Advances in Computing Technology are Changing the Way We Deliver OCD Treatment

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Presenter Notes

SLIDE 1

- Frame today's talk as both **clinical and forward-looking**, focusing on how technology can *extend*, not replace, evidence-based OCD care.
- Emphasize the **gap between need and access** as the driving force behind innovation.
- Set expectation that this will include **practical tools**, not just theory.
- Highlight that audience members should leave with **actionable ways to integrate tech into practice**.

SLIDE 2

- **Appropriate Presenters:** Practitioners with some basic background in exposure and response prevention therapy and common clinical presentations of OCD (e.g., advanced psychology and psychiatry trainees and clinicians)
- **Intended Audience:** Clinicians (across all levels of training and independent practice)

SLIDE 3

- Walk through the structure: **foundation → tools → application → ethics/takeaways**.
- Normalize that AI content may feel **new or uncertain**, and that's expected.
- Encourage audience to think about **their own clinical settings** as you go.
- Highlight that **interactive prompt examples** will be a key learning component

SLIDE 4

- Reinforce that **ERP remains the core intervention**—technology should not dilute this.
- Briefly review ERP principles: **exposure, response prevention, inhibitory learning**.
- Emphasize that **fidelity to ERP matters**, even when delivered digitally.
- Position all subsequent tools as **supporting ERP delivery and engagement**.
- Although there are newer treatments that have emerged in recent years (e.g., **inference-based CBT)** there is still a ways to go to build up a strong research base on these specific approaches AND they are generally not represented in currently available digital tools.

SLIDE 5

- Highlight the **7–20 year treatment delay** as a major public health issue.
- Emphasize workforce limitations—**we cannot meet demand with traditional models alone**.
- Introduce technology as a way to **increase access, frequency, and generalization of ERP**.
- Reframe tech as enabling **between-session work and real-world exposures**.

SLIDE 6

- Note variability in quality—**not all apps are evidence-based**.
- Point out which apps include **active ERP components vs. passive tracking**.

- Encourage clinicians to **vet apps before recommending**.
- Discuss apps as tools for **engagement, homework support, and psychoeducation**
    - **NOCD:** A comprehensive OCD treatment platform that connects users with ERP-trained therapists for live teletherapy, while also offering in-app ERP tools, messaging, and community support to reinforce treatment between sessions.
    - **Choiceful:** Designed specifically for OCD, Choiceful is as an accessible supplement or alternative when traditional therapy isn't available. The app offers instant AI-guided support during difficult episodes, personalized therapy lessons built on ERP (Exposure and Response Prevention) and ACT frameworks, and evidence-based tools (e.g. custom meditations, thought-reframing exercises).
    - **Unstuck:** A guided journaling app designed to help you manage anxiety and depression using Cognitive Behavioral Therapy (CBT). It features an Exposure Journal to help you gradually face your fears, along with an AI Second Opinion that offers objective insights and helps you identify unhelpful thinking patterns from your entries.

SLIDE 7

- Define VR, AR, and MR in clinically relevant terms.
- Emphasize VR's strongest evidence base for **controlled, repeatable exposure scenarios**.
- Highlight XR's utility for **hard-to-recreate exposures** (e.g., contamination, harm scenarios).
- Note limitations: **cost, access, and need for clinician guidance**.

SLIDE 8

- **Artificial Intelligence (AI)** is the creation of computer systems that mimic human intelligence to perform tasks.
- **Machine Learning (ML)** is a subset of AI where systems learn and improve from data without being explicitly programmed.
- **Deep Learning (DL)** is a subset of ML that uses multi-layered neural networks to learn complex patterns from vast amounts of data.
- **Generative AI:** A subset of deep learning designed to create new, original content—such as text, images, audio, or code—by learning patterns from massive amounts of existing data.

SLIDE 9

- Present balanced view: high potential, but not without risks.
- Highlight strengths: scalability, personalization, accessibility.
- Emphasize opportunity for culturally responsive tailoring.
- Preview ethical concerns: accuracy, reassurance, overreliance.

SLIDE 10

- AI tools support a wide range of ERP tasks—hierarchies, imaginal exposures, visuals, and gamified exercises.
- Enable rapid, personalized exposure generation in real time.
- Help users engage in ERP more frequently outside of sessions.
- Emphasize need to avoid reassurance-seeking and stay aligned with ERP principles.
- AI tools can be used independently of a therapist when trained to do so effectively.

SLIDE 11

- Demonstrate how AI can generate **personalized, culturally responsive exposures**.
- Emphasize importance of **including cultural context (e.g., religious practices).**
- Highlight how formatting ("make it pretty") can **increase engagement.**
- Encourage clinicians to **iterate prompts for specificity and clinical accuracy**.

SLIDE 12

- Frame visualization as a tool for **externalization and cognitive defusion.**
- Highlight benefit for clients who struggle with **abstract emotional language.**
- Note that adding humor ("slightly ridiculous") can **reduce threat intensity.**
- Emphasize clinical judgment—ensure it **supports, not avoids, exposure.**
- If working with parents, ask them to think of one word their child uses to describe their OCD (e.g., "The Bully" The Glitch" "The Fog")
- Takeaway: "When we give the "monster" a face, it becomes an external opponent we can stand up to, rather than a personal character flaw."

SLIDE 13

- Frame gamification as a way **to increase motivation and adherence.**
- Emphasize **rewarding effort, not anxiety reduction** (critical ERP principle).
- Highlight how structured outputs can support **graded exposure hierarchies.**
- Note usefulness for **younger clients** or those needing structure.
- If working with parents, ask them to think of the times when learning hard things felt easier. Often gamifying the learning process can be a very helpful system for promoting sustained ERP engagement. For adults with OCD, the key is to collaboratively build the gamified system that reflects their needs and wants in a manner that actually reinforces new behavior.

SLIDE 14
Transition Slide

SLIDE 15

- Generative AI tools are fundamentally **ENGAGEMENT** machines
- Explain how **AI tends to agree with users**, which can be problematic in OCD.
- Connect this to **reassurance and doubt amplification cycles**.

- Emphasize importance of prompt design to discourage reassurance.
- Encourage clinicians to teach patients how to use AI safely.

SLIDE 16

- Normalize **ambivalence and resistance** in OCD treatment.
- Introduce this as a common clinical challenge, not a barrier to progress.
- Emphasize importance of meeting patients where they are.
- Transition to **stages of change framework**.

SLIDE 17

- **Briefly review stages**: precontemplation → maintenance.
- Emphasize tailoring interventions to stage, not forcing readiness.
- Highlight mismatch risks—pushing ERP too early can backfire.
- **Reframe relapse** as part of the learning process.
- Emphasize iterative growth and skill refinement over time.
- Encourage use in both child and adult populations.
- **Pushing for action when your patient is in precontemplation/contemplation will NOT work.** You have to meet them where they are, while also removing accommodation that often perpetuates (think "enables") continued OCD cycles.

SLIDE 18

- Introduce SPACE as a **parent-focused intervention model.**
- Emphasize **reducing accommodation** behaviors as key mechanism.
- Highlight that child engagement is not required for effectiveness.
- Connect to systemic approach—**changing the environment changes behavior**.

SLIDE 19

- Highlight value of community and normalization.
- Emphasize accessibility through telehealth and online platforms.
- Note that these can serve as entry points to formal treatment.
- Encourage clinicians to actively refer and vet groups.

SLIDE 20

- While technology offers many benefits, articles consistently highlight that it **cannot fully replace the essential human elements of psychotherapy.** The therapeutic relationship, or "therapeutic alliance," is a crucial component of effective treatment and is something that AI cannot replicate.
    - **Lack of Genuine Empathy and Connection:** AI can mimic empathy through language processing but does not possess genuine emotional understanding. A human therapist's ability to interpret nuanced cues like body language, tone of voice, and

facial expressions, as well as to share a sense of genuine human connection and presence, is critical for building trust and a safe therapeutic space.

- **Inability to Handle Complex Issues and Crises:** AI systems are based on algorithms and data patterns, which can't account for the "gray areas" of human experience. They may struggle with ethical dilemmas, complex trauma, and crisis situations, and may not have the capacity to recognize when a person is at risk of self-harm.
- **Ethical and Safety Concerns:** Unregulated AI chatbots can pose significant risks, including inaccurate advice, privacy violations, and even the potential to cause harm. There are growing calls for regulation to ensure that AI tools are developed with the input of mental health professionals and include safeguards for vulnerable users.

SLIDE 21

- Emphasize that OCD is distressing and impairing.
- Highlight validation as foundational to engagement.
- **Distinguish validation from accommodation.**
- Encourage clinicians to balance empathy with therapeutic direction.

SLIDE 22

- Encourage **open dialogue about AI** use with patients/clients.
- Highlight monitoring of reassurance-seeking behaviors.
- Reinforce: validate without accommodating.
- **Emphasize ERP as gold standard,** with tech as accessible entry point.
- When working with parents, connect emerging AI conversations to prior developmental conversations that they've had with their child including sex/intimacy, drug use, faith/beliefs
- End on hopeful note: treatment is effective and available.