NURSES: Institute for Brain Potential (IBP) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Institute for Brain Potential is approved as a provider of continuing education by California Board of Registered Nursing, Provider #CEP139906, and Florida Board of Nursing. This program provides 6 contact hours.

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Origins and Nature of OCD-Related Disorders

- **Origins**: onsets in childhood or adolescence; the role of fear and trauma. What sustains OCD?
- **Key Obsessions**: thoughts about aggression, contamination, need for symmetry/exactness, and body obsessions.
- **Key Compulsions**: checking, washing, repeating, ordering and arranging; how they temporarily reduce anxiety.
- **Common Coexisting Disorders**: social anxiety, depressive disorders, phobic disorders, panic disorder, generalized anxiety.

Understanding OCD Spectrum Disorders

- **Body Dysmorphic Disorder**: imagined defects in appearance; repetitive looking in the mirror, and seeking reassurance.
- **Hoarding Disorder**: an enduring difficulty in discarding or parting with possessions; effects of clutter in social and occupational distress
- **Disorders of Impulse Control**: internet addiction, gambling, trichotillomania (hair pulling), excoriation (skin picking).
- **OC Personality Disorder**: excessive perfectionism, preoccupation with orderliness and detail, and the need for control.
- **Obsessional Jealousy**: preoccupation with perceived fidelity.
- **Avoidance Behaviors**: an OCD tendency may be expressed primarily as avoidance.
- **Excessive and Inflexible Behaviors**: role in reducing anxiety or distress yet paradoxically, they are more disruptive than helpful.
- **Tics and Tourette’s Syndrome**: involuntary movements and vocalizations driven by urges.
- **Illness Anxiety Disorder**: the misinterpretation of somatic symptoms (formerly called hypochondriasis).

Neurobiological Origins and Biological Treatments

- **Pediatric Onset**: a strep infection attacks the basal ganglia (the habit brain); involuntary movements Tourette’s syndrome and OCD.
- **Habit Brain**: automatic thoughts and movements and the basal ganglia; fear-based emotions and the amygdala; people with OCD have difficulty extinguishing habitual fears, emotions, and thoughts.
- **Prefrontal Cortex**: the connection between impaired attentional focus, the anterior cingulate cortex, and the habit brain.
- **Anterior Cingulectomy**: severing fibers of the anterior cingulate and its disconnection from the habit brain can relieve symptoms in treatment resistant patients.
- **Deep Brain Stimulation**: long-term electrical stimulation of a part of the habit brain can be effective.

Pharmacological Treatments

- **Antidepressants**: first-line SSRIs, second-line SNRIs, tricyclics, and MAO inhibitors.
- **Glutamate Inhibition**: effectiveness of topiramate and memantine.
- **D-cycloserine**: aid in extinguishing fear-related memories.
- **Adjunctive Antipsychotics**: combining SRIs and antipsychotics with treatment resistant OCD.
- **FAQs**: best time to take medications, common and possible side effects, interactions, and tapering for discontinuation.
- **Children**: indications, preferred medications, contra-indications; assessing suicide risk.

Exposure-Based Treatments

- **Learning To Forget**: extinguishing automatic, anxiety-reducing obsessions and compulsions by experiencing one’s core fears.
- **Exposure and Response Prevention (ERP)**: the “gold standard” for treating OCD; 63-83% of patients who complete ERP benefit.
- **Exposure-Based Treatments**: developing an exposure hierarchy (e.g., graded fears from least to most); comparing in-vivo, imaginal, interoceptive and virtual reality exposures.
- **Role of Therapist**: selecting between individual, group, online, and family-based ERP, how to obtain the best results.
- **Ritual (Response) Prevention**: keys to eliminating automatic behaviors and thoughts.

Cognitive Behavioral Therapy (CBT) and Adjunctive Treatments

- **Applying CBT**: challenging maladaptive beliefs, e.g., that thought suppression and rituals prevent intrusive thoughts from causing harm; overcoming obstacles, e.g., family from subverting success.
- **Applying Positive Psychology**: how mindfulness and acceptance-based strategies can be effectively incorporated into a treatment plan.
- **Alternative/Complementary Therapies**: effectiveness of Inositol, St. John’s Wort, Yoga, and aerobic exercise.
- **Combining Medications and Psychological Treatments**: interaction of ERP, CBT, and SSRIs.

ABOUT THE INSTRUCTOR

Martin M. Antony, PhD, is an internationally recognized expert in the assessment and treatment of anxiety and related disorders, and is the past president of the Canadian Psychological Association. Dr. Antony is Professor of Psychology at Ryerson University in Toronto. He has published 29 books and close to 200 scientific papers and chapters on anxiety-based disorders, cognitive behavioral therapy, and related topics. Dr. Antony has authored or coauthored key texts including Psychological Treatment of Obsessive Compulsive Disorder and The Anti-Anxiety Workbook: Proven Strategies for Overcoming Worry, Panic, Phobias, and Obsessions.

An outstanding speaker, Dr. Antony has given over 300 presentations and seminars to health professionals around the world including highly regarded presentations on OCD and perfectionism. Audiences highly recommend his presentations for their abundance of practical information, insightful case histories, and clinical wisdom. Participants receive a detailed outline prepared by Dr. Antony including key references and resources.

In addition to Q & A sessions in class, Dr. Antony will answer your questions during the second half of the lunch break and by email after the program concludes.