tools that they can incorporate for themselves (and families/clients) for greater health and well-being.

BIPOC Networking and Diversity Consultation

Diversity

This live session will have two (2) breakout rooms for professionals, students, and trainees. In the first room, BIPOC professionals/students/trainees are invited to join an open networking session to get to know others in the field and make connections. In the second room, any professional/student/trainee is invited to join for brief consultation on their work with diverse populations.

Thriving with Chronic OCD: How to Flourish, Improve Function, and Enhance Quality of Life

Everyone

In the journey through illnesses such as OCD, we expect to address the source of suffering and 'fix' what has gone wrong. However, when evidence-based treatment options are no longer available, clinicians, individuals, and their family or loved ones must adapt to living - and thriving - in spite of the illness. This session will offer knowledge and practice focused on strategies to enhance meaning, purpose, function, and quality of life for when care, rather than cure, becomes the priority. An expert panel including individuals with varied clinical backgrounds will discuss approaches including Acceptance and Commitment Therapy, narrative therapy, recovery-oriented care, and making meaning of the chronic illness experience both as a patient and as a clinician.

When OCD Makes You Feel Behind

Young Adults

Young adulthood is a time of transitions and OCD, be it the treatment or the disorder itself, can throw a huge wrench into the timing of each milestone. As your peers seemingly keep moving, feeling behind can become an overwhelming source of sadness and anxiety. In this talk, hear from two OCD advocates whose life trajectory was turned upside down by OCD, how they coped with feeling behind and where they ended up. After this, two clinicians will share some strategies and perspectives to employ when faced with this uncomfortable feeling followed by breakouts into smaller discussion groups with your peers.

Slip Sliding Away: Maintaining Your Recovery Gains

Living with OCD

After the challenging work of ERP you want to be done - but you will slip. Slipping is a normal process; it happens for any behavior one tries to change (e.g., diets, exercise programs, smoking cessation, etc.). If slipping meant OCD returned full force and propelled you back to dysfunction; it would be devastating. But this isn't the case. The trick is early detection of warning signs and quick response to slips. In this interactive workshop, attendees will identify the triggers leading to slips, and through role plays, to recognize the OCDemon, who tries to trick you into turning small lapses into full scale relapse. Attendees will be interactively guided through the process of developing their own relapse prevention/recovery plan.

Perinatal OCD Community Support Group

Community Discussion Groups

Our group is intended for all those who are affected by perinatal OCD. We want to provide a safe space to allow a peer-to-peer discussion around perinatal OCD. Our goal is to provide this safe environment for those who want to be heard, validated, and know they are not alone. Allison Livingston & Lindsay Devon will be co-facilitating this support group, they are both advocates for perinatal OCD awareness via lived experience.

Community Discussion Group for Mental Health Professionals with OCD

Community Discussion Groups

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

6:00PM–7:00PM ET

Young Adult Game Night!

After Hours Activity

Yes, this is an OCD conference...but not every session has to be about OCD. Come to this session to play free digital games with other young adults using your smartphone as the controller. This event is intended to be a community building, evening mingle activity. Once the Conference begins to quiet down for the night, instead of going to your room alone, come hang out with fellow young adults with OCD! You will get to know and meet some of your future friends! Young adults that are "veterans" of the Conference will moderate and make sure everyone is having a good time! Join for lots of laughs!

Thinking Outside The Box: Using Humor & Creativity to Manage OCD

After Hours Activity

OCD can at times become exhausting, frightening, and daunting in its demands for certainty and reassurance. Addressing fears in a way that flips OCD upside down, can make ERP/OCD symptom management into a more fun and effective process. The goal is to increase motivation, treatment compliance and engagement in the recovery and maintenance process by making it more palatable and fun. This approach allows OCD sufferers to feel more in control and able to move through their day successfully. Participants will have opportunities to learn, share, and engage in a multitude of fun activities utilizing everything from creating powerful, fun and hilarious memes, song lyrics, stories, artistic expressions, and other creative ways for playfully and effectively managing OCD symptoms

5:30PM–6:00PM ET

Dinner Break - Don't forget about After Hour activities!

Break

Day 2 is in the books, but there are still some "After Hours" activities to attend tonight. We hope you'll come back and join us to continue connecting with other members of the community!

ROOM GUIDE

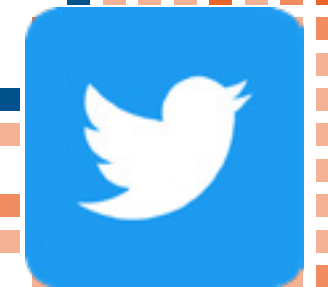
These tracks are intended to help you decide which presentations may be the most appropriate for you, but all of our presentations are open to everyone.

LIVE Q&A

All live discussions (including post-session Q&A for rooms 1–8) will take place via Zoom.

| | 11:00AM–12:15PM ET | 12:45PM–2:00PM ET | 2:30PM–3:45PM ET | 4:15PM–5:30PM ET |
|---------|---|---|--|--|
| ROOM 1 | WORKING WITH AGE-INAPPROPRIATE OR TABOO CONTENT IN TREATING PEDIATRIC OCD Jennifer Gola, PsyD; Marla Deibler, PsyD; Renae Reinardy, PsyD | OCD AND DEPRESSION: CLINICAL TREATMENT IMPLICATIONS AND RECOMMENDATIONS FOR ADOLESCENTS Brittany Little, LICSW; Rachel Morin, LCMHC; Timothy DiGiacomo, PsyD | EVIDENCE FOR INFLAMMATION IN PANS (PEDIATRIC ACUTE-ONSET NEUROPSYCHIATRIC SYNDROME) Chris Pittenger, MD; Elizabeth Mellins, MD; Jennifer Frankovich, MD, MS; Tyler Prestwood | LET’S TALK ABOUT SEX, BABY! AND THE IMPORTANCE OF INCLUDING SEXUALITY IN ASSESSMENT AND TREATMENT Emily Hemendinger, LCSW, MPH, CPH; Rachel Davis, MD |
| ROOM 2 | THE HEART OF EXPOSURE: COMPASSION-FOCUSED ACT FOR OCD AND TRAUMA-RELATED DISTRESS Devora Scher, PsyD; Donald Marks, PsyD; Jennifer Kennedy, PsyD; Keryn Kleiman, MA; Ritvik Dutta, MA | PERINATAL BASICS: WHAT OCD SPECIALISTS NEED TO KNOW ABOUT WORKING WITH THE PERINATAL POPULATION Birdie Meyer, RN, PMH-C; Cindy Herrick, MA, CPSS; Mallory Haney-Veres, LPC-MHSP; Stephanie, Cogen, MPH, MSW | IT’S NOT JUST FOR THE MOTHERS: POSTPARTUM OCD IN FATHERS AND PARTNERS Ben Eckstein, LCSW; Jonathan Abramowitz, PhD | CASE SERIES OF HARM OBSESSIONS IN INDONESIA Edo Jaya, MPsi, PhD, Psikolog; Eric Sucitra, MPsi, Psikolog; Genandro Pih; Shafira Ahmad, MPsi, Psikolog |
| ROOM 3 | IMPULSIVE, COMPULSIVE, AND EVERYTHING IN BETWEEN: OCD AND ADHD Amy Mariaskin, PhD; Ben Eckstein, LCSW | NOT LESS, DIFFERENT: HOW OCD TREATMENT CAN BE EFFECTIVELY ADJUSTED FOR AUTISTIC INDIVIDUALS Max Wilson; Rebecca Sachs, PhD, ABPP | ASSESSMENT AND TREATMENT OF ADOLESCENTS WITH OCD AND SOMATIC SYMPTOM DISORDER Brittany Little, LICSW; Rachel Morin, LCMHC; Timothy DiGiacomo, PsyD | FUNCTIONAL NEUROLOGICAL DISORDER (FND), TICS & OCD: AN INITIAL CONVERSATION ON DIAGNOSIS & TREATMENT Deepti Anbarasan, MD; John Piacentini, PhD, ABPP; Rebecca Sachs, PhD, ABPP; Sara Radmard, MD; Steven Poskar, MD |
| ROOM 4 | BIPOLAR DISORDER AND OCD: HOW TO TREAT COMORBID CONDITIONS Eda Gorbis, PhD, LMFT; Mark Barad, MD, PhD | OCD COMPLICATED BY DISORDERED EATING: HOW YOU CAN MODIFY ERP TO ADDRESS CONCURRENT EATING ISSUES Mia Nuñez, PhD; Nicholas Farrell, PhD; Taylor Newendorp, LCPC | ASSESSMENT AND TREATMENT CONSIDERATIONS IN COMORBID OCD AND PSYCHOSIS Emily Hemendinger, LCSW, MPH, CPH; Jason Grant; Michelle West, PhD; Rachel Davis, MD | UNDERSTANDING AND TREATING CO-OCCURRING OCD AND PTSD Caitlin Pinciotti, PhD; Heidi Ojalehto; Jonathan Abramowitz, PhD; Lauren Wadsworth, PhD; Nathaniel Van Kirk, PhD |
| ROOM 5 | NAVIGATING DAY-TO-DAY CRISES: PROACTIVE, POSITIVE AND PREVENTIVE PARENTING Aureen Wagner, PhD; Molly Martinez, PhD | SO YOU HAVE OCD BUT WHAT ABOUT ME? Christine Black, LCSW; Carrie Wendt, CSW; Jon Case, LCSW; Erik Wells, LCSW | DO’S AND DON’TS: STRATEGIES TO HELP YOUR KIDS WITH OCD Marni Jacob, PhD, ABPP; Katie Merricks | FAMILY FEAR-FIGHTING: STRATEGIES TO MOTIVATE AND SUPPORT LOVED ONES WITH OCD Anton Shcherbakov, PsyD; Jason Silverberg, PsyD |
| ROOM 6 | UNDERSTANDING PERINATAL OCD Cindy Herrick, MA, CPSS; Jenny Yip, PsyD, ABPP; Jonathan Abramowitz, PhD; Peggy Richter, MD | ART THERAPY WITH OCD - AN EXPERIENTIAL WORKSHOP Linda Chapman, RP, RCAT, OSRP, MCAT; Peggy Richter, MD; Sara Azarshahi, MEd | FAITH & MENTAL HEALTH ARE NOT MUTUALLY EXCLUSIVE Alexander Rosenberg; Caitlin Woods, CPsych; Jed Siev, PhD; Katie O’Dunne, MDiv; Valerie Andrews | PERFECTIONISM AND OCD: AIMING FOR ‘GOLD STANDARDS’ CAN COMPROMISE TREATMENT AND WHAT TO DO INSTEAD Jennifer Kemp, MPsych |
| ROOM 7 | OCD AND AUTISM TOWN HALL: PROFESSIONALS AND THOSE WITH LIVED EXPERIENCE COMING TOGETHER Fred Penzel, PhD; Jonathan Hoffman, PhD, ABPP; Joshua Nadeau, PhD; Rebecca Sachs, PhD, ABPP; Robert Hudak, MD; Max Wilson | WHEN OCD AND BORDERLINE PERSONALITY DISORDER (BPD) COEXIST Katy Marciniak; Kimberley Quinlan, LMFT | OCD AND CHRONIC ILLNESS: CONCRETE WAYS TO NAVIGATE THE DIFFICULTIES OF LIVING WITH BOTH Eiryn Griest Schwartzman; Emily DeSalvatore, LPC-MHSP; Max Wilson ; Natalia Nottingham | OCD AND EATING DISORDER: LIVE Q&A PANEL Alegra Kastens, LMFT; Beth Brawley, LPC; Jackie Shapin, LMFT; Kimberley Quinlan, LMFT |
| ROOM 8 | THE EMOTIONAL TOLL OF HAVING OCD... AND HOW TO HEAL Alegra Kastens, LMFT; Christopher Trondsen, LMFT, APCC; Jessica Serber, LMFT; Kimberley Quinlan, LMFT | LEARNING TO BE A PARENT WITH OCD Felicity Sapp, PhD; Jason Adams, MEd; Jeff Bell | CANCELLED | MAINTAINING OPTIMISM AND HOPE FOR RECOVERY IN TREATMENT Kelley Franke, MFT; Kevin Foss, MFT; Lauren Rosen, LMFT |
| ROOM 9 | OCD AND HORMONAL CHANGES: A COMMUNITY DISCUSSION GROUP Alexis Milton | DOING THE IM-PAWS-IBLE: BALANCING YOUR RELATIONSHIP WITH OCD AND YOUR PET Amy Mariaskin, PhD; Cassie Marzke ; Darcy Howell; Morgan Rondinelli | INTIMACY, SEX, AND DATING WITH OCD: A COMMUNITY DISCUSSION GROUP Alegra Kastens, LMFT; Jessica Serber, LMFT | PERINATAL OCD GROUP: OFFERING MOMS-TO-BE AND NEW MOMS A SAFE, WARM, WELCOMING & SUPPORTIVE SPACE Jenna Sheftel, PsyD; Kathi Abitbol, PhD |
| ROOM 10 | IS IT OCD OR A REAL DILEMMA I NEED TO FIGURE OUT? COMMUNITY DISCUSSION GROUP Allyson Guilbert, LCSW; Annabella Hagen, LCSW | DISCUSSION GROUP FOR GRADUATE STUDENTS INTERESTED IN PURSUING A SPECIALTY IN OCD Adir Pinchot, MA; Christine D’Urso, PhD | OVERCOMING PTSD AND OCD: YOU ARE NOT ALONE Michele Carroll, PsyD; Shanda Curiel, PsyD | BUILDING YOUR OCD SUPPORT NETWORK Karan Lamb, PsyD; Lisa Giuffre ; Molly Fishback ; Morgan Rondinelli |

Follow the IOCDF on social media!



10:00AM–6:00PM ET

Help Desk

Support

Having issues or have a question? Click below to speak to live support:

11:00AM–12:15PM ET

Working with Age-Inappropriate or Taboo Content in Treating Pediatric OCD *

Therapists Advanced

Treating OCD in children and adolescents often requires quite a bit of energy and creativity from the therapist. It can be difficult to balance age-appropriate content while also providing effective exposure therapy. Parental collaboration and support are also important to decrease accommodation behaviors and clarify any misunderstandings that can interfere with treatment success. Exposures targeted at a range of age-inappropriate or taboo content will be discussed. Case examples will be used to help guide clinicians in building robust exposure content in working with this population.

The Heart of Exposure: Compassion-Focused ACT for OCD and Trauma-Related Distress *

Therapists Advanced

Although exposure and response-prevention (ERP) is considered the gold-standard treatment for obsessive-compulsive disorder (OCD), only about half of OCD sufferers achieve successful outcomes, with others considered “treatment-resistant” (Foa, 2010; Rowa et al., 2007). Research also suggests that traumatic life experiences are a significant risk factor for the development and severity of OCD (e.g., Cromer et al., 2007). The impact of trauma may heighten clients’ difficulty completing exposures due to emotional avoidance, shame, and self-loathing (Tirch, 2022). Recent research suggests the value of incorporating elements of compassion-focused therapy and acceptance and commitment therapy in the treatment of OCD (Petrocchi et al., 2021; Twohig et al., 2010). Mindfulness, acceptance, and compassion-oriented approaches to ERP, described in this session, may enhance treatment outcomes.

Impulsive, Compulsive, and Everything In Between: OCD and ADHD *

Comorbidities 1

Although ADHD and OCD differ in symptom expression and neurobiology, research has suggested comorbidity between the conditions particularly in pediatric populations. These findings, however, are inconsistent outside of clinical samples and across the lifespan, casting doubt on the veracity and helpfulness of dual diagnosis. Where does that leave clinicians who want to accurately assess for and treat clients who may have both? In this talk, the presenters will discuss the clinical features of OCD and ADHD, highlighting common features (e.g., executive functioning deficits, avoidance) and areas of discrepancy. They will then discuss how co-occurring ADHD and OCD present across the lifespan and provide treatment recommendations and adjustments for clients with both.

Bipolar Disorder and OCD: How to Treat Comorbid Conditions *

Comorbidities 2

According to the DSM-V, Bipolar disorder is largely characterized by the presence of manic and major depressive episodes. When Bipolar disorder is comorbid with OCD, the fluctuation of mood can worsen obsessive-compulsive symptoms or alleviate them depending on whether the episode is manic or depressive. Given the high prevalence of comorbid Bipolar disorder and OCD, it is crucial for clinicians to be able to distinguish the disorders from each other and modify the treatment protocols when symptoms become chronic. In this presentation, we will detail the complicated nature of Bipolar I and II as described in the DSM-V, identify the issues with treating a patient with comorbid disorders, and outline treatment modifications in cases of comorbidity with chronic symptoms.

Understanding Perinatal OCD *

Everyone

Parenting typically includes a sense of responsibility for the care of their newborn. The perinatal period (time before and after birth) is fraught with hormonal fluctuations, sleep imbalance, potential medication decreases, daily demands, and relationships/role shifts. Amidst this, expecting/new parents commonly experience unwanted child-related thoughts. Some individuals experience heightened responsibility and intrusive thoughts which “become stuck.” Not always understood, the potentially endless perinatal-related obsessions, bids for reassurance, and accompanying rituals/compulsions to “prevent” harm and neutralize obsessions aren’t always identified as OCD. Interactively, we will explore symptomatology and treatment recommendations of this often misunderstood and shameful subtype, Perinatal OCD. We will model ways to discuss this with loved ones and medical professionals who may not be OCD savvy.

Navigating Day-to-Day Crises: Proactive, Positive and Preventive Parenting

Parents and Families

The behavioral, emotional and social challenges that often accompany OCD can be stressful for families. You may find yourself responding reactively and “on demand,” because nothing else seems to work in the moment. You may realize that reactive parenting is not effective in the long-run, but it often feels like survival in the moment. Applying cognitive-behavioral principles and strategies, you will learn a proactive, positive, and preventive parenting approach that emphasizes the timing of responses as key to their success. We will provide examples of challenging scenarios (e.g., homework, school refusal, eating, sleep, anger, aggression, defiance, being “stuck” in rituals) to guide you in anticipating and developing the structure, expectations and incentives that are more effective.

OCD and Autism Town Hall: Professionals and Those with Lived Experience Coming Together

Everyone

Integrating the perspectives of professionals with those having lived experience is invaluable for advancing understanding and treatment of OCD in autistic individuals, as well as for effective advocacy. This Town Hall is for anyone affected by or interested in OCD and autism. The goal is to share experiences and concerns and brainstorm ideas for future initiatives regarding OCD and autism at IOCDF and in the community. The Town Hall will be facilitated by the OCD/Autism SIG (Special Interest Group), who will also bring the audience up to date regarding new developments and projects, such as the expansion of information about OCD and autism on the IOCDF website. Please join us for what promises to be a stimulating and impactful event.

The Emotional Toll of Having OCD... And How To Heal

Living with OCD

For most with OCD, suffering from this disorder will be the most impactful experience that person goes through. Their lives are forever changed, leaving the individual to mourn lost time and experiences. Often, these negative feelings stick around, continuing even after some improvement in treatment. This panel focuses on the negative, emotional toll that comes from having OCD and the temporary loss of identity, plus the pain associated with difficult past experiences and memories. The second-half of the discussion will take a more positive turn and shift to practical clinical strategies and interventions that allow for peace and healing. Additionally, the panelists will educate attendees on finding purpose from the experience and building a new, stronger identity separate from OCD!

OCD and Hormonal Changes: A Community Discussion Group

Community Discussion Groups

Many individuals with OCD experience an increase in their symptoms with hormonal changes, especially people with uteruses/people who menstruate. Many others experience a comorbidity of PMDD (premenstrual dysphoric disorder), a serious form of PMS. I propose a small discussion group for people who identify with this experience to discuss coping mechanisms, personal experiences, relationship issues, professional issues, and ideas for how we treat this combination of symptoms going forward.

Is it OCD or A Real Dilemma I Need To Figure Out? Community Discussion Group

Community Discussion Groups

This is an often-asked question by OCD sufferers. When the urge to obsess and engage in compulsions to find certainty is irresistible, you know OCD is involved. However, knowing something doesn't always translate to living it all the time. In this discussion group, we'll address the following questions: When uncertainty is present, am I aware if my actions are getting me closer to or away from living the life I want to have? Why would it be worth leaning into uncertainty and other unpleasant internal experiences? Our discussion can empower you to let go of the urge to figure things out. You can choose where to focus your time and energy and live with vitality every day.

12:15PM–12:45PM ET

Mindfulness Movement Break

Break

Thank you to our sponsor, Biohaven, for sponsoring our mindfulness movement breaks!

12:45PM–2:00PM ET

OCD and Depression: Clinical treatment implications and recommendations for adolescents *

Therapists Advanced

Although both OCD and Major Depressive Disorder are relatively common disorders, they are challenging to treat, and clinicians want to be equipped to provide excellent care to their clients. Additionally, clinicians need the tools to adequately screen for, assess, and treat or refer those with co-morbid OCD and depression.

In our presentation we will discuss the presentation of co-morbid OCD and Major Depressive Disorder, particularly in adolescents and young adults. We will provide specific case examples and interventions, as well as tools for ongoing assessment and a framework for when and how to refer to other levels of care if needed.

Perinatal Basics: What OCD Specialists Need to Know About Working With The Perinatal Population *

Therapists Advanced

IOCDF and 2020Mom partnered to create an expert taskforce addressing awareness, identification, and treatment of perinatal OCD. While more providers are developing an understanding of this OCD subtype, many have not received training in perinatal mental health. The panel includes Postpartum Support International's certification director, an individual with lived experience, and an OCD therapist certified in perinatal mental health. They will inform OCD specialists to better understand and support the unique mental health needs of their perinatal clients, with or without OCD. Important topics will include perinatal depression, anxiety, bipolar, and psychotic disorders, including prevention and treatment; postpartum care planning; involvement of support systems; and the role of sleep in perinatal mood, anxiety, and obsessive compulsive disorders.

Not Less, Different: How OCD Treatment Can Be Effectively Adjusted for Autistic Individuals *

Comorbidities 1

How can therapists modify ERP treatment for autistic individuals with OCD? ERP is the gold standard treatment for OCD, however there is little knowledge on how to best approach ERP therapy in a client with comorbid ASD and OCD. Building on last year's presentation, a psychologist specializing in OCD and Autism and an autistic individual with OCD will discuss how ERP treatment is complicated in autistic individuals, and what both clinicians and clients can do to get the most out of their treatment. This presentation will go more in depth than last year's, and attendees will have the opportunity to ask questions/provide examples from their own experiences during the session.

OCD Complicated by Disordered Eating: How You Can Modify ERP to Address Concurrent Eating Issues *

Comorbidities 2

OCD and eating disorders are frequently comorbid. Additionally, subclinical disordered eating features are common in individuals with OCD and can complicate treatment. Some therapists are reasonably comfortable with managing "traditional" dietary restraint, but many struggle with more non-traditional eating features, such as recurrent binge-eating, orthorexia, and body image disturbance. The aim of this presentation is to enhance confidence in addressing concurrent features of disordered eating in the context of OCD treatment. We will describe how several novel ERP methods can be used to address these eating-related features, such as cue exposure for binge-eating and mirror exposure for body image anxiety. This presentation will feature several video-based skills demonstrations and use case examples to facilitate experiential learning and practice.

Art Therapy with OCD - An Experiential Workshop *

Everyone

Art therapy provides an effective way to help individuals recognize and share their thoughts and feelings, and encourages personal exploration. It has been shown to offer benefits as a complementary technique to usual treatment interventions for a broad range of conditions.

This session will offer a brief overview of how group Art Therapy can be used as an adjunct to evidence-based treatment of OCD. Participants will then have an opportunity to try a brief art therapy exercise as an introduction to this approach, providing a guided, reflective art experience. There will be ample time for discussion and sharing.

Participants should have their favourite drawing materials at hand for this workshop.

When OCD and Borderline Personality Disorder (BPD) Coexist *

Everyone

Living with OCD is inherently challenging, but when you also receive an unexpected diagnosis of Borderline Personality Disorder (BPD) it becomes more complicated. This talk will look at one sufferer's experience of OCD and BPD as they coexist together. Through discussion between a sufferer and a professional, topics touched on will include: how BPD made itself known in OCD therapy, obstacles that impeded OCD treatment, how a BPD diagnosis came about, how the two disorders play off each other, therapy/strategies that were helpful, and stigma/shame related to the two diagnoses.

So You Have OCD But What About ME?

Parents and Families

Partners of individuals who struggle with OCD may feel like they are on a never-ending emotional roller coaster. They themselves experience uncertainty about what OCD may bring each day. It usually doesn't take long before their partners' suffering takes an emotional toll. Self-care may be absent and oftentimes they don't know who to turn to or what to do. Hurt, resentment, guilt, and self-doubt can overrun their lives. Healing can be slow. They need support, validation and therapeutic and life skills. In this workshop, we will share evidence-based practices that include skills for healing, empowerment, mindfulness, acceptance and self-compassion. You can take your life back, and as you do, you can also empower your partner!

Learning to Be a Parent with OCD

Living with OCD

How do you tell the difference between healthy parental instincts and OCD symptoms? How do you make time for therapy while raising kids? How does OCD affect parenting, and what can be done about it? Clinical OCD and anxiety expert Dr. Felicity Sapp, as well as authors Jeff Bell and Jason Adams, both parents with OCD themselves, will address these questions and more in this interactive presentation for anyone who is interested in strategies for balancing the demands of parenting with the challenges of OCD. This presentation will feature opening remarks and a sharing of strategies and take-home resources for managing OCD while parenting, followed by opportunities for audience questions and feedback.

Doing the Im-paws-ible: Balancing Your Relationship with OCD and Your Pet

Community Discussion Groups

What happens when OCD themes latch on to our fluffy (or scaly or feathered or slimy) best friends? It's no surprise that obsessions and compulsions often center around pets, as they are such valued members of our families. Symptoms can overlap with harm, responsibility, contamination, and other themes. Panelists will explore how OCD impacts their relationships with pets and skills for fighting back. They will also share their personal experience coping with pet-related intrusive thoughts, and provide hope and validation. Pets are extremely welcome on camera!

Discussion Group for Graduate Students Interested in Pursuing a Specialty in OCD

Community Discussion Groups

This is a group session for current graduate students and post-doctoral fellows (masters and doctoral level) interested in pursuing a specialty in OCD. Graduate students often experience unique stressors that include time management demands, pressure to achieve perfectionistic expectations, and the need to decide their type of desired employment (e.g., hospital work, private practice). We will provide a space for students to process their experiences, ask questions, and gain support from the co-facilitators and from each other. One co-facilitator is a clinical psychologist experienced in supervising and mentoring graduate students in hospital and private practice settings. The other co-facilitator is a pre-doctoral intern (2021-2022) who will be able to discuss his experiences pursuing a post-doctoral fellowship specializing in OCD.

2:00PM–2:30PM ET

Mindfulness Movement Break

Break

Thank you to our sponsor, Biohaven, for sponsoring our mindfulness movement breaks!

2:30PM–3:45PM ET

Intimacy, Sex, and Dating with OCD: A Community Discussion Group

Community Discussion Group

Come join this safe, supportive, and non-judgemental environment.

Evidence for Inflammation in PANS (Pediatric Acute-onset Neuropsychiatric Syndrome) *

Therapists Advanced

PANS is thought to be triggered by infection and is characterized by abrupt-onset of OCD and/or eating restriction plus other sudden-onset neuropsychiatric symptoms. Preliminary brain imaging studies demonstrate changes in the basal ganglia: swelling (acute stage), microglia activation, altered pattern of grey and white matter, and microstructural changes. PANS involves both systemic inflammation and neuroinflammation. We will present our data on markers of inflammation and future development of enthesitis (inflammation where tendon and ligaments insert on to bone), arthritis, and other inflammatory diseases. We will also present autoantibody profiles including those that target cells in the basal ganglia and those which are associated with systemic rheumatological and autoimmune diseases. Lastly, we will present data on brain homing monocytes in PANS.

It's Not Just for the Mothers: Postpartum OCD in Fathers and Partners *

Therapists Advanced

While postpartum mood disorders are most frequently associated with women, men are not immune from this phenomenon. In fact, unwanted, intrusive thoughts tend to be the norm, rather than the exception for most new parents, regardless of gender. In this presentation, we'll explore the nature of postpartum OCD, going beyond hormones to investigate the role of behavior and environment in shaping this manifestation of OCD. We'll review common symptoms of postpartum OCD, using case descriptions and treatment summaries to detail the landscape of this often overlooked presentation. The talk will be evidence-based and touch on relevant research findings, while also providing hands-on suggestions for the assessment and treatment of postpartum OCD.

Assessment and Treatment of Adolescents with OCD and Somatic Symptom Disorder *

Comorbidities 1

While Somatic Symptom Disorder is increasingly common, about 200,000 cases per year, few clinicians have specific experience assessing and treating it. Furthermore, with the updates and changes made to the DSM-V criteria it can often be overlooked, especially when treating OCD.

In our presentation we will discuss OCD and Somatic Symptom Disorder, specifically how to assess and treat these co-morbid conditions. We will provide clinical examples and treatment course and prognosis. We will also provide specific strategies for talking to clients and families about this, increasing buy-in for treatment, and interventions for treatment.

Assessment and Treatment Considerations in Comorbid OCD and Psychosis *

Comorbidities 2

This presentation will explore the overlap between OCD and psychosis with a focus on assessment and treatment recommendations. Presenters will review assessment considerations, including describing the spectrum of OCD and psychosis symptoms, identifying ways to distinguish OCD from psychosis symptoms, and considering how symptoms may overlap. Presenters will then highlight treatment options including medication, psychotherapy, and neuromodulation, and how to adapt treatments for co-occurring psychosis and OCD. Specifically, presenters will discuss how to effectively incorporate exposure and response prevention for these clients. Presenters will also speak to considerations for youth experiencing early risk for psychosis and co-occurring OCD symptoms. Presenters will incorporate research, de-identified cases, and lived experience of a person with co-occurring OCD-psychosis sharing his experiences navigating treatment.

Faith & Mental Health Are Not Mutually Exclusive *

Everyone

Many individuals make the assumption that faith and mental health are mutually exclusive, especially as they navigate religious scrupulosity or any other subtype of OCD. And yet, faith can play a vital component in the treatment process. This presentation will focus on the ways that it is possible and even helpful to have faith in yourself, your treatment, and your faith tradition on the journey. It will focus on taking the leap of faith when engaging in Exposure and Response Prevention, offering yourself compassion, and using your specific faith practices as a value on the recovery journey.

Do's and Don'ts: Strategies to Help Your Kids with OCD

Parents and Families

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

OCD and Chronic Illness: Concrete Ways to Navigate the Difficulties of Living With Both

Everyone

Living with both OCD and chronic physical illness brings a variety of challenges that may not be present in the absence of co-occurrence. Often, recovery from mental illness and recovery from physical illness are inseparable, and understanding how these two impact each other is essential for optimizing treatment. In this panel, we will provide concrete ways to help patients cope with these difficulties on a daily basis, navigate the medical and mental health fields with comorbid diagnoses of psychiatric and physical conditions, and learn to better advocate for themselves and their needs. Panelists will also share personal stories and experiences to help attendees feel connected, supported, and less alone in their fight against OCD and chronic illness.

Overcoming PTSD and OCD: You Are Not Alone

Community Discussion Group

Research shows that between 4 percent and 22 percent 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 for individuals working to improve their psychological, occupational, and social functioning, as triggers and response behaviors are compounded. Intrusions of all types (thoughts, images, flashbacks, nightmares) and avoidances of a generalized nature are common. Our discussion group will emphasize how to lean into an "Exposure Lifestyle" when you have also experienced trauma.

3:45PM–4:15PM ET

Mindfulness Movement Break

Break

Last break of the weekend! Thank you to our sponsor, Biohaven, for sponsoring all the mindfulness movement breaks this weekend and a special thank you to our title sponsor, Rogers Behavioral Health.

4:15PM–5:30PM ET

Perfectionism and OCD: Aiming for 'Gold Standards' Can Compromise Treatment and What to Do Instead *

Everyone

With the timeframes for treatment uncertain and improvements sometimes hard to sustain, it's understandable to want to make the most of your sessions. Yet if you try to 'do treatment perfectly' and avoid the risk of failure you will end up approaching treatment in unhelpful ways. This is the paradox of perfectionism. Setting 'gold standards' for progress, raising the benchmark of success, gripping tightly to protocols and following treatment plans perfectly are just some of the unhelpful patterns that can emerge. Starting with a behavioral explanation of perfectionism, this interactive session will explore the impact of perfectionism in treatment. Participants will learn how to identify and unhook from unhelpful patterns and build the skills of self-compassion that will support outcomes.

Let's Talk About Sex, Baby! And the Importance of Including Sexuality in Assessment and Treatment *

Therapists Advanced

How often are you talking to your clients about sex and their sexuality? Apart from discussing sexually-themed obsessions and compulsions, is sexuality something you feel comfortable discussing with clients or do you tend to stray away from it in sessions? This presentation will explore the topic of sexuality in the context of OCD treatment and therapy, in general. We will examine our own beliefs around sexuality, how we can incorporate discussions of sexuality into treatment, and how addressing sexuality in a client's treatment can help them improve their overall quality of life. Case examples will be provided.

Case Series of Harm Obsessions in Indonesia *

Therapists Advanced

Aggressive obsessions, also called harm obsessions, are a common subtype of Obsessive Compulsive Disorder (OCD). While they are well-documented in developed countries such as the United States, little is known about the disorder in developing countries such as Indonesia. Indonesia is a Muslim majority country with 270 million population in Asia. Here we present three OCD patients with aggressive obsession as a main subtype who are successfully treated with Exposure and Response Prevention (ERP) through video call (because of COVID related restriction in Indonesia we resort to video call for psychotherapy practice). One of the patients presents his personal perspective in tackling his aggressive obsession and other OCD with ERP.

Functional Neurological Disorder (FND), Tics & OCD: An Initial Conversation on Diagnosis & Treatment *

Comorbidities 1

Clinicians working with patients with OCD and/or a tic-disorder may have less experience in recognizing symptoms of FND, particularly functional tics. These conditions may all present with complex tic-like behaviors, sensitivity to/avoidance of sensory stimuli, and intrusive/unwanted inner experiences that initially feel out of a patient's control. They may also share common predisposing vulnerabilities. However, these conditions, experienced alone or as co-morbidities, require different psychological and pharmacological interventions or modifications. This panel will provide a forum to professionals, experts in treating at least one of these conditions, to have a conversation teasing apart diagnostic and treatment implications. Additionally, discussion will include the amplification of mental health vulnerabilities and increase in diagnosis of all of these disorders during the Covid19 pandemic.

Understanding and Treating Co-occurring OCD and PTSD *

Comorbidities 2

OCD and PTSD often co-occur, with an estimated 25% of individuals with OCD also meeting criteria for PTSD. This co-occurrence is associated with increased impairment, higher dropout rates, and poorer treatment outcomes. OCD and PTSD symptoms often overlap (e.g., intrusive thoughts, avoidance), making differential diagnosis difficult. It can also be difficult to design treatment plans for this clinical presentation. These challenges may account for poorer treatment outcomes and worse prognosis. This panel brings together clinicians and researchers who specialize in co-occurring OCD and PTSD. Panelists will discuss symptom overlaps, new assessment measures for this clinical presentation, and treatment considerations/adaptations. They will also provide resources for therapists. Case examples will be discussed and questions and input from attendees will be encouraged..

OCD and Eating Disorder: Live Q&A Panel *

Everyone's

Since COVID-19, the prevalence of Eating Disorders and OCD have skyrocketed. Treatment becomes tricky when both OCD and an eating disorder are present. In this panel, attendees will have the opportunity to ask 4 clinically trained panelists, all with lived experience with OCD and/or Eating Disorders, about recovery and the treatment of OCD and Eating Disorders. This panel will begin by addressing some of the common roadblocks to OCD and co-existing eating disorders.

Family Fear-Fighting: Strategies to Motivate and Support Loved Ones with OCD

Parents and Families

It is a common misconception that OCD is an individual problem that should be tackled solely by the individual with OCD symptoms. In reality, OCD commonly affects the entire family system, and successful treatment of OCD typically requires substantial family involvement and support. In this session, participants will learn how to work together as a family to enhance motivation for treatment and overcome typical barriers to success. We will focus on how to create a family culture of "fear-fighting" and welcoming the challenge of discomfort with acceptance-based strategies. We will also discuss the difference between supporting an individual with OCD and inadvertently supporting the growth of their OCD symptoms. Attendees will be encouraged to participate and share their own experiences.

Maintaining Optimism and Hope For Recovery In Treatment

Living with OCD

Overcoming OCD can feel like an impossible task and goal that's a million miles away. Nothing makes recovery feel more unattainable than when setbacks or failures occur in treatment. People quickly begin to lose hope. This presentation will address the role that optimism and hope play in a successful treatment and how it can take different and unexpected forms. Attendees will learn how to foster this perspective to motivate them at the beginning of treatment and how they can reignite it when they feel like all hope is lost. Attendees will also learn about ways they can motivate themselves and access or build their support networks to keep them afloat if are drowning.

Perinatal OCD Community Discussion Group: Offering Moms-To-Be and New Moms a Safe, Warm, Welcoming & Supportive Space

Community Discussion Group

Struggling with perinatal OCD can steal the pleasure from one of life's most rewarding experiences. We are here for you, whether you are dealing with maternal themes, such as an intense fear of harming or contaminating your infant, or are struggling with any other OCD symptoms during this time. Participants offer support, validation, and tips that they've found helpful. The clinicians are happy to offer any guidance as desired. You are welcome to participate and be heard, or to just be present and feel a sense of community. We will provide our favorite perinatal OCD resources to support you beyond our time together.

Building Your OCD Support Network

Community Discussion Group

Struggling with perinatal OCD can steal the pleasure from one of life's most rewarding experiences. We are here for you, whether you are dealing with maternal themes, such as an intense fear of harming or contaminating your infant, or are struggling with any other OCD symptoms during this time. Participants offer support, validation, and tips that they've found helpful. The clinicians are happy to offer any guidance as desired. You are welcome to participate and be heard, or to just be present and feel a sense of community. We will provide our favorite perinatal OCD resources to support you beyond our time together.

Glossary of Key Terms

Acceptance and Commitment Therapy (ACT) — 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 (i.e. purchasing paper towels to help with cleaning, aiding in completing rituals, 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 broad range of conditions characterized by differences in social skills, communication, thinking, sensory processing, and/or movement, 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; 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 s/he took to complete a task).

Cognitive Behavioral Therapy (CBT) — A form of therapy that focuses on addressing the ways we think and behave. Exposure with response prevention (ERP), the gold standard treatment for OCD, is a type of CBT.

Comorbid ("Co-occurring") Disorder(s) — Having more than one condition or being diagnosed with more than one disease/disorder. It means that both conditions exist and may interact within the same person at the same time.

Competing (Alternative) Behaviors — Used as part of Habit Reversal Treatment for skin picking (excoriation) and hair pulling (trichotillomania), this is an activity that gets in the way of the "habit" (skin picking or hair pulling) that an individual is trying to break. For example, if one is knitting, one is unable to simultaneously pull one's hair.

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

Compulsions — Also known as "rituals," these 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, becoming ill, and/or infecting other people.

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 another 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.

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 person 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.

Glossary of Key Terms

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

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

Habit Reversal Treatment (HRT) — This is the behavioral treatment for Body-Focused Repetitive Behaviors, such as 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 interconnected 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.

Identity-related Obsessions — Excessive worries about and/or questioning of aspects of one’s identity, such as their gender identity or sexual orientation.

Illness Anxiety (or Health Anxiety, formerly called “Hypochondriasis”) — A mental health condition where a person experiences excessive worries that they are sick or might become sick, whether or not they are experiencing any symptoms. Illness anxiety also includes worrying that normal body sensations or minor symptoms are signs of serious illness.

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 (“replaces” it). This is an alternative theory to habituation.

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

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

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

Mental Ritual/Compulsion — A mental act, done in response to an unwanted obsession, that is completed in order to reduce anxiety. Often a mental ritual/compulsion must be repeated multiple times. It can be a prayer, a repeated phrase, a review of steps taken, a self-reassurance, etc. Mental rituals/compulsions 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 — 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) — 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.

Glossary of Key Terms

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

Obsessive Compulsive Related Disorders (OCDs) — A variety of mental health disorders that are related to OCD, as outlined by the DSM-5. These include body dysmorphic disorder (BDD), hoarding disorder (HD), and the body-focused repetitive behaviors (BFRBs) of skin picking (excoriation) and hair pulling (trichotillomania).

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), and 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 entirely.

Post-Traumatic Stress Disorder (PTSD) — 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.

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 prescribed 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.

Real Event (of False Memory) Obsessions — Excessive worries about things that actually happened in a person's life, including trying to gain certainty about past events and/or concerns that they might have done something wrong, harmful, immoral, etc. Unlike most other OCD subtypes, which typically focus on the future, real event/false memory obsessions focus on the past.

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 an individual from slipping back ("relapsing") into the use of compulsive behaviors.

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 worries about being moral, or worries about blasphemy (i.e., offending God) and religious themes. 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 (i.e., 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) — 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.

Glossary of Key Terms

Substance Use Disorder (SUD) — 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 — These involve fussing with the position of an object for an extended period of time. The person does not 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 Disorder** — A neurodevelopmental disorder that becomes evident in early childhood or adolescence, consisting of motor or vocal tics.

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

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

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

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