Original Article

Changing the Landscape of OCD Education

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Abstract

Obsessive-Compulsive Disorder (OCD) is a severe mental health condition characterized by unwanted/intrusive thoughts (obsessions) followed by repetitive behaviors/rituals performed in an attempt to reduce anxiety evoked by intrusive thoughts. Stigma, cost, and lack of access to adequately trained providers are all factors that disrupt appropriate OCD treatment. This article explores the use of webinars as a globally available educational tool to provide evidence-based information about OCD to individuals suffering with OCD, caregivers, and providers. This manuscript examines how webinars are being used for OCD education. The results further explore the feasibility of webinars to improve access to care and reduce stigma by evaluating viewer

utilization amongst six different OCD webinar topics ("OCD 101 Training", "OCD and Family", "OCD Kids Talk", "Living the ERP Life", "OCD, Addiction and Depression," "OCD in Children"). Implications of this research are presented to facilitate further dissemination of webinar-based education.

Keywords: Obsessive-Compulsive Disorder, webinar, education, evidence-based treatment

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Background

OCD Prevalence and Treatment

Obsessive-Compulsive Disorder (OCD) is a severe mental health disorder that causes unwanted/intrusive thoughts (obsessions) followed by repetitive behaviors/rituals, which are performed in an attempt to reduce anxiety evoked by the intrusive thoughts.[1] This pattern of behavior leads to counterproductive activities that negatively impact life without appropriate treatment, and may force individuals into isolation.[2] OCD has a lifetime prevalence rate of 2.3% within the general population and is one of the top 10 most debilitating diseases worldwide.[3] Cognitive Behavioral Therapy (CBT), specifically Exposure and Response Prevention (ERP), is the most effective behavioral treatment intervention for OCD.[4, 5] Selective serotonin reuptake inhibitors (SSRIs) combined with ERP demonstrates the most robust efficacy for the most severely affected individuals.[6]

Treatment Barriers for Patients/ Caregivers

Patients with OCD suffer for as many as 17 years before receiving proper treatment; when left untreated, OCD symptom severity often increases and can become debilitating for those affected.[7] Stigma, cost, and lack of access to adequately trained providers are all factors that disrupt appropriate OCD treatment.[8, 9] Shame, belief in oneself to improve without treatment, and fear of judgment are additional barriers preventing individuals with mental illness from seeking treatment.[10]

A study of 587 patients conducted for the purpose of determining treatment barriers found that half of the patients' barriers included shame and stigma while the other half were due to patients not knowing where to seek help, worries about costs, or wanting to fix their problems on their own.[10] Research suggests that patients associate mental illness with losing jobs or being critically judged.[11] These findings reinforce the need for increased education to reduce stigma and enhance accessibility to evidence based care for OCD and other mental health disorders globally.

According to Glazier et al.,[10] certain OCD subtypes create stigma and barriers to treatment. OCD is comprised of multiple subtypes and individuals present heterogeneously. OCD subtypes include intrusive thoughts including both violent intrusive thoughts (e.g., distress causing images of harming someone on impulse such

as pushing someone down the stairs) or sexual intrusive thoughts (e.g., fears of acting out sexually in a way that is deemed deviant by general society), scrupulosity (e.g., religious fears often associated with right, wrong, or morality), contamination (e.g., excessive fear of germs), somatic obsessions (e.g., constant worry about developing a disease, disorder, or terminal illness), counting and checking (e.g., repeated counting, checking of locks, appliances, etc.), magical thinking (e.g., lucky and unlucky colors and numbers), perfectionism (e.g., re- reading and rewriting rituals) and "just right" obsessions (e.g., often associated with ordering, symmetry or repeating an action over and over until it feels "just right").

Patients with violent or sexual obsessions are less likely to seek treatment for fear of being hospitalized or isolated from society than patients with other subtypes of OCD such as contamination or symmetry obsessions.[10] Holland[12] suggests that there may be a higher percentage of patients who suffer from violent, sexual, or religious obsessions than who actually disclose. However, stigma and fear of what observers will think may prevent patients from speaking out or seeking help.[12] Research supports that insight into illness reduces barriers to treatment and stigma associated with the illness.[13]

Psychoeducation serves as a vital component to appropriately educating individuals and professionals on the symptomology of OCD in order to decrease stigma and increase the treatment seeking population of individuals with OCD.[14]

Clinician Competence

Obsessive-compulsive disorder is frequently underdiagnosed and undertreated.[15] Shafran et al.[16] found that education for providers on OCD and effective treatment is limited and often difficult to access. A factor that limits effective treatment is the low level of accessibility for ERP as a form of treatment. Even in places where CBT is offered, the level of treatment is often suboptimal due to lack of appropriate training for professionals.[16] Clinicians oftentimes state they specialize in the treatment of a specific disorder, but in fact do not have the most effective evidence-based training to appropriately treat the disorder. Instead, clinicians often receive a broad form of training in order to appeal to a larger clientele. For example, professional education for mental health providers may cover CBT as a theoretical concept covering the many disorders CBT is effective at treating and teaching a broad overview of this concept without any practice on the specific

application of CBT for mental health disorders. A "CBT" trained clinician may be working with a patient diagnosed with OCD and mayutilize a broad CBT application with the client. However, the client may never receive the specific intervention needed within the domain, which is ERP.[17] While ERP is the sub-type of CBT known to be most efficacious for symptom reduction in OCD, CBT alone is not an effective intervention for the illness. Research indicates ERP produces durable treatment gains for OCD sufferers, in both pediatric and adult populations, with symptomology reduction rates of approximately 61%,[4] with low attrition rates of 14.7%.[18] These findings further emphasize the need for specialty training around OCD specific treatment to mental health practitioners that is highly accessible.

Patients who seek treatment for their OCD often end up working with clinicians who are not properly trained to treat OCD with the most effective form of treatment, ERP.[19, 20] The Behavior Therapy Training Institute (BTTI) offered through the International OCD Foundation (IOCDF) is an international training program offered to clinicians to increase competency for treating OCD. Trainees are required to complete a 3-day OCD specific training and engage in follow up consultation with a selected OCD specialist to discuss OCD cases.[21] Using training and education systems similar to the BTTI to educate clinicians on the symptomology and treatment of OCD would benefit research, lower OCD stigma and increase access to care due to an increase in appropriately trained OCD providers.[21, 22] However, most of these trainings are not mandatory and many clinicians do not have the time, resources, or ability to travel to receive training for a voluntary certificate. Worldwide, clinicians report wanting to receive more effective training on how to implement and deliver psychological treatments but are unable to seek these trainings due to previously mentioned factors.[23] Having clinicians receive appropriate training in ERP may increase clinician competence while reducing OCD symptomology for patients' due to an increase in effective care.[24]

Webinar Implementation for Clinicians

The use of webinars to disseminate education of effective evidence-based treatments should be evaluated as a way to increase the educational reach to practitioners in the field. A study conducted in 2009 monitored 59 webinars among a wide range of colleges in India to determine how college students were retaining the information they were

learning. The 59 webinars positively impacted 23,674 faculty and staff members throughout India. The webinars' efficacy at teaching the educational material to college students was roughly 86% as rated by the learners and teachers of the course material.[25,26]

Nagy and Bernschütz[27] suggest that effectively using webinars to train clinicians would reduce costs and time of travel while reaching larger numbers of clinicians on an international level. Due to the high accessibility of the internet, the implementation of webinars would allow for certified OCD clinicians to supervise future OCD clinicians further improving treatment and access to care.[27]

Research suggests that the leading mental health training standard includes a workshop, manual and training supervision, all of which could be implemented through a webinar.[28] Research is emerging to suggest Evidence-Based Treatment (EBT) be used as a clinical standard to further improve patient symptomology.[23] Often, clinicians do not participate in research or EBT, which prevents patients from receiving the most appropriate and effective treatment for their mental health diagnosis.[23] Webinars for professional OCD treatment training purposes can provide an avenue to represent the latest research findings and focus on the most effective and empirically based treatment standards. Webinars used to train clinicians on OCD could focus on OCD assessment and diagnosis followed by effective treatment modalities.

Webinar Implementation for Patients/Caregivers

Webinars also provide a viable and highly accessible medium for delivering education around treatment to patient and caregivers living with a mental health disorder. In 2009, the internet was used by 23.8% of the world (73.1% of the United States).[29, 30] In 2019, 56.1% of the world uses the internet and in 2018, 95.6% of the United States used the internet.[31, 32] Statistics have indicated that the internet is becoming more accessible within communities that have little access to qualified mental health practitioners potentially offering a support modality for mental health trainings and interventions.[30] Improved internet access via computers, tablets, and smart phones may allow for the usage of webinars to provide resources to those that may otherwise have no access to care or specialized clinical trainings (i.e., online trainings, educational webinars, Q & A's). A study conducted with individuals 12-25 years old, found that nearly 40% of this

cohort used the internet for researching about mental health problems highlighting how online mental health services should be more user friendly for all individuals (i.e., elderly, teens, young adults) instead of focusing on a limited subset age range (i.e., 12-25 years old).[33] Findings in 2012 anticipated that 53% of adults 65 years and older living in the United States were accessing the internet and more recent (i.e., 2016) statistics show that same population has increased internet usage to 67%.[34] By implementing user-friendly mental health education, a wider range of individuals may engage in online webinars with fewer issues around access.[30, 34]

Approximately 75% of individuals with OCD use a self-help resource, further emphasizing the importance that these resources are evidence based to best promote improvement of OCD symptoms and behaviors.[35] Self-help resources for OCD include OCD websites, interactive mobile applications, integrated computer programs accessed via telephone using interactive voice technology, webinars, webcams, on- line support groups and bibliotherapy.[36] Self- help resources have been proven to decrease OCD symptoms in individuals with OCD that would otherwise not have received treatment.[36] Utilizing webinars as a training and educational tool around effective care and psycho-education for OCD may increase user competencies around treatment they should be engaging in to promote symptom reduction. Furthermore, the use of webinars to reduce costs and stigma while increasing insight and access to appropriate care significantly reduces patient barriers to treatment.[37]

Across the world, traditional ways of educating the public are changing and oftentimes transitioning to virtual education, inclusive of the mental health field.[25] The implementation of webinars to inform the public, patients and family members of new advancements in research are proving to effectively educate the public on treatment.[26]

Educational webinars should include information and resources for accessible OCD interventions, which may include online programs that are based on effective evidence-based care for OCD (i.e., ERP)[27]. Self-paced and interactive internet programs (i.e., online webinars) tailored towards mental health (i.e., depression and anxiety) have proven effective for symptom reduction.[30]

Lastly, the use of webinars increases the availability of competent speakers to provide interactive presentations. Webinars allow

speakers to present from anywhere with access, eliminating the cost of travel for themselves and participants, making this source of education convenient and efficient.[37] Overall, webinars provide an effective content delivery medium for the benefit of practitioners, caregivers and individuals with OCD.

Study Implementation and Purpose

For the purpose of this study, the use of webinars to educate individuals with OCD, caregivers, and providers on OCD general education, research advancements and treatment improvements will be examined. It is imperative that clinicians treating OCD are held accountable regarding their use of evidence-based treatment.[38] Therefore, accessibility of effective training is warranted in order to promote successful patient outcomes. Findings suggest that webinar trainings improve barriers of cost, accessibility, and scalability for clinicians to be more clinically competent in treating OCD.[21] Due to the convenience of webinar trainings, higher numbers of clinicians may have access to trainings in order to effectively treat OCD. With an increase in OCD trained clinicians, access to treatment will increase and the average amount of time for patients to receive appropriate treatment, which is currently 17 years,[7] may reduce. Participant access to OCD webinars will be examined to understand content participants deem as helpful, education gaps, and overall findings from the webinars. This study will evaluate the use of webinars to provide and increase education for providers, caregivers and individuals with OCD, decrease stigma for patients and caregivers, and improve treatment overall.

Materials and Methods

Several webinars on varying OCD related topics were provided, free of charge and openly accessible to interested participants through the Peace of Mind Foundation. The Peace of Mind Foundation is a non-profit dedicated to education, research and advocacy focused on OCD. The Peace of Mind Foundation provides free online content including webinars focused on evidence- based interventions and advocacy for OCD as part of their mission. The webinars examined in this study were advertised and conducted as a cluster with live broadcast over a one-week period in October 2018, except the "OCD in Children" webinar which was broadcasted independent of OCD week in June 2018. Topics of these webinars included

"OCD 101 Training", "OCD & Family", "OCD Kids Talk", "Living the ERP Life" and "OCD, Addiction, and Depression". All webinars used for this study were presented on the Zoom online platform and the majority were simultaneously streamed on Facebook Live (through the Peace of Mind Foundation's Facebook page) and then made available for later viewing across social media avenues. All data was de-identified and compiled from webinar analytics and/or post-surveys provided by the Peace of Mind Foundation (www.peaceofmind.com). Surveys were collected after completion of the webinars through a survey link emailed to all participants that watched the live webinar, these participants will be identified as live participants. Participation was voluntary for users who watched the seminars live by choosing to follow the link provided. Institutional Review Board approval for this data collection was obtained through Baylor College of Medicine.

Results

OCD 101: The *OCD 101 training* was originally presented as part of OCD Week on Friday, October 12, 2018 at 9am CST. Although 104 unique emails registered, 26 individuals logged in viewing the Zoom content and another 19 views on Facebook Live. Most people attending were in the United States (n = 16), although there was a global reach with individuals watching from Pakistan (n = 4), Canada (n = 3), as well as India, Guam, and Russia (n = 1 each). Within the United States, most people attending were from Texas (n = 8), but individuals from across the country tuned in, including California, Illinois, New York, Georgia, and Maryland. After the live presentation, *OCD 101* was posted in the Peace of Mind Foundation website, Facebook and YouTube.

As of February 2019 (approximately four months after the live presentation date), an additional 4,569 people saw the video on their Facebook feed, 1,452 individuals watched the video with a total number of 1,600 views. Approximately 10% of views of OCD 101 on Facebook were attributed to repeat views. Additionally, 238 unique views occurred via the Peace of Mind Foundation website and YouTube. International viewers accounted for approximately 20% on the Peace of Mind Foundation website.

Of the live participants in the *OCD 101 training*, 28.6% self-reported their age as 26- 35, 27.5% reported their age as 36-45, 18.7% reported their age as 46-55, 17.6% between 18-25, and 7.7% reported their age as above56. Half the participants (50.0%) self-reported as an individual with OCD, while 25.0% reported they were interested in learning more about OCD, and 12.5% of participants reported they

were either a caregiver or a family member of someone with OCD or a professional.

OCD & Family: *The OCD & Family* webinar was also presented as part of OCD Week on Sunday, October 7, 2018 at 2pm CST. Although 228 unique emails registered, 94 unique emails attended with a reported 127 individuals viewing the Zoom content and another 31 views on Facebook Live. Most people attending were in the United States (*n*= 119), although there was also a global reach with this webinar reaching individuals in Canada (*n* = 4), Pakistan, Italy, Guadeloupe, and Belgium (*n* = 1 each). Similar to the OCD 101 training, most of the individuals within the United States were viewing from Texas (*n* = 68), but other states were represented including California, New York, Florida, Vermont, Arizona, and Illinois. After the live presentation, *OCD & Family* was posted on the Peace of Mind Foundation website, Facebook and YouTube. As of February, 2019 (approximately four months from live presentation date), through Facebook, 4,142 people saw the video on their feed and 1,366 individuals watched the video for a total number of 1,500 views with approximately 130 Facebook views of *OCD & Family* were attributed to repeat views. Additionally, 102 unique views occurred via the Peace of Mind Foundation website and YouTube. International viewers accounted for approximately 7% of views on the Peace of Mind Foundation website. Of the live participants in the *OCD &Family* webinar, 26.8% self-reported in the 46-55 age group, followed by 24.6% in the 36-45 age group, 15.1% in the 56 and above group, 13.4% in the 26-35 age group, 12.1% were younger than 17, and 7.9% were in the 18-25 age group. The largest percentage of participants (53.3%) identified as individuals with OCD, followed by caregivers or family members (33.3%), and then professionals (13.3%).

OCD, Addiction, and Depression: The *OCD, Addiction, and Depression* webinar was presented as part of OCD Week on Friday, October 12, 2018 at 5pm CST. Although 106 unique emails registered, 34 unique emails attended with a reported 40 individuals viewing the Zoom content. This webinar was not streamed on Facebook Live. Most people attending were in the United States (*n* = 32), although there was also a global reach with this webinar reaching individuals in Canada (*n* = 7), Australia (*n* = 1), and Brazil (*n* = 1). Similar to the other webinars, most of the individuals within the United States were viewing from Texas (*n* = 12), but other states were represented including Illinois, Georgia, California & Kansas. This video was posted on the Peace of Mind Foundation website and YouTube after Zoom streaming, but not on Facebook. As of February 2019 (approximately four months from live

presentation date), the video had 191 unique views via the Peace of Mind Foundation website and YouTube. Worldwide viewers accounted for approximately 25% of views on the Peace of Mind Foundation website.

Living the ERP Life: *Living the ERP Life* was a webinar presented as part of OCD Week on Thursday, October 11, 2018 at 5pm CST. Despite a registration of 215 unique emails, the audience contained 71 unique emails attending with a reported 88 individuals viewing the Zoom content and another 19 views on Facebook Live. Most people attending were in the United States (*n* = 77), although there was also a global reach with this webinar reaching individuals in Canada (*n* = 11), Australia (*n* = 2), and Libya (*n* = 1). Similar to the other webinars, most of the individuals within the United States were viewing from Texas (*n* = 25), but other states were represented including California, Illinois, Ohio, Wisconsin & Kansas. After the live presentation, *Living the ERP Life* was posted on the Peace of Mind Foundation website, Facebook and YouTube. As of February 2019 (approximately four months from live presentation date), through Facebook, 1,975 people saw the video on their feed, and 438 unique individuals watched the video with a total number of 1,000 views. Approximately 560 views of Living the ERP Life were attributed to repeat views. Additionally, 2019 unique views occurred via the Peace of Mind Foundation website and YouTube. International viewers accounted for approximately 22% of views on the Peace of Mind Foundation website.

Kids Talk: Growing Up with OCD: *Kids Talk* was a webinar presented as part of OCD Week on Monday, October 8, 2018 at 4:30 pm CST. Although 182 unique emails registered, 78 unique emails attended live with a reported 124 individuals viewing the Zoom content while another 17 viewers watched on Facebook Live. Most people attending were in the United States (*n* =107), although there was also a global reach with this webinar reaching individuals in Canada (*n* = 15), Belgium, Spain, and Guam (*n* = 1 each). Similar to the other webinars, most of the individuals within the United States were viewing from Texas (*n* = 35), but other states were represented including California, Florida, Massachusetts, Illinois, Hawaii, & Utah. After the live presentation, *Kids Talk: Growing Up with OCD* was posted on the Peace of Mind Foundation website, Facebook and You Tube. As of February 2019 (approximately four months from live presentation date), through Facebook, 4,142 people saw the video on their feed, and 1,466 unique individuals watched the video with a total number of 1,800 views.

Approximately 330 views of Kids Talk: Growing Up with OCD were attributed to repeat views. Additionally, 122 unique views occurred via the Peace of Mind Foundation website and YouTube. International viewers accounted for approximately 27% of views on the Peace of Mind Foundation website.

OCD in Children: The *OCD in Children* webinar was presented independent of OCD Week on Wednesday, June 27, 2018 at 4:30 pm CST. This was a screening of a recent OCD film that focused on children with OCD followed by a panel. There was an audience of 284 unique emails attending with 600 people viewing. Most attending was in the United States (*n* = 476), with an even larger global presence than the previously described webinars. International attendees viewed from Canada (*n* = 94), Australia (*n* = 14), as well as Brazil, the United Kingdom, Guatemala, Denmark, Germany, Nigeria, and Malaysia. Similarly, Texas had the largest representation in viewership in the United States (*n* = 97). Other states included California (*n* = 71), Massachusetts (*n* = 34), New Jersey (*n* =32), Florida (*n* = 22), and North Carolina (*n* = 21). This webinar was not posted on the Peace of Mind Foundation website, Facebook or YouTube. Of the viewers, the largest population (35.7%) self-reported as mid-adults (30-49), followed by children (22.5%, ages 0-12), then adults (19.1%, ages 50-69), adolescents (11.1%, ages 13-17), young adults (8.5%,18-29), and finally older adults (3.1%, 70+). Furthermore, most self-reported as caregivers/family members (64.7%) followed by an individual with OCD (16.3%), a professional (15.3%), and someone interested in learning more (3.7%).

Discussion

The webinars reviewed were all offered free of charge, had a broad range of viewing audiences, including individuals, caregivers and professionals and had an international reach. Predominantly in attendance for the live broadcast of OCD 101 and OCD & Family were OCD sufferers with a self- reported participation rate of over half for both. Alternatively, OCD in Children had a predominant self-reported audience of caregivers/family members reaching almost two-thirds of the viewing audience. Others in attendance at the live broadcast of the webinars were those seeking knowledge on OCD at roughly one quarter and professionals who accounted for about one- sixth of those in attendance. Mental health professionals represented some of the smallest attendance at the original presentation of the webinars, possibly due to the fact that the majority of the webinars were advertised and focused towards individuals with OCD instead of professionals treating OCD.

Perhaps webinars that focus on professional training, are marketed toward professionals and offer CEUs may encourage more mental health professionals to seek training via webinars. Webinars for professionals reduce costs around time, travel and offer access to experienced OCD professionals for education.[27]

The numerical data may show discrepancies amongst viewers and individuals registered for the live webinars. For example, the number of viewers may be higher than the number of registered individuals because viewers may be watching in a group setting (i.e. work, support group, etc.) under one registration. There may also be more registered individuals than viewers because individuals may register for a webinar but then choose not to attend. The five webinars broadcast live during a one-week time frame experienced significantly lower live attendance than the webinar broadcast independent of OCD week. However, after the live broadcast, posting of the webinars to Facebook, YouTube and the Peace of Mind Foundation website significantly increased the worldwide access for individuals to view the webinars as often as deemed helpful. Individuals participating in the six webinars reviewed represented 18 countries worldwide, and almost all states within the United States. This representation demonstrates that individuals worldwide are seeking education and information on evidence-based treatment for OCD. Furthermore, without webinars, many participants may not have access to any appropriate OCD resources even though they may treat patients with OCD or be a treatment seeking patient or caregiver. The global presence demonstrates the potential reach via webinar technology which may assist in reducing barriers that surround access to OCD education, training, stigma and the availability of evidence-based treatment worldwide.

Limitations

The limitations to be considered for the study include sample size, sample profile, technology issues, webinar material and participant feedback. The sample size and profile may be impacted due to individuals needing access to a computer and the internet.[30] Research suggests that across 11 advanced economies, 87% of individuals have access to and use the internet while developing and emerging economies consist of 54% of individuals that access and use the internet.[39] In many continents such as Africa and South America, few individuals have access to internet use and therefore, effectively evaluating demographics worldwide may be difficult.[40] Another demographic limitation includes language barriers as the webinars were only

offered in English. Information received may be selective due to viewer attention and retention. For example, individuals may not watch the entire webinar impacting the information they receive, they may not understand the information presented appropriately and barriers may exist such as language, technical jargons, time zone etc. which may negatively impact the individual's webinar experience.

Outside of the *OCD and Children* webinar all other webinars presented in this study were presented during OCD week in October 2018. Each webinar lasted approximately 90 minutes on four days during the same week, including two webinars on the same day. The duration of the webinars along with the close date of original presentation may have contributed to audience fatigue. While the five webinars were later available online through Facebook, YouTube, and the Peace of Mind Foundation website for audience viewing, the availability may have reduced audience urgency to watch the live broadcasts. Offering the live broadcasts of the webinars online for future viewers may reduce audience fatigue as they can access at a later time and increase original audience attendance.

Other limitations may include methods of receiving valid and reliable participant feedback through online surveys and questionnaires. Participants may not take the needed time to respond to feedback effectively and instead rush through responses. Participants with OCD may avoid negative feedback for fear of guilt, consequences, or something else bad happening making the feedback invalid.[41] Additionally, viewer responses were not collected through surveys for further validation of participation after webinar viewing through social media outlets.

Finally, there is limited research determining the reliability of webinars for assisting in treatment and education of mental health disorders. Webinars as an education tool for both providers and individuals/caregivers warrant future research and evaluation.

Conclusion

With growth opportunities in the number of attendees for the live broadcasts and the potential number of viewers after the live event, we know webinars provide the opportunity to increase access to evidence based training for mental health professionals on OCD.[19,20] Offering webinars that require professionals to register, possibly pay a fee for participation, and the ability to earn Continuing Education (CE) credits may increase professional attendance. Recruitment, content, webinar leaders, time of day and year and other factors of the webinars should be evaluated in order to increase participation in these webinars and consequently increase professional education around OCD.

It takes 17 years on average before individuals with OCD receive a proper diagnosis and evidence-based treatment for their OCD.[7] Research indicates the longer OCD goes untreated, the more debilitating one's symptoms may become.[17] However, many individuals are seeking information about OCD via the internet. Access to evidence-based psycho-education materials about OCD, treatment options, and training may reduce the length of time it takes for an individual to receive proper diagnosis and treatment for OCD.

Additionally, webinars may reduce possible barriers to treatment such as lack of access to competent OCD professionals, stigma associated with having an OCD diagnosis, lack of insight about OCD and, lack of general OCD education of family and friends.[42,10,12,14,16,19,20] Webinars are universally available via the internet allowing access to information that individuals otherwise may not have and/or cannot afford. The online webinar platform allows individuals to attend despite geographic location/time zones, removes or minimalizes the barrier of cost, may reduce stigma associated with OCD diagnosis and treatment through education and an anonymous option for viewing and increases education on evidence- based practices for OCD. Further research is needed to understand the efficacy of webinars as an OCD training tool for individuals living with OCD. To date the use of web-based interventions for education and treatment continues to increase and this readily accessible option should be considered and further evaluated as an education and treatment option for OCD.

Conflict of Interest Statement

Dr. Storch receives research support from NIH and the International OCD Foundation. He has received royalties from Elsevier Publications, Springer Publications, American Psychological Association, Wiley, Inc, and Lawrence Erlbaum. He is a consultant for Rijuin Hospital, China. He is on the Speaker's Bureau and Scientific Advisory Board for the International OCD Foundation. Dr. McIngvale is on the board of directors for the International OCD Foundation, The Menninger Clinic and the Peace of Mind Foundation. Dr. Rufino is on the board of directors for the Peace of Mind Foundation. All other authors report no financial disclosure. We report no other potential conflicts of interest.

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