



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



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Learning Objectives

- Assess the clinical utility and limitations of digital tools (e.g., apps, virtual reality, generative AI) as adjuncts to ERP for OCD.
- Implement at least one strategy for integrating digital tools into OCD treatment (e.g. prompt engineering) while minimizing reinforcement of reassurance-seeking.





Agenda

1. Background
2. Modern Tech for OCD
3. AI Prompt Engineering Practice
4. Final Tips & Takeaways

Exposure and Response Prevention – The Gold Standard



Exposure: Gradual, controlled contact with anxiety triggers without avoidance



Response Prevention: Resisting compulsions to weaken obsessive fears.



Goal: Break the obsession-compulsion cycle and build resilience and engage in valued living

Technology as a “Therapy Extender”

The average person with OCD will wait 7-20 years for appropriate diagnosis and treatment (*Perris et al., 2023*)

There are not (and will likely never be) enough specialized providers to support the estimated 2% of the population with OCD (~67million people in the U.S.)

Innovative technologies create immense potential to expand real-time access to treatments and tools outside traditional treatment settings



The Landscape of OCD Apps



NOCD



Choiceful OCD



**Unstuck:
CBT Therapy Journal**

Note: Depicted apps contain active ERP components



Extended Reality (XR) Technologies in Therapy

Technologies that **blend the physical and digital worlds**, creating immersive, interactive experiences

Virtual Reality (VR): Fully immersive, computer generated, interactive simulated environment

Most evidence in support (*van Loenen et al., 2022*)

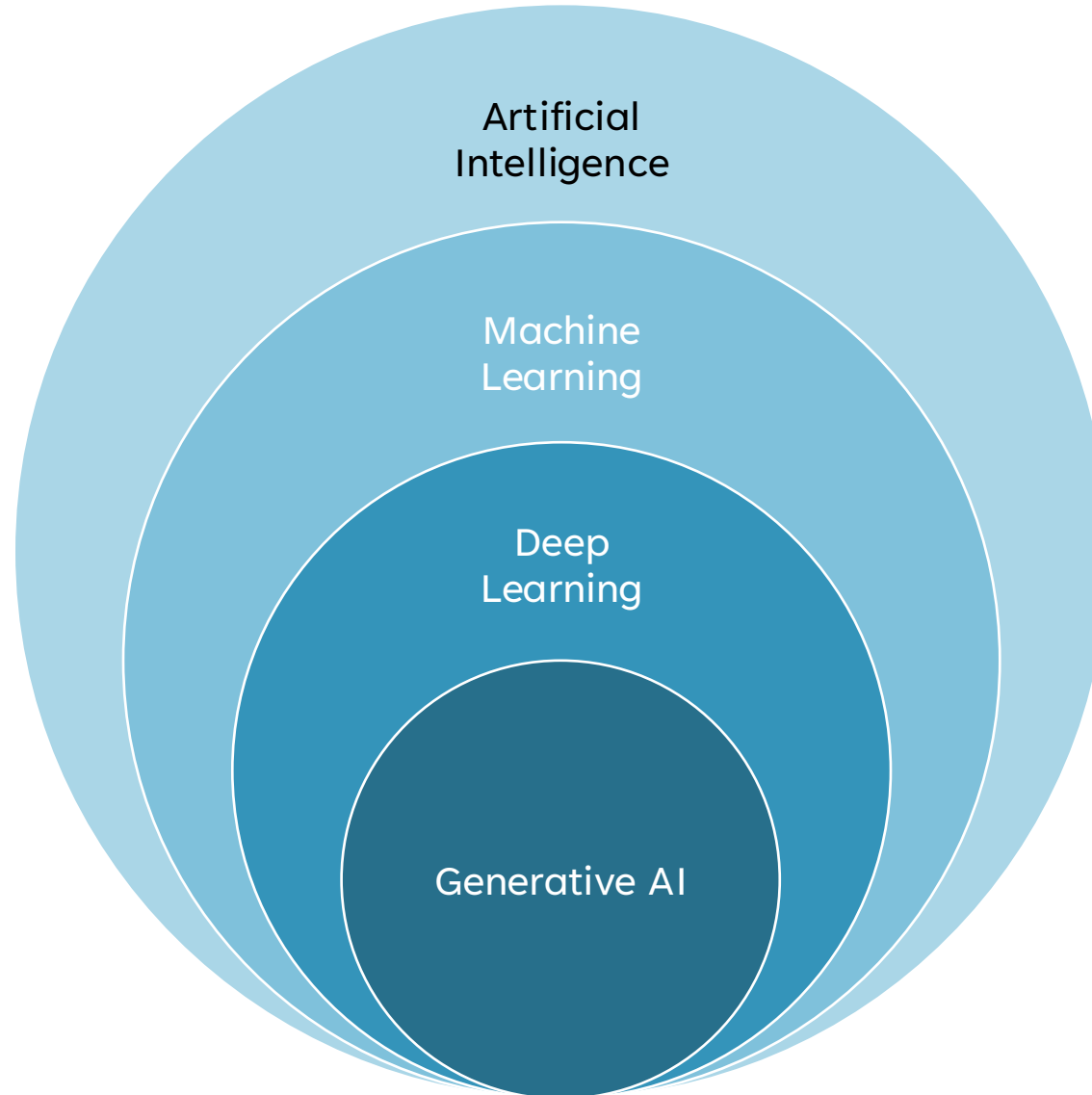
Augmented Reality (AR): Digital overlays enhancing real-world sensory experience

Mixed Reality (MR): Virtual and real elements interact in real-time



What is Generative Artificial Intelligence (GenAI) Anyway?

(Banh & Strobel, 2023)



AI + Therapy: Match made in Heaven?

- Rapid advances in GenAI are reshaping how we design and deliver mental health interventions.
- Emerging tools offer scalable, personalized support that can complement evidence-based treatments in innovative ways.
- AI can enhance culturally responsive care through creativity, accessibility, and engagement.



ChatGPT

OpenAI



Google



Claude

Anthropic



Copilot

Microsoft

How to use AI for OCD



Design “Bespoke” Exposure Hierarchies



Gamify the Struggle



Create “Worst-Case” Scripts (Imaginal exposure)



Role-playing “The OCD Voice”



Breaking down “Just Right” Perfectionism



Visualizing the “OCD Monster”

AI Prompt Engineering – Try it Out!

“Create a Bingo Card addressing contamination exposure themes. This client is Hindu and struggles with excessive hand washing, toileting, and showering rituals and would like to reduce compulsions while still being responsive to his faith. Make the card pretty.”

Purity & Peace Bingo

Notice a thought about contamination without acting on it.	Delay handwashing by 1 minute after touching a 'less clean' surface.	Reduce the duration of a washing ritual by 10 seconds.	Use only one bar of soap for bathing today.	Recite a mantra or prayer instead of an extra wash.
Focus on inner purity (Atman) for 2 minutes.	Allow discomfort about contamination to be present for 5 minutes.	Observe a 'dirty' object without touching it or washing.	Skip one step in your showering ritual.	Use a shared item (e.g., pen, remote) without immediate washing.
Delay your next shower by 30 minutes.	Touch a 'slightly contaminated' item, then a 'clean' one, without washing.	FREE SPACE	Eat a meal without washing hands immediately before/after (if not truly necessary).	Use a public restroom and wash hands only once.
Meditate on 'Shaucha' (purity) as internal and external.	Engage in a 'dharma' activity without ritualistic washing.	Trust in divine protection (Ishta Devata) instead of excessive cleaning.	Remember that true purity comes from the heart, not just external actions.	Offer a mental prayer before a task instead of a physical ritual.
Read a sacred text for 5 minutes instead of a ritual.	Accept that imperfections are part of the human experience.	Breathe through an urge to wash for 30 seconds.	Touch a doorknob and then touch your phone without washing.	Use a single tissue instead of multiple for a minor touch.

The “OCD Monster” Reveal

AI Prompt – Try it Out!

“I want to visualize my OCD. It feels like [insert description, e.g., a frantic, tangled ball of static electricity with too many eyes]. Create an image that is vivid, but slightly ridiculous”



The “Leveling Up” Exposure

AI Prompt – Try it Out!

Create a clean three-column, quest-themed ERP table with Levels 1–5 (10–50 XP), where each row includes a brief exposure example tailored to **Harm OCD**, a short reminder discouraging reassurance-seeking and promoting uncertainty tolerance, and the XP earned, using concise, polished language and noting that XP builds toward a collaborative weekend reward based on effort **rather than anxiety reduction**.

🏹 Quest Level (Harm OCD ERP)	🕒 Helpful Reminder (No Reassurance)	★ XP Earned
Level 1 – Warm-Up : Brief contact with a mild trigger (e.g., noticing a harm thought without pushing it away).	<i>“Noticing is enough.”</i>	10 XP
Level 2 – Practice Round : Short exposure to a moderate trigger (e.g., reading a mild harm phrase, delaying checking).	<i>“I can let this sit.”</i>	20 XP
Level 3 – Skill Builder : Sustained exposure with noticeable anxiety and urges to neutralize.	<i>“Urges aren’t commands.”</i>	30 XP
Level 4 – Advanced Quest : High-anxiety exposure with strong reassurance urges; remain present without rituals.	<i>“Choosing courage over certainty.”</i>	40 XP
Level 5 – Boss Battle : Peak-fear exposure (e.g., holding a feared object, sitting near a loved one, reading a strong harm statement) and staying fully engaged for the agreed time.	<i>“I’m practicing uncertainty, not proving safety.”</i>	50 XP
Weekend Reward (Collaborative): XP accumulates toward a shared, values-based reward (movie night, outing, game night, special meal, or project together).	<i>“Rewards are for effort—not feeling better.”</i>	XP Goal Set in Advance

Using Technology Responsibly



The Sycophancy Machine

No Reassurance-Seeking = 

Reassurance-Seeking + Human = 

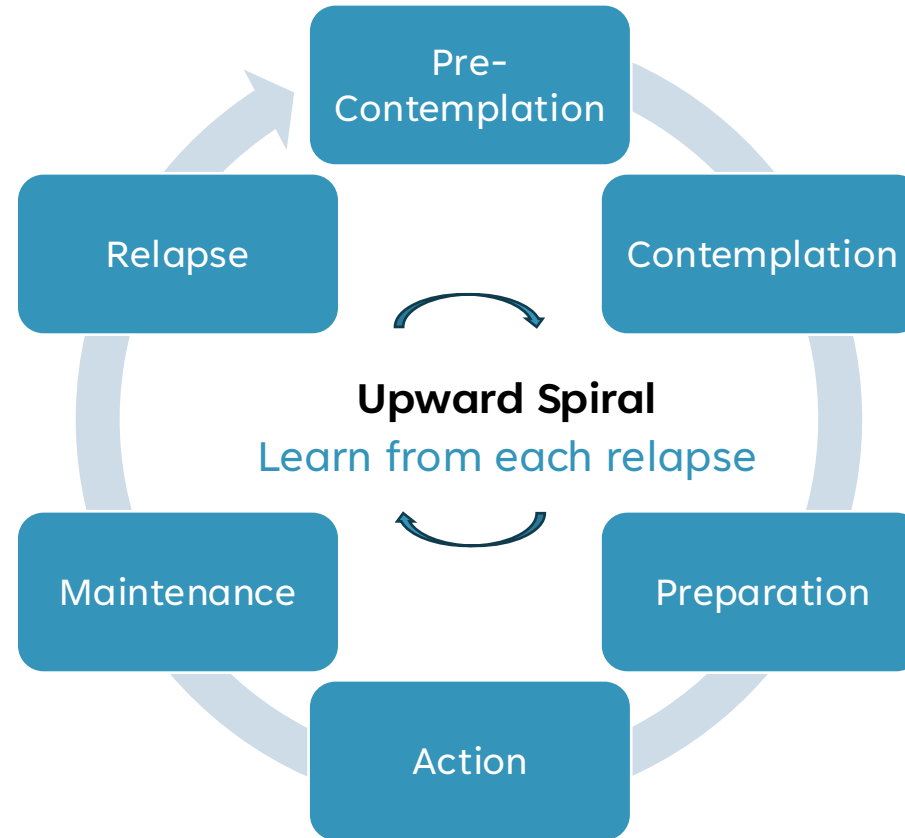
Reassurance-Seeking + AI = 

**What do I do if
my patient
won't engage
in treatment?**



Stages of Change (Prochaska & Norcross, 2001)

It is important to understand which stage of change YOUR patient is currently in.



Try Giving Your Patient SPACE

- **S**upportive **P**arenting for **A**nxious **C**hildhood **E**motions (SPACE) – *(Lebowitz et al., 2014)*
- Parent/Caregiver-based treatment the emphasizes changes to **their own** behavior to promote valued change in their (adult) child.
 - INCREASE responsive support
 - REDUCE accommodation behaviors
- Your patient does **NOT** need to be engaged for the treatment to work



Peer Support and Skills Groups

- Sometimes adults with OCD are not interested in starting a dedicated course of treatment, but ARE interested in connecting with others and seeking community
 - Peer support and skills groups can be GREAT resources
 - Many can be located through Psychology Today or International OCD Foundation (IOCDF) directories.
 - Many support groups meet via telehealth and maintain active online discussion boards and forums through platforms like Discord, Slack, and Reddit

The Limitations of Technology as a Replacement for Psychotherapy



LACK OF GENUINE
EMPATHY AND
CONNECTION



INABILITY TO HANDLE
COMPLEX ISSUES AND
CRISES



ETHICAL AND SAFETY
CONCERNS





The Importance of Validation

Living with OCD is TOUGH



Final Tips & Takeaways

- Discuss AI-use with your patient and maintain open dialogue about their experiences
- Make note of repeated or excessive reassurance-seeking behaviors
- Validate the struggle! You can provide encouragement **WITHOUT** accommodation
- Share the good news! The recommended treatment for OCD is Exposure and Response Prevention (E/RP)
- Providers are ready when they are, BUT digital ERP apps and VR tools may be an accessible first step.





QUESTIONS?



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