STRATEGY	ADVANTAGES	POTENTIAL CHALLENGES
1. Hybrid in-person and videoconferencing-assisted EX/RP	a) Maintains alliance-quality associated with in-person appointments b) Therapist can closely supervise early exposures c) Flexibility in appointments (e.g., unexpected change in childcare) d) Facilitate home visits e) Prevent disruption in or attrition from treatment (e.g., with illness, relocation)	a) Convenience of remote appointments could reduce motivation to attend in-person sessions b) May need to redesign ongoing exposures after transitioning to remote treatment c) Licensure issues may arise with changes in location, requiring clinicians to apply for limited licensure or arrange local referrals
2. Fully-remote EX/RP	a) Improve access to care for patients unable to come on-site (e.g., patients who are homebound or live in rural areas) b) Lack of commute may benefit patients who are elderly, disabled, or have young children c) Some patients may be more comfortable with remote format (e.g., patients experiencing shame related to symptoms) d) Completing exposures remotely may encourage independence and sense of mastery	a) Therapists may have more difficulty providing corrective feedback than if in-person b) Some exposures rely on therapist's physical presence c) Not appropriate for patients who have difficulty adhering to EX/RP, certain comorbidities (e.g., psychosis, severe personality disorder) or acute safety concerns (e.g., suicidality)
3. Videoconferencing-assisted psychiatric evaluation and psychopharmacology treatment	a) Expand access to psychiatric evaluation and psychopharmacology treatment for OCD b) Offering greater choice (e.g., medications, EX/RP, or their combination) may improve collaboration in care and patient satisfaction c) Medications may be first-line in some situations (e.g., when depression limits adherence to EX/RP) d) Medications may be preferred over EX/RP for patients with predominant contamination fears or handwashing rituals during COVID-19	a) Cannot perform physical exams b) Issues with licensure or medication supply depending on location c) Psychiatric evaluation and medication management over telehealth has not been studied systematically in OCD
4. "Virtual" (videoconferencing-assisted) support groups for OCD	a) Connect patients to others with similar symptoms can reduce loneliness, isolation, and shame, improve confidence, and reinforce techniques learned in CBT b) Inexpensive and accessible c) May be more engaging than phone- or internet-based groups, yet more accessible than in-person groups	a) Effectiveness not established for OCD b) Can reinforce accommodation or avoidance of symptoms if not moderated c) Groups using 12-step model are not tested in OCD; some incorporate religious themes which may or may not be a fit for all patients
5. Videoconferencing-assisted clinical training and supervision for OCD treatment	a) Expand access to expert training and supervision for OCD treatment b) Flexibility for supervisor to passively view or actively intervene	a) Remote training models exist but have yet to be adapted for OCD b) Supervisors and/or patients may be unfamiliar with videoconferencing technology c) Treatment model and informed consent must be discussed carefully with patient before starting
Challenges with all videoconferencing strategies	a) Technical issues (e.g., poor Wi-fi signal, low-bandwidth connections) b) Lack of private space c) More cognitively demanding than in-person treatment (e.g., due to increased reliance on verbal communication, brief lags in transmission), which may limit satisfaction d) Equipment and internet costs may be problematic e) Some patients may lack access to private space in which to receive remote treatment f) Therapist alliance may be reduced compared to in-person treatment g) Different state licensure policies may limit access h) Telehealth reimbursement models remain in development i) Need to monitor patient safety carefully given challenge in coordinating emergency care remotely	

Table 2. Strategies for Integrating Videoconferencing into OCD Treatment