

Full Plate Podcast Episode #102: “The Doubt Disorder”: Overcoming OCD with Jenna Overbaugh, LPC

Hey, everyone welcome back to full plate. It's Abbie and today on the podcast I am speaking with Jenna Overbaugh. I just finished this episode and it was such a great one I want you to stay tuned. After the interview I'm going to come back for a few minutes and just provide a little bit more...I don't know...insight into my own lived experience with co-occurring Ocd and an eating disorder. I just think I finished the episode and wanted to add a few tidbits. Just in case, it was helpful to anyone out there.

So I'm really grateful that you're here and you all just make my world spin round. So let me tell you a little bit more about this episode and about Jenna and if you've listened to many of these episodes that you. Probably have heard me talk about or mention that I have Ocd and it's not really something that is active in my life anymore. Thanks to so many years of healing and a lot of what I went through in eating to sort of recover once upon a time. So. It is a part of me and it's something that has been increasingly interesting to me in the space given the co-occurrence of Ocd and anxiety and eating disorders and a lot of the personality traits and characteristics and trauma histories that give rise to the presence of multiple mental health conditions like this so I was really excited to have somebody on to talk about OCD obsessive compulsive disorder and just dive into what that experience is really like outside of the assumptions and stereotypes that we have of Ocd which I really do believe are quite strong and stigmatizing.

So Jenna Overbaugh is a therapist who specializes in Ocd and anxiety and we spend this episode talking about Ocd in the context of her clinical practice and her experience. And we both add in some things here and there about our own experience and it's important to note that Jenna who says this very openly and kindly and vulnerably: she isn't someone who specializes in eating disorders. She specializes in OCD. So our dialogue and the narrative between us I think it just works really well because I bring my perspective from the disordered eating and eating disorder space as a practitioner. She brings her knowledge about OCD and anxiety and it's just a really great conversation. So I'm excited for you to hear it. Let me give you a little bit of background on her like I said I was going to. So Jenna is like I said, a licensed professional counselor and therapist based in Wisconsin. She's been working with people who have Ocd and anxiety since 2008.

She's worked at world renowned facilities including Johns Hopkins Hospital and Rogers Memorial Hospital where she treated some of the most debilitating cases of Ocd and anxiety in the world. She's contributed to peer reviewed literature as well as spoken at national conferences on OCD anxiety hoarding and other related issues. She hosts the all the hard things podcast and is the creator of her signature program. The Ocd and anxiety recovery blueprint. She's also a mom to a five year old who has lived experience with Ocd and anxiety and so of course she's a great person to talk to us today about this experience quickly before we dive into this episode. Providing a quick reminder because I continue to get questions about the difference between my group program and my group membership. If you're listening and you've been looking for some community or connection in your rehealing process I do have 2 different options. So the membership. Is this constant ongoing group experience. , so we meet monthly in that and it's not a set number of weeks or months it's just ongoing. It's an ongoing space.

We have a group chat discussion and app that we're all in and then we meet on zoom every month we talk about books or we have a topic of the month and I'm in there answering questions all the time it's where I spend a lot of my time and that's for folks who are maybe a little bit quote like further along um on their process with. , healing from dieting and disordered eating. My ten week program is different so that's a um, you know ten weeks straight of weekly sessions and we go through 10 different modules that I've created that help support you in creating more peace with food in your body and exercise. So. 2 different things. I'll link the information on where to find more about that on my website in the show notes so that you can just scroll on over to that and check it out if you have any questions you can always email me all right? So enough of that, enough from me, let's get into this episode because it's a special one to me. It's definitely personal and professional. All the things and I'm really excited for you to listen and learn from Jenna today. So without any further ado let's get into this conversation and again I will see you on the other side. Stay tuned for a couple extra minutes after the interview with me.

00:00.00

Abbie Attwood

Hi Jenna. So glad you're here. Yeah, we were well this is gonna come out obviously after the holidays but this is both yours and mine kind of like the last thing we were just saying before before we can really just feel like we're done.

00:01.69

Jenna

Hi. Thank you so much for having me. I'm super excited.

00:17.55

Jenna

Yeah I know it's like that last period in high school where we're just okay like but I'm actually excited to do this. This isn't like math class or like algebra or anything like that. So I am actually excited to be here but Christmas

00:19.87

Abbie Attwood

We're done for the year and it's time for vacation. Yeah.

00:32.61

Abbie Attwood

Okay, thank you for saying that I appreciate it. Yeah, that's what we're doing. We're doing a 45 minute episode. You're gonna go pick up your kiddo and then we're gonna just get in the Christmas spirit. Ah so kicking it off as always with what is on your plate.

00:34.83

Jenna

Ah, officially begins in about 45 minutes

00:45.34

Jenna

Yay.

00:50.36

Abbie Attwood

And the first part of that question is food wise, what have you been loving? And then the second part is just life like what's big on your life plate right now.

00:58.90

Jenna

So What I've been loving I Always love lasagna like if that was my last meal all day like there's something about cheese and ricotta cheese. Especially. I I don't know to what extent you actually need to actually cook Ricotta cheese before it's not good. For example, my pregnancy craving was cream cheese and ricotta cheese. So I like to put cream cheese or ricotta cheese on anything and I am there with lasagna just like Perfectly. You know.

01:18.79

Abbie Attwood

Yeah.

01:32.58

Jenna

Boiled noodles with the red sauce and some cheese just dripping and oozing and some meat. Oh my gosh. That's the best with garlic bread of course, maybe a nice little salad on the side. , that makes me very hungry but that would honestly be like you can't go wrong with a good lasagna and it's always better when I keep up like I always do.

01:49.50

Abbie Attwood

So comforting? Yeah, ah it like Melds All the flavor is it really just like all of the flavors just marinate together just the meaty cheesiness and ricotta and cream cheese I.

01:51.75

Jenna

Like it's better Once it's been in the fridge for a little bit and then it's heated up.

01:58.28

Jenna

Yeah, no.

02:05.90

Abbie Attwood

So funny. You said that I will put cream cheese on like everything I have a thing with like I put it on my sandwiches like it's so good with some pesto avocado cream Cheese Turkey I'm all about it like ricotta. You just reminded me like why don't I just buy ricotta and just put it on shit all the time. Yeah.

02:12.80

Jenna

Ah.

02:19.70

Jenna

Yeah, it's really good. When I was pregnant I would mix it with a lot of italian seasoning and salt and pepper and eggs and bake it. But the first cracker and it was the best thing ever. But yeah pregnancy I was i.

02:28.13

Abbie Attwood

Ah, yeah, yeah, yeah, that sounds like me waiting. I really want to go do that. But

02:36.54

Abbie Attwood

I was at.

02:39.20

Jenna

Lived off of her cottage cheese and blocks of cream cheese.

02:41.53

Abbie Attwood

Oh God It's so good and yeah, now you've got you've got me craving lasagna So I might have to do that. But it's oh the you got got got to have the garlic bread got it.

02:48.79

Jenna

Oh my god of course of course and then on my life plate. This is my first year as an entrepreneur kind of on my own so I've always worked for other people. I've always worked at companies and obviously got a lot of great experience that I'm super grateful for but this is. My first year was probably like a year ago and a week to the day where I finally told my last job that I'm going out on my own. and started to do things on my own and so. This month especially has been challenging just like the last month of the year with taxes and my first round of like having to make sure all the tech stuff is good to go and just a lot of reflection too of like oh my gosh I can't believe that I did all that stuff in one year like what do I want next year to look like so a lot of planning. . So I think this year and coming to a close obviously now with what's on my plate is just a lot of reflection with myself as a business person and a professional standing on her own in the OCD field and planning where I want to go and what I want to do with that. So it's exciting, but it's also daunting because of taxes.

03:58.79

Abbie Attwood

I Hear you.

04:00.80

Jenna

But um, yeah, it's really really fun and just figuring it all out for the first time. So.

04:08.17

Abbie Attwood

Oh my gosh I just celebrated six years of solo like my own and I ha I mean there's nothing like it. That's for sure and it's really hard to explain to people what it feels like I'm even just I was. Talking to my husband the other day about just how it how different it feels to take time off as an entrepreneur and how tough it is to really like I never feel like I'm off and I'm really I'm really working on that like that's ah, a big goal of mine right now taking this time off. Yeah yeah.

04:33.34

Jenna

Know when there's this whole aspect of it like if we're not working then we're like we're leaving money on the table or we're leaving opportunities on the table or we're going to pay for it later.

04:44.51

Abbie Attwood

Yeah.

04:48.56

Jenna

So yeah, that is something else that happens with December two because we're supposed to be trying to relax right? and it's so hard.

04:52.70

Abbie Attwood

Yeah, and disconnect. It's so hard and I think social media makes it a lot harder because if you're posting there and you want to be present for people knowing the holidays is a really tough time in mental health with whether it's Ocd like you.

05:04.36

Jenna

The.

05:11.54

Abbie Attwood

Like what you're dealing with or are disordered eating, as you know this is like the time of year that diet culture is big and strong and anxiety is high and you want to be present but at the same time that's work and gosh it's hard. But anyways I would just want to say congratulations.

05:22.95

Jenna

Right.

05:30.64

Abbie Attwood

And that is amazing. Taxes. Yeah, they suck and reflection is something that I've kind of wanted to do and I might not work that way like I do. I'm very creative so I don't sit down and think logically in that way but I was literally. Thinking to myself yesterday I should reflect. What are some things that you're going to reflect on like in terms of when you look back at the year with your business.

05:54.95

Jenna

I mean I think I want to reflect on and I need to reflect on so the big thing that I focused on this past year was my course called the Ocd and anxiety recovery blueprint and that was something that I've always wanted to do. And it's such a huge accomplishment, like we have 158 members in there, even more I mean that's just the people who have like the big big course. Not even the many courses but like 158 people that are so cool like Jetta Ten or fifteen years ago would have been like freaking out and through the roof about that. But now I mean like you said. Right? It feels like there's always something else to do so you never really get chance to stop and acknowledge what you've done and be excited about that and I think the the saddest piece in all of this would be if like I did all the things that little Jenna wanted to do but I didn't actually celebrate it in the moment. So I want to just take time to acknowledge.

06:30.79

Abbie Attwood

Yeah, totally.

06:48.95

Jenna

People that I've helped and the creativity that I have nurtured over the years. The learning that I've done is business wise and learning how to run a business. , yeah I Just want to reflect on some of those things and obviously you know how to make things better. What are the things that we're still struggling with like how do I continue to.

07:02.69

Abbie Attwood

Yeah.

07:07.96

Jenna

Meet them where they're at and fill in those gaps for Ocd and anxiety recovery. What do they need? um and just continually trying to make it better and learn more like I'm such a nerd if I have a podcast that's going. It's about Ocd and anxiety. , if I have time to read a book. It's probably about OCD and anxiety like I love learning about this stuff. , so I'm probably just doing a lot of reflecting and a lot of learning.

07:34.43

Abbie Attwood

So good. We might have to do another episode just like entrepreneurship in this space. , because it's a whole thing um with those res yeah less collaboration. Yeah yeah, it's really hard.

07:39.61

Jenna

Totally and it's hard like you don't. We're not working in an office so it's like you don't have someone else right? exactly.

07:50.98

Abbie Attwood

I just resonate so much with what you said and I love doing the coursework. I Love doing group work. It's really, ah, it's rewarding in these ways that are hard to describe like seeing a community come together and finding the thread that's common for so many people. And being able to tap into that and just helping people feel less alone you know because we're unique and we're special but we're also not like a lot of our struggles are very similar and we can feel so isolated but I I have.

08:18.15

Jenna

All first good 100%

08:27.89

Abbie Attwood

Wanted you here today specifically. Honestly I could go . I'm stopping myself from going on an entrepreneur tangent because I could talk forever but Ocd that's who we're going to focus today and that's why I wanted you here because ah well I have OCD, you have OCD correct?

08:34.23

Jenna

Standing.

08:45.97

Jenna

Yep.

08:47.76

Abbie Attwood

It was a big part of my story for sure with my prior eating disorder like over I don't know like fifteen years ago and it's really common in the space that I work and I've had a lot of conversations with clients about it in this community and I thought why not do an episode really dedicated to digging into. What is OCD? How do we see it show up in the eating disorder space and you're just the perfect human for this. So can we start real simple with a definition like what is Ocd and I really want to get into this because I I think.

09:12.61

Jenna

Look. Thank you.

09:25.72

Abbie Attwood

More so than a lot of mental health conditions. There are a lot of misleading stereotypes about Ocd a lot of misconceptions about what it is and what isn't so let's all get on the same page of what is it? What are we talking about when we're talking about OCD?

09:34.00

Jenna

And what.

09:41.65

Jenna

Yeah, so OCD is often misunderstood and mistaken for being like this fear of germs or need to have everything perfect and it can be those things I've worked with presentations like that and they can be debilitating but really, what's more common. Are these intrusive? It can be these intrusive thoughts right? These I call them kind of spam thoughts, these spam thoughts that don't feel good that you wouldn't have necessarily said that you're egging on or bringing on but these thoughts that come up that are very unwanted and disruptive and disturbing and. I mean intrusive right? It's just this intrusive thing that comes in out of nowhere and the thing is we all have it. We all experience intrusive thoughts even people who don't have Ocd right? Like even my husband, who's literally the least anxious person that you can imagine, he

experiences intrusive thoughts every once in a while, but where we differ. Is that I tend to and you do and anyone else you might be more vulnerable to Ocd they tend to misinterpret those experiences as being significant somehow. So oh my gosh I had that thought that must mean something. I had that thought that must be my responsibility and so they tend to misinterpret these thoughts as being significant. And there's also this need to want to have things be 100 % you know 100% enough or 100 % perfect or 100 % certain which you know as much as we would like for all those things to be they never are because what even is that right?

11:11.76

Jenna

We see that with Ocd we see that with eating disordered behavior right? like you achieve this goal but it just keeps raising the bar and it's just never enough. Never enough. John Hershfield he's a really wonderful professional and expert in the OCD field and I love all of his work. I believe it was him who called Ocd a glitch in the good enough system so he would say and I'm not going to describe it as well as he does but he would say something along the lines of you know we all as humans have this kind of function in our brain that says or tells us when something is done enough. Right? That we've cleaned this enough or that we've checked this enough or that we've worked out enough. We've eaten enough and you know for whatever reason people who have Ocd and you know eating disorders too right? There's definitely that overlap that we somehow don't have that we are lacking that but that has become glitched. And so oh we need to wash one more time or we need to check 1 more time or you know I need to eat a little bit more or I need to eat a little bit less. , and so it's that glitch in the good enough system like he says and so we start to become very anxious about those intrusive thoughts or those uncertainties and those doubts. , and of course we don't like to be anxious. It's not a preferable state for anybody and especially in today's day and age it's like we don't want to be anxious. We're fed all of this stuff about coping and getting rid of it and just get rid of this thought and breathe into a paper bag or use an ice pack or whatever instead of just allowing that to be there so we do some type of compulsion.

12:41.18

Jenna

So You know Ocd we have obsessions then we have the compulsions which are these they can be behavioral. They can be things you know, outwardly that you do with your body um like confessing or checking or avoiding. It can also be things that you do in your mind. So you know, constantly reviewing what you said in conversation or trying to review a certain route that you drove to make sure that you didn't hit anybody and the thing is that these are safety behaviors in the eating Disorder World. You might call them compensatory behaviors right. , they serve kind of the same function they work very temporarily and you get that initial

reinforcement. But unfortunately what it does is it just provides credibility to that initial thought so like oh my gosh good thing you washed your hands Otherwise you would have gotten really sick. You know, good thing you did.

13:31.23

Jenna

Apologize because otherwise you would have been in deep trouble. You know good thing you wore your baggy hoodie out otherwise you would have been made fun of and felt miserable, right? So it just starts this awful awful cycle. , and. Yeah there's a ton of overlap as we were talking prior to starting. , it's actually more of the rule than the exception to have Ocd and some other condition right? like it's actually not as common to just have Ocd and nothing else. , a lot of times those other comorbid conditions could be things like depression. , another anxiety related condition. A body focused repetitive behavior like hair pulling or skin picking and one of the other really common ones are eating disorders because there's just a huge conceptual overlap which obviously ah, you know hopefully some of ah some of those listeners can start to see that right? but. , they've done research that shows among individuals with eating disorders about 25% also met criteria for Ocd I would assume that it's actually way higher than that. , you know there's problems with obviously how we ask questions and stuff. But um. Yeah, it can also kind of do this like seesaw thing that we see a lot of times in treatment too like where someone does the treatment for the eating disorder then the OCD symptoms get worse or vice versa. , and so.

14:55.17

Jenna

Yeah, just a lot of shared features, just a lot of avoidance of an anxiety evoking stimuli a lot of compulsive or safety behaviors, compensatory behaviors that try to prevent feared outcomes and reduce anxiety but it can just get so out of control so fast, especially when they're tied together like that.

15:12.30

Abbie Attwood

So helpful. Would you say OCD is obsessive compulsive disorder and we're talking about I love that you gave I love that you started by saying like most everyone has intrusive thoughts right? Like we're human like our mind plays tricks on us all the time we have unwanted thoughts. , we all get anxious. We all get stressed right? But what really differentiates something like Ocd or even like generalized anxiety disorder from someone who's just experiencing intrusive intrusive thoughts or just getting anxious is that it causes significant disruption to their life right? and that it's.

15:51.25

Abbie Attwood

And so you have the disorder part of Ocd is key is what I'm hearing like that somebody could have a lot of the same thoughts as another person. But if it's not disruptive to their life. If. And then if they don't engage in compulsions as a result of having those thoughts then that's what differentiates it from kind of nonpathological like is that is that what I'm hearing you say.

16:18.78

Jenna

Right? So I mean when it comes to a lot of these mental health conditions I am of the opinion that even though our Dsm is very categorical. You know like you have it or you don't. I am actually of the opinion that so much of this stuff actually exists much more in a spectrum right? like.

16:24.50

Abbie Attwood

The is a the. Yes, totally.

16:38.50

Jenna

You know, to be really severe and meet all the criteria of highly debilitated high distress versus more functional you know stuff? That's what's going On. , but yes, so one of those things that we use to determine you know like would this be a disorder or kind of just tendencies right? Because. There's a difference between having obsessive compulsive tendencies and eating disordered tendencies versus having an eating disorder or having an obsessive compulsive disorder, the same thing that it's you know you can have some depressive symptoms without having an actual depressive Disorder. . So those symptoms you know you can have those symptoms where it becomes problematic would be. We tend to look at 2 things: we tend to look at distress and Impairment. So distress would be the degree to which you and your loved ones are distressed obviously by these symptoms and by the consequences of the symptoms. So. You know to what degree are you feeling like I want to you know to fix this I don't want to continue living my life this way anymore and chances are if you're like listening to these podcasts and you are finding this information online or if you are trying to seek out services right? You are distressed by this and then also we want to look at the level of impairment. So We want to look at the degree to which your activities of daily living have been impaired like your ability to eat and drive. Clean. Socialize. It can even just be as simple as living your best life right? Like if this is getting in the way of you being able to work out the way that you want to work out if this is getting in the way of you being able to.

18:11.63

Jenna

You know, walk your dog and hang out with your friends. Even if you're still eating and drinking and going to the bathroom, fine like it in my opinion if you're coming and you want help for it like we can't we need to get you help for it right? like there's improvements that can be made So but yes, definitely.

18:28.84

Jenna

There's not there can't be this expectation that like you're never going to have these thoughts or that you're never going to you know, have these temporary kind of mental slips back into you know where you were like. That's not the human experience right? The human experience isn't to always be perfect and to always be comfortable and to always be happy.

18:38.60

Abbie Attwood

Yeah, yeah, yeah.

18:48.47

Jenna

, so you know definitely looking into things like distress and impairment can be helpful and helping you determine you know is this something that maybe needs to meet needs me paying attention to it a little bit more.

18:59.20

Abbie Attwood

Yeah, it's so important for folks to hear like that at a certain point. It really doesn't matter right that what matters is like if you are if you are concerned enough to be seeking information. Like you know in the eating disorder space in the chronic dieting space. A lot of people will feel like oh maybe I don't have it bad enough right? I'm not sick enough and usually what I say is like you know there is no sickness, right? And that's a lot of the disorder itself trying to trick you right? but also like. People rarely.. It's very common for people with a disorder to doubt that they have the disorder as part of the disorder itself and most people who don't have It aren't thinking about it and wondering if they have it right.

19:47.62

Jenna

Right? So it's interesting that you say that because Ocd is actually called the doubt disorder and like ah a huge part of the treatment is getting the person to understand that like.

19:53.57

Abbie Attwood

Oh we love that? yeah.

20:01.62

Jenna

No, you don't have a contamination problem. You don't have a problem with these scary thoughts. You don't have a problem driving. You don't have a problem with relationships. You have a problem with how your brain tolerates doubt right? You are not sitting with uncertainty and being. You're not able to tolerate doubt in these specific areas.

20:12.79

Abbie Attwood

Ah.

20:19.80

Jenna

And being able to tolerate doubt is a huge like necessary human skill right? like otherwise your world is going to get very nothing, nothing no and the people who want to.

20:23.61

Abbie Attwood

Yeah, nothing certain in this world literally nothing like we nothing. We don't have control really over anything and that's terrifying, absolutely terrifying but people with Ocd It is like yeah yeah, yeah.

20:38.40

Jenna

That's like that's where OCD festers right? , and so there's a difference between having faith and having confidence and having trust and believing versus certainty right? like 100% certain so I even right now I have a five and a half year old. He's at school.

20:41.31

Abbie Attwood

Yeah.

20:56.37

Jenna

I'm not 100% sure that he's alive right now like I don't know that with 100% certainty I have or and like I keep him home and with me right? I could do that but I also like there's consequences associated with that right? like that's not the life that I want to live.

21:00.70

Abbie Attwood

Yeah, how can you be unless you're like calling the teachers a billion times per minute talking to him. Yeah, yeah. I heard.

21:15.97

Jenna

There's ah, there's uncertainty every single time that we get into a car and drive to the grocery store right? like you could be as safe of a driver as you want but you can't be 100 % certain that someone's not going to know you sideswipe you or rear-end you or you know run you over while you're walking to the grocery store right? You cannot be 100 % certain about anything. But as functioning human beings we take those risks because of course I have to drive. Of course I have to pick up my son from school. It's where we're not tolerating uncertainty where we really struggle so where we're not tolerating uncertainty about what we look like or where we're not tolerating uncertainty about what other people think of us. Or not tolerating uncertainty about the germs on our hands or if we'll get sick. That's where we struggle and so the doubt disorder. It's actually Ocd is literally nicknamed that so I'm so glad that you brought it up but it comes up. Ah, it's a huge barrier to get in his treatment because of the doubt disorder.

22:11.62

Abbie Attwood

Yes, whether you have it? yeah.

22:13.31

Jenna

You also doubt whether you have a disorder like so to your point like it's that I don't have OCD enough or they might doubt. You know a lot of times, especially Ocd has to do with a lot of violent intrusive thoughts that these people don't want and so. I can't tell you how many times I've worked with people who have been referred to me from like you know they've spent the past couple of weeks in like a lockdown facility like being diagnosed with schizophrenia or you know whatever a psychotic disorder when they have just slam dunk OCD like they just have these intrusive spots that they don't want to have

22:35.53

Abbie Attwood
Yeah.

22:43.70
Abbie Attwood
Yeah.

22:48.46
Jenna
And so it's really hard to obviously talk to our provider about those types of thoughts because unfortunately 80% of the time OCD gets misdiagnosed meaning missed. So there's a lot of cool research if you literally just Google 80% misdiagnosed OCD you'll get a lot of really good literature about how.

22:55.97
Abbie Attwood
Yeah, yeah, yeah.

23:08.10
Jenna
If we were to give professionals just you know like obgyns general practitioners people who don't have and specialize in Ocd like I do if we were to just give these professionals. very not common vignettes of Ocd and anxiety. Like hit and run OCD, that's a very common type of Ocd where someone feels very strongly that they might have hit someone with their car even though they have no evidence that they hit someone with their car. harm OCD basically if we don't give professionals anything other than fear of germs, fear of contamination and perfectionism. 80% of the time they get it wrong is just awful. , so lots of reasons why people out there could possibly be struggling and hopefully this brings it all to somewhat of a conclusion for them.

23:44.85
Abbie Attwood
Yeah, yeah, it's.

23:56.94
Abbie Attwood
Yeah, yeah, and I know and I that's really why I want to talk about it because I do want to get to um and ah in a few minutes I want to get into how to differentiate between whether you have Ocd or you have an eating disorder or perhaps you have both right. , like the key differences between that and but before I do I want to go back to just because we've highlighted a few things so far that I think are important

which are like personality traits. that tend to show up consistently in folks. Who present with Ocd and also folks who present with eating disorders and the stereotypes around that a lot of assumptions around that tied together with the fact that there's a lot of shame in having Ocd both because of. The assumptions that are made about people with Ocd like about who they are as a human being and because the intrusive thoughts, obsessions and compulsions can feel so so deeply shameful and so I want to touch on those 2 things so number one would be.

25:06.55

Abbie Attwood

, maybe we can just quickly talk about personality traits that you see as being you know, maybe putting somebody more at risk for this or just presenting a lot of times but also on the flip side of that How that becomes harmful and damaging to people getting diagnosed because. I Know for me like I don't I feel I feel like I'm a very loving creative kind of like a Fly-by-the seat of my pants type or person right? like. But there's a stereotype about somebody with Ocd being super rigid and obsessive and quite neurotic and right so when you say this is a mental health condition I have people make all of these generalizations about who you might be as a human being because you have this? um. And we don't see that as much in something in other conditions right? So what gives me some thoughts here are personality traits. But also how this can be damaging in the field. Yeah.

26:04.18

Jenna

Yeah, so I mean the thing that comes to my mind is you know I I worked at a residential facility for OCD and anxiety for 10 years and it was where the most debilitating cases of Ocd and anxiety would go.

26:23.26

Jenna

28 clients with OCD would stay with us for the four to five months they lived there. 24 7 right so it was the most debilitating case. I cannot tell you how much of a mess that place was. It was disgusting like it was gross like people have this idea. And I mean assumptions in general don't fly like mental health and people in general are just so nuanced and so complex like we like who interpret like what I'm going to say like there could be someone else who is the opposite and that's it's a whole spectrum like it's a whole complex picture but you know.

26:47.52

Abbie Attwood

Yes, yes, yes.

26:54.91

Abbie Attwood

Right? right.

27:01.19

Jenna

As much as there were people on that floor who struggled with mess and they had to have everything be perfect and in line in order. , there were those people who you know didn't care about that at all and then there were other people who were so consumed by other rituals. That they didn't have time to clean up for themselves or it was people who wanted to have done those things so perfectly that it's like I don't even want to do it at All. It's like I don't even want to start cleaning my room because I know because if I.

27:32.98

Abbie Attwood

Yeah, such an all or nothing mentality. Yeah I have that, that's a very common experience for me for sure. Yeah yeah I love that you brought up showering Oh my God This is me. Ah.

27:37.92

Jenna

Start it then it's gonna take me 7 hours like right like I made english showering right? and I'm just going I mean there could be so many under there could be so many different like examples of it I'm just trying to go off of things that I mean they're just like what comes behind and what like is visual.

27:52.17

Abbie Attwood

Yeah, yeah, totally yeah.

27:57.33

Jenna

Like we can imagine. But I mean there would be people who would have contamination because they were terrified of germs. They were cleaning everything but they wouldn't shower for weeks because if they got in the shower. They knew that it would be this daunting terrible long ass experience that would take them.

28:14.87

Abbie Attwood

Yes.

28:15.85

Jenna

Hours and so I mean think about those assumptions right? Like if we have those assumptions that people are this way. Well yeah, then that assumption may or may not be right? but there's also lots of different reasons why they might be the way that they are.

28:19.68

Abbie Attwood

Right? Then we'll misdiagnose people and yeah, right, Great right.

28:33.10

Jenna

Right? Like there might be a lot of reasons why that person is messy. There might be a lot of reasons why they're not showering. There might be a lot of reasons why they're showering constantly like it's just so much more complicated than that. , but in general right? like if I were to imagine and try to remember some of the people that I've worked with who had this overlap. Of both Ocd and the eating disordered behavior. It would be these individuals who feel like they want this perfectionism they generally tend to be very orderly. They want control. You know, just this kind of preoccupation with perfectionism and orderliness and no room for error and very black or white thinking of all or nothing individuals right? So they make a mistake then screw it. It's like all just go all in right? So if I'm done.

29:20.24

Jenna

If I have a goal to not do any compulsions today but I do one we'll screw it I'm just gonna do it all and I'll start fresh tomorrow. , so yeah I mean sometimes they can be inflexible right? So they have a certain way that they like to do things. , they feel really unable to kind of like.

29:30.53

Abbie Attwood

Yes.

29:37.56

Jenna

Introduce more of that flexibility in their thinking or in their behaviors. , and I think in general when it comes to Ocd people have a sense of urgency about doing things right? like they have this sense of urgency to check or this sense of urgency to you know, get out of a scary situation. So.

29:55.75

Abbie Attwood

Yeah, no, it's so so many things.

29:57.49

Jenna

Yeah I mean kind of a conscientious is 1 thing too conscientious, very like aware like in ah in a sense maybe like even overly aware of like how they're doing how they show up how they're feeling so worth.

30:07.54

Abbie Attwood

Yeah, yeah I was going to say I think a lot of this gets this kind of negative connotation to it that kind of rigidity control Perfectionism and I think a lot of that I want to say for folks listening who are you know dealing with this in their own lives like. That is rooted and always rooted in something deeper right? A lot of it is or is a response to trauma or a lack of a lack of control in life in general like in bigger ways and so we tend to see this as descriptive of a person a lot of times. It's. They have become that way for a reason right? That's a response. It's like a survival tool to feel okay and that's how I see a lot of like compulsions in general right is like okay I'm just trying to survive this really uncomfortable feeling and this uncertainty like you said and that.

31:04.52

Abbie Attwood

The shame piece that I mentioned before I actually think might be a good bridge into talking more specifically about eating disorders and OCD, how they differ and then how they overlap because 1 of the most mind blowing things that I personally learned in my own recovery is that. 1 of the primary differences between eating disorders and obsessive compulsive disorder is the relationship. The person has thoughts relative to their morals and values. So like ego-dystonic versus ego syntonic.

31:42.28

Abbie Attwood

And where OCD is like I said before those like really you feel shame like you feel in opposition to the thoughts those intrusive thoughts do not feel aligned with your values. You do not want to have them. Most people with Ocd are like get this shit away from me like get OCD out of my life. However, people.

31:47.60

Jenna

Yeah.

31:55.78

Jenna
That.

32:01.31

Abbie Attwood

Eating disorders are very opposite to that right? their thoughts and behaviors feel very aligned with who they are; they actually believe in them. I mean in my own personal experience. My professional experience. It's.

32:20.23

Abbie Attwood

You have to like it feels like you are trying to take the thing away from the person and the person is like do not take this from me whereas like I said about Ocd they're like take it right? So that blew my mind when I was recovering. It helped me a lot.

32:37.39

Abbie Attwood

Differentiate between where I was experiencing disordered eating and where it was Ocd um, what do you think about that. Do you think that's like the primary difference between the two? Yeah.

32:45.54

Jenna

I think I think it can be. I think that we're also learning so much more about OCD like I can just say even like where I was professionally like four or five years ago. Now I feel like I know so much more and like so the international OCD foundation and just OCD professionals in general.

32:57.79

Abbie Attwood
Yeah.

33:04.65

Jenna

That I've ever worked in another field but like we move quick like we like lots of research lots of movement like lots of advocacy power in this community I would say there are also a lot of individuals I don't think that Ego Disstonic nes will last in the criteria for very long I mean I of.

33:12.20

Abbie Attwood

Yeah.

33:24.39

Jenna

People with health OCD right? like they are the they don't then want to go that like they don't want to like that at all because they're like they like are there to try. They're like trying to convince me that they have a health problem versus Ocd right? And so I don't know it.

33:30.79

Abbie Attwood

, yeah, totally.

33:42.26

Jenna

I tend to take the approach of "you know it's not a matter of whether you want those thoughts or whether you don't want those thoughts like I need to do work with people" like how is this working for you like how is this life. How is this way of living working for you? Is it getting you to where you want to go ?

34:01.37

Jenna

Usually the ideas. The response is no right? So then we need to do a lot of like you know, kind of motivational work on things like what isn't working for you in these areas right? So like with somebody who had comorbid eating disordered conditions. Even though we might say that those are more inches. Egosyntonic then say like very you know opposite of that Egosyntonic thoughts I might work with the person a lot the same way and really highlight you know? Well what? What is it that you want to work on right? like what are the ways that you're eating disordered behaviors get in the way of your values like how do we make those values like. Ah, try to find some leeway there right? like there's trying to find some type of leeway there because we struggle too with Ocpd which is obsessive compulsive personality disorder and really the distinguishing factor. There is. Oh it's Ocd but just egocentonic right? and it's like okay well these are the individuals who like their thoughts and aren't as willing or like combative with them necessarily and so when we have people who have OCD we do a lot of focus on values. We focus on what's most important to you trying to allocate time and.

35:07.30

Abbie Attwood

Yeah.

35:17.10

Jenna

, you know energy toward those areas doing more meaningful Work. trying to build a healthy self-care. Identifying perfectionism as a problem and how it's kind of maintained difficulty making decisions. How can we help them through that and then I Mean. We don't necessarily. We wouldn't necessarily call them exposures but we could call them behavioral experiments right? So like let's take a bite of this and just see what happens like let's just see what happens right? to really practice the willingness to allow discomfort for a prioritized value and so.

35:36.94

Abbie Attwood

The rehe.

35:50.66

Jenna

I Think of it almost as okay cool as you're not as combative with the thoughts. You're not as eager to kind of get it out. , but maybe let's see if I can get it out through the back door like let's see if I can get it out through the back door by focusing on values by um, you know.

35:58.87

Abbie Attwood

Listen.

36:07.25

Jenna

Practicing more flexibility in certain areas highlighting opportunities for you to practice being more willing to be uncomfortable working on reducing things like self criticism and compassion challenging all or nothing thinking and black and white thinking. , yeah. So it can be a little bit tricky but I wouldn't be surprised if that ego diss tic feature gets weeded out because the more and more we expand OCD from being just about like germs and contamination and now we talk about things like relationship od and health OCD and postpartum OCD right? like. I work with tons of people every single day who would also you know they're not all too eager to let go of some of that stuff. So what do we do with those people so I don't know.

36:53.70

Abbie Attwood

I Love that answer and I do a lot of values work with disordered eating and because it is really crucial that you identify like this even if this feels in alignment with who you are like. How do we start to pull that apart a little bit and look deeper and and look at the impact that it's having on your life on your relationships on your connection to yourself and the world and the things you want to be doing and just how you feel day to day like it's so Important. So.

37:26.63

Abbie Attwood

Really glad you said that because I think it's helpful in distinguishing some of these things with the eating behaviors versus compulsive obsessive compulsive disorder. But I agree. It's all so nuanced and such a spectrum. , what do you think then? What do you think if someone's listening to this and wondering if. Let's say they have a lot of obsessive thoughts and rituals around food and exercise that they have a lot of restrictive behaviors right? So a lot of things that present as disordered eating disordered exercising chronic dieting. How might. That person knows whether those things are coming from the disordered eating mentality versus perhaps Ocd like how would you start to differentiate between the 2.

38:12.67

Jenna

So if someone came to me I mean I would want to know some more things right? like me especially when it comes to eating disorders I Want to know about their health right? like I want to know if I need other team members to be helping me out with this like a Dietician and nutritionist.

38:31.25

Jenna

You know like I said at residential I was used to working with people who had feeding tubes. So I mean it I would want to know information like really what is going to take priority here and more importantly, how fast do we need to hit the pedal like how fast do we need to hit the gas here. How hard do we need to hit the gas. . And I mean if someone is severely malnourished. They're probably not going to have the mental capacity to be able to do some of this more intense cognitive work and behavioral work that is required of doing things like exposure and response prevention. , but there is a strong rationale for using exposure and response prevention to address. Disordered eating concerns with somebody who has Ocd and eating disorders. , so what? we've always done and and this goes back like ten years ago we used to have a unit where it was the OCD unit and the eating disorder unit and there were. Plenty of times where a lot of those people had to go to the other program and a lot of people from this program had to go to the other program because they had these comorbid conditions and so you know we would do so many

other things. It's not that we just did the exposures but we would identify their triggers. We would identify. You know the values-based things that they wanted to do. That they felt like they couldn't do right, like I really want to wear shorts but I feel anxious wearing shorts because I'm afraid of feeling uncomfortable. I'm afraid of what people might think of me. I'm afraid of that experiential or experiential avoidance right.

39:58.48

Jenna

So experiential avoidance is a concept that just means I'm avoiding the experience of being uncomfortable and like I think with whether you have Ocd anxiety you know, anxiety and eating disorder or all of them your experiential avoidance is probably pretty dang high and so.

40:02.97

Abbie Attwood

From here.

40:12.53

Abbie Attwood

Yeah.

40:15.11

Jenna

That's what we need to work on. We need to work on your willingness to experience discomfort so that you can realize that it's not dangerous and that it passes right? and that it passes you know it. It comes and it goes and that our bodies and our minds can metabolize discomfort naturally as long as we're not interfering with that process.

40:23.60

Abbie Attwood

Yeah.

40:34.88

Jenna

As long as we aren't, you know, jumping out of the pool of anxiety we are eventually going to stay in that pool and get used to it. It's just that we're so used to getting out of it by avoiding by putting on the baggy clothes By. . You know, purging or whatever you know,? whatever it might be to alleviate that discomfort where so we don't ever allow ourselves the time for things to dissipate. There's a really common phrase that

goes around our community. It says it dissipates if you don't participate and I love that it's like you know.

41:03.37

Abbie Attwood

Yeah I Love that.

41:08.12

Jenna

Urgency, sadness, desperation, the self hate, sadness like whatever it is, it dissipates if you don't participate and so you know I want to work with people on not participating to try to get away from those feelings I want them to allow themselves to feel what they feel.

41:27.27

Jenna

, obviously while practicing self-compassion and so on and so forth. So you know if all is good and you know we're not in too bad of a place with nourishment and you know weight and all that stuff I would definitely 100% want to incorporate some type of exposure and response prevention exposure and response prevention is. What I use is a lot of times people will use the term gold standard. People don't like that term as much anymore. , but it's evidence-based which means it's very rigorously rigorously tested. It's a high standard quality type of intervention. It's essentially facing your fears. , in a way that's challenging but manageable without doing these safety behaviors or these kinds of compensatory behaviors. , and to your point you know you know I want to glean some details from this person like it's not to say that none of those details are important but I also I don't really. I don't know that I care as much if something is coming from the eating disorder or if something is coming from Ocd I want to know what are the mechanisms that are maintaining that problematic behavior and how do we address it right? So I want to know what. Problematic behaviors are maintaining that obsession or maintaining that self-hate and how do we mess with that process so you not leaving your house is fueling this self-hate and you know fueling sadness and depression and all that in isolation, how do we mess with that.

42:56.10

Jenna

Whether that's coming from the eating disorder or whether that's coming from Ocd I don't know that I need to know that and what would that even look like anyway like I just want to work. Yeah I just want to work, like get out of the house. You know what I'm saying.

43:03.40

Abbie Attwood

But I guess what? yeah oh I was oh for sure I think what I was trying to say is like what would it look like if somebody I guess I was trying to get your professional opinion on if somebody's unclear about what they have because if that that does. Dictate the treatment that they're gonna go seek out right? So What would be just like as I know this is incredibly incredibly complex and so nuanced and we I mean you and I both know like that's why podcasts are hard. That's why social media is hard, like you have to sit down and talk to somebody to Understand. It's so fucking hard. But

43:38.67

Jenna

It's so hard.

43:41.54

Abbie Attwood

I guess if somebody's just really really confused about whether they're experiencing Ocd or whether they're experiencing an eating disorder. Would you agree that some of the key that one of the key differences is like is whether is how like you feel about the thoughts whether they feel like shameful intrusive versus. Like whether you feel like you want to be like somebody when you're engaging in disordered eating. It feels more aligned. I think orthorexia gets super confusing because that gets into Ocd and health anxiety. Yeah huge yes.

44:11.90

Jenna

A pipeline is really like to eat healthy and clean. So yeah, the eating Disorder Pipeline is real. I could ideally want somebody to see somebody who's knowledgeable in both right? like who will integrate these.

44:20.50

Abbie Attwood

Huge Yes, yeah.

44:26.42

Jenna

Ah, kind of like have this integrative approach where you do exposure and response prevention where you do act acceptance and commitment therapy where you're doing behavioral activation for depression or just I think Behavioral activation is

helpful for anybody but also doing like the body work that's necessary like working with the body and I.

44:30.40

Abbie Attwood

Yes.

44:40.98

Abbie Attwood

Yeah I love that you said Jenna yeah, connecting with yourself.

44:45.83

Jenna

And I know you know I am eating disorders not my specialty working with people who have eating disorders and also OCD like that. Can I shine with the Ocd part? I'm not as much of an expert. Obviously when it comes to the eating disorder stuff but I do know that yeah Erp is not enough for an eating disorder you really have to do the work. There's a lot.

45:00.19

Abbie Attwood

Yeah, yeah, you have to dig deep. Yeah.

45:04.93

Jenna

You have to dig deeper sometimes and sometimes that looks like working with a trauma therapist sometimes that works you know that comes in you know ah I have that? yeah like you know, yeah like different things like that.

45:08.40

Abbie Attwood

Yes.

45:13.51

Abbie Attwood

And like somatics too can be really helpful. Yes, IFS is really really helpful. Yeah I love that you said that.

45:22.26

Jenna

Think that exposure and response prevention is a necessary piece but I don't think that it's efficient. when it comes to eating sports and stuff so you know I think it's

really really important for somebody who has eating disordered behavior and eating disorder to do what? Yeah Erp all is about which is like facing your fears.

45:24.25

Abbie Attwood

I agree. I Fully agree.

45:40.00

Jenna

Reducing your safety behaviors reduces avoidance like I think everybody would agree that people who have eating disorders can benefit from doing those 3 things doing things that scare them doing things you know reducing their compulsions or compensatory behaviors and reducing avoidance. , so I think it's a necessary part for sure like I think it's a.

45:50.31

Abbie Attwood

Yep yep, Yes, check check and check. Yeah.

45:59.81

Jenna

Very part of their treatment but it's not sufficient. They're going to need something else to address the self-compassion and the shame and the you know oftentimes trauma.

46:05.49

Abbie Attwood

You know?? Ah and I Oh my gosh I mean we're getting close to our time So I have so many I have so many more things I wanted to say and so many more things to say about that. But I think that was really really helpful that it's like it comes back to like let's. Look at the root cause. Let's examine why these beliefs and behaviors might be showing up. I Love that you mentioned the values work and somatics and internal family systems. and doing exposure and response I could not agree with you more that like. It is so critical on top of everything else that needs to be done to to start to kind of basically like poke holes in these ideas that we have. That's like manifesting as this fear like you started. I Love the name, "the Doubt disorder" because I can.

46:55.64

Jenna

Is that the greatest?

46:58.84

Abbie Attwood

It's so good and I think anyone listening who does not have Ocd at all but has struggled with disordered eating feels this so deeply because the process of healing your relationship with food and your body because of the culture that we live in we face real barriers. To do that right? If you're recovering, especially into a fat body if you're surrounded by people in your life who are still dieting and engaging in disordered eating behaviors and you have to navigate that. you're constantly met with this affirmation from the world that actually like quote unquote, clean, eating and like quote unquote healthy eating are the quote right? things to do. It's super hard to face that doubt and uncertainty that you feel in pursuing a more healed and peaceful relationship with food. So. It's such a mess

47:40.97

Jenna

For sure I could come back and talk to you about that all day. I get people all the time who dm me and they're like is there any food that you would recommend to overcome Ocd or is there anything that you would recommend to get and I'm like no like.

47:51.37

Abbie Attwood

Yeah, no, no. Ah yes.

47:59.26

Jenna

You are going to make yourself more OCD by trying to eliminate or add or whatever than any of these foods could do or not.

48:04.16

Abbie Attwood

Ah, say it louder Jenna it is so frustrating to see diet culture seep into the mental health space and see and see people who are unqualified claiming that food could like that. There's a certain way of eating that could help. It's so maddening because to your point it's just it's just worsening the disorder. It's causing more distress for the person. It makes me so angry. Yes, yes, a hundred percent

48:29.60

Jenna

When it's an it's an undercut of how complex we are and it's like someone posted something the other day like well I stopped eating carbs and ever since then I've been feeling great and I'm like well that's a really nice if only it was that simple right? Like what.

48:42.92

Abbie Attwood

, that's not a great idea. Yeah yeah, right? It'd be great. Yes, yeah.

48:49.12

Jenna

We have to accept that This shit is hard and it's not. It's not simple and it's going to be like I get people all the time and I'm sure you do too like I get these emails like how can I accept having this thought and it's like why do we all want like this very very very simple. We all want it.

49:02.95

Abbie Attwood

I know I know.

49:05.73

Jenna

Simple. We all want something simple. We all want fast. We want simple and fast simple and fast and it's that radical like acceptance of like it's not ever going to be like nothing in life is that way nothing in life is that way and.

49:12.70

Abbie Attwood

I know.

49:21.27

Jenna

Like we got to get in and do the work and go through it and the difficult parts and all the scary parts like people are so complicated I don't know why we've started to just want things so fast and.

49:32.85

Abbie Attwood

I swear it's social media because it's a lot of just getting content for free and like those kind of quick quick snapshots because you have to, you're forced as a creator to try to distill something down.

49:43.60

Jenna

Yeah, yeah, yeah.

49:45.27

Abbie Attwood

And so do you know? what? I mean and so it's so Hard. It's so hard and I mean I think that's probably why you and I both have tended towards podcasting because it allows you to talk things through a little bit more., But even then there's limits and I think so much of this just. Has a lot to do with grieving like grieving the desire for simplicity grieving the desire for a quick fix and and the grief that comes with just knowing that there isn't. There's nothing we can do to create certainty in this life and that's a really hard thing to sit with. It is and that it only causes us pain. Yeah.

50:19.40

Jenna

So there's a really good concept that I love um and that has saved my butt so many times and it's like this amazing come to Jesus moment with all my clients is. This is another John the first guy that I mentioned was John Hishfield this guy is John Grayson he's also an o city professional in the field been around for a very long time. He's amazing. He has this concept called the second best life and how. So many of us like it so many times when it comes to OCD but also I'm sure eating starters and just like humans in general. , we want this one hundred percent certainty we want this one hundred percent perfect thing like we want this whatever it is that we're wanting right? like we are wanting for me for the longest time.

51:01.85

Jenna

I wanted to know with 100% certainty that my son wouldn't die before me like I planned his death like I planned my life after he was gonna die like and he had I had no reason to be doing that or like going down those holes. It seems so silly in hindsight but at the moment it feels so real right? You know.

51:21.16

Jenna

People who have eating disordered behaviors, right? like they have this idea of like this one hundred percent perfect appearance or feeling in their body or scale number. Whatever, right? Whatever it is that we're trying to achieve and once we realize that that is never going to happen like ah. one day it it hit me like a slap in the face that I will never know with 100 % certainty whether or not my son will die before me like I will never know that I will never know that there's no doctor appointment. There's no medical unit that I can put him through or some telepathic whatever like there I cannot know that. And that really sucked like that was really sad and like it's the instant hit of grief to the heart. But it also was the moment that like I stopped holding my broth and you get to what Jonathan Grayson says is you start to live your second best life which is.

52:06.27

Abbie Attwood

I Love that so much.

52:15.95

Jenna

You know the second best life where like I might not be the number that I have on my scale but like I don't have to deal with my eating disorder anymore like I might not know with 100 % certainty that my son is going to be around to bury me. But I'm going to live my best life with him and I'm going to kick off my Christmas vacation like. Right now with him and ah and just a couple minutes. You know like and oftentimes that the second best life is better because it's here. It's real.

52:38.93

Abbie Attwood

And it's real. It's real. It's authentic. It's honest, It's genuine and it allows you to truly be present right? I think the biggest crime of all of this is that we're literally so like our. Our ability to fully participate in our life moment to moment is stolen from us when we're struggling with these types of disorders right? And that's that's the tragedy that if we continue to live in that bubble that will miss Out. We'll miss out on everything and we'll just stay.

53:16.10

Abbie Attwood

Kind of on that perpetual hamster wheel trying to gain the certainty that we can never have and in doing so we waste our time here right? without ever knowing if tomorrow will come anyways. So I love that the second best life the doubt Disorder Jenna thank you

53:25.87

Jenna

Yeah.

53:32.98

Jenna

Thank you for having me.

53:34.98

Abbie Attwood

For being here. Yeah, we have so many more we have like we have to get you to go pick up your son now and you and I have to just go cheers to our official vacation but we have to probably talk more about a lot of these things ah same yes.

53:45.45

Jenna

Yeah I would love to mean like orthorexia I could talk about the day, anything, anything at all. So I am always here. I Love talking about this stuff and yeah a lot to get into So hopefully people find it helpful. It's kind.

53:58.61

Abbie Attwood

Ditto Ditto I know they will.

54:04.24

Jenna

But I know I know the feeling of struggling with something and then finally having a name for it. So I hope that someone out there had that experience.

54:08.40

Abbie Attwood

Yeah, yes, yeah, and before we go and so don't forget to tell people where they can find you to learn more about you and I'll put it all in the show notes too. So yeah, let us know.

54:17.48

Jenna

I live mostly on Instagram so Jenna Dot overbaugh is just my first and last name with a dot but you can also find me. I have a podcast. It's called all the hard things. So. At this point we're at like 150 episodes so a lot that you can kind of go on and and listen to and have me in your ear if you want to learn more about this stuff. , and then I have a ton of resources too on my website. So if this is super in anybody's ear. You can go to my website www.dotjennaoverbaughlpc.comlpc is just a licensed professional counselor but I have a free video there. I have a free video of 5 strategies for OCD and anxiety. And there I'd go a little bit more about like okay general now you've talked to me about all this stuff on this podcast like now what do I do about it. I will give you 5 practical step by step strategies that you can take. It's a free 45 minute video so go check that out if you feel like you are ready for those next steps that would be amazing.

55:18.31

Abbie Attwood

Yay! Oh, that's so great. Okay I'll link all that in the show notes and thank you again and happy Happy holidays and I hope you have all the holiday cheer and cookies and lasagna. La Zo Yeah, but.

55:30.82

Jenna

, um, was on you can We cant wait. Awesome! Thank you.

55:35.42

Abbie Attwood

Thanks Jenna.