

# 7TH BIANNUAL MEETING OF THE EABCT SIG ON OCD

# May 21-24 2020 – La Cittadella, Assisi, Italy

# **CALL FOR SUBMISSIONS**

We are delighted to welcome submissions to the 7th meeting of the European Association for Behavioral and Cognitive Therapies (EABCT) Special Interest Group on OCD that will take place in Assisi, Italy, May 21-24, 2020.

Below please find guidelines for submissions, sample abstract, and link to the submission portal. **The deadline for submission is January**<sub>15th</sub>, **2019**. To facilitate the review process, please carefully adhere to the detailed guidelines and consult the sample abstract provided below.

### **Submission Instructions**

Please read the instructions carefully before preparing your abstract. Use Microsoft Word to create the abstract, in font Times New Roman size 12 single space. Abstracts should be structured using subheadings: Background, Methods, Results, Conclusions. The abstract may not exceed 2,500 characters (with spaces) in length. This character count includes the subheadings of the structured abstract but does not include the title, author list, contact details, affiliation information, or key words.

Save each abstract as a separate file and use the following naming for each of the files: Last Name\_abs.doc (e.g., White\_abs.doc).

All abstract should be submitted via the SUBMISSION PORTAL

#### Types of submissions:

There are 3 types of submissions: 1. Research Papers, 2. New Treatment, and

**3. Position Papers\*.** Most abstract are 'Research Papers', and authors **should not** indicate it on the submission body.

If you are submitting to the 'New Treatment', or the 'Position Paper' tracks, please indicate that in two places. First, at the beginning of the title, e.g., "Position Paper: The Neuropsychology of OCD Across the Life Span: A Critical Perspective". Second, please indicate this within the file name. For example, Abramovitch\_abs2\_position\_paper.

\*Position papers are presentations that are broader in scope and may be dedicated to an overview of a subject, suggests a novel model/theory, discuss a broad question, provide a critical review, and can incorporate several studies. Please note that Research Papers and New Treatment presentations will be limited to 20 minutes, but 40 minutes will be allowed for Position Papers.

# **Detailed Instructions and Required Information**

Note: The section numbers below numbers correspond to 'star' indicators on the sample abstract)

## 1. Presenter information (single space):

- Presenter's name (first name, middle initial, last name).
- Academic degrees (e.g., PhD, MA).
- Complete contact information including mailing address (institution), office telephone number, and e-mail.

### 2. \*Authors names (flush left; \*List all authors starting with the presenter).

- First author (presenter). First name, middle initial, last name (e.g., Angelo M. Saliani).
- Co-authors: List all co-author (first name, middle initial, last name) in order of contribution separated by a comma.
- Affiliation: Use numerical superscript to indicate all authors' organizational affiliation providing the list of institution immediately below (similar to journal articles).

#### 3. Abstract title: type flush left, in bold font

- If you are submitting to the 'New Treatment', or 'Position Paper' track, please indicate that at the beginning of the title, followed by a colon.
- Please, **do not** use abbreviations or acronyms in the abstract's title of your abstract(s), apart from 'OCD'.

#### 4. Abstract Body

- Single space text.
- Structure the abstract, using the following subheadings to identify each section: Background, Methods, Results, Conclusions. Each subheading should be typed flush left, in bold font, and followed by colon.
- Separate each section with a space.
- Justified alignment.

#### 5. Keywords:

• Please include 4 – 6 keywords (separated by commas) below the abstract body.

#### IMPORTANT TIPS FOR A SUCCESSFUL SUBMISSION

- 1. Make sure you provide the rationale to the study in the Background section.
- 2. Include some numerical results in the Results section, particularly effect sizes.
- **3.** In the Methods section please indicate:
  - If data collection is not yet complete.
  - What is the nature of sample(s), e.g., OCD, general population, students etc.
  - Provide sample sizes.
- **4.** Carefully review your abstract before you submit, including adhering to all guidelines and conducting a thorough proofread for grammatical and typographical errors.

#### **REVIEW PROCESS**

Abstracts will be peer-reviewed by the Scientific Committee of the EABCT SIG on OCD: Prof. Reuven Dar, PhD, Prof. Marcel van den Hout, PhD, and Dr. Amitai Abramovitch, PhD.

#### NOTIFICATION OF ABSTRACT ACCEPTANCE

Notifications will be sent by February, 15th 2020.

#### REPRODUCTION OF ACCEPTED ABSTRACTS

Abstracts will be published in the7th EABCT SIG Meeting on OCD Book of Abstracts.

### FOR THE SUBMISSION PORTAL CLICK HERE

FOR THE ACCOMMODATION PORTAL CLICK HERE

FOR THE REGISTRATION PORTAL CLICK HERE

Participants should make plans to arrive at La Cittadella on Thursday because the Meeting will start on Friday morning (22<sub>nd</sub>) at 8.30 a.m. and will end on Sunday at 1.00 p.m.

For any questions or concerns, please contact the SIG Chair Dr. Barbara Barcaccia, PhD, at barbara.barcaccia@uniroma1.it

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SAMPLE ABSTRACT

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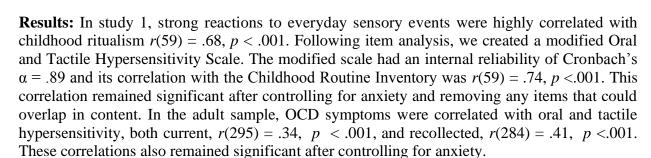




The Relationship between Sensory Processing, Childhood Rituals and Obsessive-Compulsive Symptoms

**Background:** A potential link between sensory hyper-sensitivity and excessive rituals has been suggested independently in research on obsessive-compulsive disorder (OCD) and in the discipline of occupational therapy. So far, no research has attempted to integrate these findings and to offer a theoretical model that might explain these relationships. The present research aimed to examine the relationships between oral and tactile hypersensitivity, childhood rituals and OCD. Our working hypothesis was that strong reactions to everyday sensory events may be related to excessive childhood rituals and later to obsessive-compulsive symptoms.

**Methods:** In Study 1, parents of 4 to 6-year old children (N = 61) completed the Childhood Routine Inventory, the Sensory Profile and the Screen for Child Anxiety Related Emotional Disorders. In Study 2 we administered an adapted version of the sensory profile to an internet sample of adult participants (N = 314) together with the Obsessive-Compulsive Inventory-Revised, the anxiety subscale of the International Personality Item Pool - NEO and items measuring participants' recollection of their childhood oral and tactile hypersensitivity.



Conclusions: The findings suggest a strong relationship between sensory sensitivity, childhood ritualism and adult OCD symptoms. These relationships are not accounted for by anxiety. We suggest that oral and tactile hypersensitivity in childhood may be one pathway to adult OCD. Specifically, we hypothesize that the heightened need for control in OCD and the associated attempts to achieve a sense of control by relying on rules and rituals may in some cases be rooted in deficient sensory integration.

 $\textbf{Keywords:} \ \text{hypersensitivity, sensory processing, rituals, obsessive-compulsive disorder.}$ 



# SAMPLE ABSTRACT

