

The International Obsessive-Compulsive Disorder Foundation

**Behavior Therapy Training Institute**

**PROGRAM DESCRIPTION**  
**For BTI Attendees**

Prepared by

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## **GENERAL INFORMATION**

### **BACKGROUND AND PURPOSE**

The Behavior Therapy Institute was developed to help address the shortage of therapists properly trained in the cognitive behavioral treatment of Obsessive-Compulsive Disorder (OCD). The objective was to find a training model and format that was more intensive, comprehensive, and clinically useful than most workshops, but that was also shorter and more accessible than the few fellowships and externships offering training in the treatment of OCD. The OCF Board of Directors appointed a panel to develop the training model described in this handbook. The panel included Gail Steketee, Lee Baer, Fugen Neziroglu, John Greist, and Alec Pollard (chair). The format has been modified somewhat over the years in response to feedback from participants, but the basic model remains in tact.

### **PARTICIPANT QUALIFICATIONS**

Participants for the BTTI should be mental health professionals licensed to practice psychotherapy independently in their state. This means participants: 1) are licensed in a mental health discipline in their state; 2) hold a license that allows them to practice independently; and 3) practice under a state law that specifically lists “psychotherapy” as being within their scope of practice. Participants will also need to have access to a patient with OCD willing to serve as a training case. Individuals who do not meet all of these criteria should not apply.

## **PRIOR TO THE INSTITUTE**

Participants are asked to read at least one selection from a list of books on the cognitive behavioral treatment of OCD prior to attending the Institute. Faculty may recommend additional preparatory reading for their section of the BTTI. Participants are given an assessment packet that includes the Yale-Brown Obsessive-Compulsive Scale, the Child-Yale-Brown Obsessive-Compulsive Scale, and a measure of depression to be used in the assessment of the training case. Additional measures may be added to the packet. Participants should bring these completed instruments along with any other relevant assessment notes or data to the Institute. To protect the confidentiality of patients, participants should be advised to bring copies only of all assessment information with the patient's name and any other identifying information blocked out. Participants should also request that their patients be available by phone on the third day of the Institute (typically a Sunday) in case additional assessment information is needed to design treatment.

## **FIRST DAY PROGRAM: BASIC PRINCIPLES OF TREATMENT**

### **Objective:**

To teach participants how to accurately identify Obsessive-Compulsive Disorder (OCD) and how to design and implement cognitive behavioral interventions for OCD, especially exposure and response prevention.

### **Description:**

Typically, one speaker presents the entire day's program. This is a general session with all participants meeting together for the entire day. A combination of lecture, slides, overheads, and/or video is used to present the material. The program runs from 8am to 5pm, with the usual 15-minute breaks in the morning and afternoon. Typically, lunch breaks are 1 hour. However, time allotted for lunch may be expanded to an hour and a half in situations that require additional travel time to and from dining establishments.

### **Curriculum:**

#### DIAGNOSIS

This section is not intended to be a primer in diagnostics. Participants should already be familiar with the DSM-IV. Only critical or controversial diagnostic issues will be highlighted. For example:

- Function (vs form) in distinguishing between obsessions and compulsions
- The importance of identifying mental compulsions
- Overvalued ideation and controversies regarding "insight" and OCD
- Proper use of the terms "obsession" (vs a preoccupation) and "compulsion" (vs addictive or impulsive behavior involving positive reinforcement)
- The concept of & controversies related to the OCD "Spectrum."

#### CONCEPTUAL MODEL OF TREATMENT

The classic behavioral model upon which exposure and response prevention is based will be reviewed and any additional related models (e.g., cognitive models) with which we feel participants should be familiar will be discussed. Participants will be provided with a coherent cognitive behavioral model that can be used in treating a variety of presentations of OCD, as well as how the model can then be presented to patients.

## ASSESSMENT

Participants will learn what variables to look for in their assessments of patients, including what questions to ask and how to obtain the information they need to design treatment. Participants will also be familiarized with any instruments that may be useful in their practice, including those included in the participants' basic assessment packet (i.e., the Y-BOCS, a depression measure) and be sure they are familiar with assessing levels of anxiety/distress (e.g., SUDS). References to additional assessment materials can be provided upon request.

## TECHNIQUES AND APPLICATIONS TO SPECIFIC PRESENTATIONS OF OCD

Participants will learn how to use the treatment model with different forms of OCD. Examples of cognitive behavioral treatment plans, including exposure and response prevention and any applicable cognitive interventions, will be described. The process of treating a washer, a checker, a repeater, an individual with mental compulsions, and any other types of OCD (that time allows) will also be covered. Other topics covered: deciding where to begin when patients have multiple obsessions, different ways to set up response prevention, when to use imaginal exposure, preferred conditions for effective exposure, the role of the therapist during exposure, and the treatment implications of comorbidity (e.g., What do you do if the patient is very depressed?, Has Panic Disorder?, Substance abuse?, etc.).

## **SECOND DAY PROGRAM: SPECIAL POPULATIONS AND ISSUES**

### **Objective:**

To build upon the foundation established during the first day by addressing more advanced issues and special topics relevant to clinical practice.

### **Description:**

The second day is a general session with everyone together in the same room. The number of presenters varies depending on the expertise of the faculty involved. Typically, 3-5 faculty presenters are needed to cover the main topics addressed. Topics include the pharmacotherapy of OCD, the treatment of childhood OCD, applications of the model to related (“spectrum”) disorders, and dealing with practical issues in treatment. The program runs from 8am to 5pm. The amount of time devoted to each topic can vary somewhat, but a typical model for the day is provided below:

#### **8-9:30am PHARMACOTHERAPY OF OCD**

This section will review the first line drug treatments (e.g., the SRI’s), including requirements for an adequate trial and common side effects. In addition, some discussion will be devoted to augmentation and other strategies for non-responders. Other topics covered: any new medications on the horizon, issues related to the integration of behavioral and drug treatments, when to combine treatments and in what order, advantages and disadvantages of combination treatment, and how to present a rationale for integrated treatment to the patient.

#### **9:30-12noon TREATING CHILDREN AND ADOLESCENTS**

The focus of this section is to discuss how to apply the CBT model to the treatment of OCD in children and adolescents. Topics that will be covered include:

- PANDAS and any other diagnostic considerations especially relevant to children
- Assessment instruments/methods useful for children with OCD
- How to present the treatment model to kids of different ages
- Any differences in how treatment is conducted for kids
- The role of parents and how to work with them
- Helping family members stop accommodating the child’s compulsions
- How to set up incentives for kids to participate in treatment

### 1:00-3:30pm APPLICATIONS TO RELATED (“SPECTRUM”) DISORDERS

In this section, principles used to guide the cognitive behavioral treatment of OCD are modified and applied to treat conditions that have some similarities to OCD. This section is included because OCD treatment principles are applicable, with some modification, to related disorders. Furthermore, clinicians who become known in their community as OCD specialists are often referred patients with non-OCD disorders that involve maladaptive repetitive behavior. On Day 1, attendees will receive a balanced overview of the OC Spectrum concept, including arguments for and against the concept and the disorders typically proposed to be part of the Spectrum. Time does not permit an in-depth discussion of the treatment of all of these disorders, so the focus of this segment on Day 2 is to use 2 disorders from the spectrum as examples.

60-90 minutes will be devoted to 2 exemplar disorders presented by 2 different speakers. During the first section, the treatment of a disorder that is comparatively similar to OCD, such as Body Dysmorphic Disorder or Hypochondriasis, will be discussed. During the second section, the treatment of a condition that is less similar to OCD, such as Trichotillomania or Tic Disorders, will be discussed. Participants will be taught to understand the differential treatment implications of repetitive behaviors that are a function of negative reinforcement (e.g., compulsions) versus those that are a function of positive reinforcement (e.g., impulses and addictions). These talks will be clinical in focus. Sometimes, 1 speaker covers both disorders. In other instances, 2 speakers are each assigned 1 disorder.

### 3:45-5:00pm MANAGEMENT OF TREATMENT AMBIVALENCE AND RESISTANCE

This section addresses the issue of treatment readiness, ambivalence, and resistance. Variables associated with treatment readiness will be discussed. Suggestions for helping patients prepare to engage in treatment effectively will be included and approaches (e.g., Motivational Interviewing) to managing treatment ambivalence and resistance, as well as a specific case example, will be reviewed.

### **THIRD DAY PROGRAM: CASE FORMULATION AND TREATMENT PLANNING**

#### **Objective:**

To refine the ability of participants to use the cognitive behavioral model to develop individualized, comprehensive treatment plans for their patients.

#### **Description:**

The day begins at 8:00am with a brief general session. The onsite clinical coordinator will review the plan for the day and then announce group and room assignments.

*Note on Group Assignments.* Sometime during the first two days of the Institute, the coordinator will pass a sheet around to participants and request you to write down your name, the number of OCD patients you have treated, the age of your training case, and any other comments you think would be helpful in assigning you to a group and faculty member. It has worked well to place participants with child cases in the same group. This is particularly important if some faculty do not work with children or adolescents. Another preference is grouping participants by level of clinical experience (i.e., number of OCD patients seen). This will allow experienced participants to spend more time discussing advanced issues and gives the inexperienced participants an opportunity to focus more on basic issues.

The general session then breaks into small groups for the rest of the day. Faculty members should have five participants in their group (depending on the amount of attendees, some groups may have 6 participants instead). Each group meets in a separate room. During these breakout groups, each participant will present assessment data on his or her training case and will develop a treatment plan under the direction of the faculty group leader. At the end of the day, each participant will leave with a treatment plan for his or her training case. One of the values of the groups is the opportunity to observe four additional treatment plans being developed from assessment data. The third day program is scheduled to end officially at 3pm. However, groups usually finish early. Lunch is most often provided on this third day of the training, which allows people to grab a quick bite, and meet through lunch.

At the end of the day, participants are asked to complete and turn in evaluation forms, as well as sign out on the CEU sign out sheets, before leaving the Institute.

## **AFTER THE INSTITUTE**

In order to graduate from the BTTI and receive a certificate, participants must complete the follow-up phone consultations. This includes three phone consultations with the participant's faculty group leader after having finished the three-day training program. Faculty are designated as "consultants" not "supervisors," which means that faculty are not assuming legal responsibility for the participant's training case. Each consultation can be up to thirty minutes long. Specific arrangements for making the calls are made between participants and faculty. Typically, participants contact faculty when they determine a consultation is needed. The consultation must focus primarily on the training case, although other cases can be discussed if time remains after the training case has been adequately addressed. If the training case withdraws from therapy, phone consultations can be delayed until the participant finds another OCD training case. However, in this situation, the faculty consultant may determine that more than three phone consultations are needed for adequate training.

The three phone consultations are included in the fee that participants pay for the Institute. However, participants can contract with faculty for additional consultations at an additional fee. Payment arrangements for additional consultations are made directly with faculty. Participants have up to 2 years to complete their 3 phone consultations.

When a participant has satisfactorily completed three phone consultations, the faculty consultant notifies the Foundation. The Foundation then mails the participant a certificate of completion, which had been signed by the coordinator and a representative of IOCDF. In addition, the participant is added to a list of BTTI graduates accessible to OCD sufferers and referral sources.