

# **Behavior Therapy Training Institute (BTI) Reading List**

## **International OCD Foundation**

In preparation for the BTI, please read at least one of the books listed below. There are other informative books about OCD not included on this list; however, the focus of this list is on manuals and books written for professionals with detailed information on the fundamental steps of treating OCD. The list is divided into adult and child references. If your practice includes both age groups, you might want to read one book from each list. All of these books can be found and purchased on Amazon.com

### **ADULTS**

*Obsessive-Compulsive Disorder: Advances in Psychotherapy (An Evidence Based Practice Book)*, by Jonathon Abramowitz, Ph.D (Paperback, 76 pages, Hogrefe & Huber Press, Cambridge, MA, 2006). ISBN 0889373167

*Mastery of Obsessive-Compulsive Disorder: A Cognitive Behavioral Approach - Therapist Guide*, by Edna B. Foa and Michael J. Kozak (Paperback, 181 pages, Oxford University Press, New York, 2004). ISBN 0195186826

*Treatment of Obsessive-Compulsive Disorder*, by Lata K. McGinn and William C. Sanderson (Hardcover, 296 pages, Jason Aronson Press, Lanham, MD, 1999). ISBN 0765702118

*Overcoming Obsessive-Compulsive Disorder – Therapist Protocol*, by Gail Steketee (Paperback, 104 pages, New Harbinger Press, Oakland, CA, 1999). ISBN 1-57224-128-4

### **CHILDREN**

*OCD in Children and Adolescents: A Cognitive Behavioral Treatment Manual*, by John S. March, MD, MPH, and Karen Mulle, BSN, MTS, MSW (Hardcover, 298 pages, Guilford Press, New York, 1998). ISBN 1-57230-242-9

*Cognitive Behavioral Treatment of Childhood OCD: It's Only a False Alarm – Therapist Guide*, by John Piacentini, Audra Langley, and Tami Roblek (Paperback, 144 pages, Oxford University Press, New York, 2007). ISBN 978-0-19-531051-1

*Treatment of OCD in Children and Adolescents: A Professional's Kit (2<sup>nd</sup> Ed.)*, by Aureen Pinto Wagner (Lighthouse Press, Rochester, NY, 2007). This kit can be purchased at Lighthouse Press's website: <http://www.lighthouse-press.com>

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## International OCD Foundation, Inc. Behavior Therapy Training Institute

### Patient Release Form

- 1.) I, \_\_\_\_\_, do hereby give my consent to the performance of treatment by means of cognitive/behavioral therapy (the Treatment) for relief of obsessive-compulsive disorder (OCD).
- 2.) I understand that my licensed mental-health practitioner, \_\_\_\_\_, (the Practitioner) will participate in a clinical teaching program known as the IOCDF Behavior Therapy Training Institute (the Institute) and that the teaching faculty of the Institute will consult my Practitioner concerning my Treatment.
- 3.) I understand that as part of the Treatment I will gradually be exposed to situations that trigger my obsessive thought, obsessive images, or compulsive actions (the Actions) and that I will be taught ways to manage my anxiety or discomfort and how to resist engaging in compulsions. I have made my decision voluntarily and freely.
- 4.) I fully understand that the Treatment to be performed has been documented in controlled outcome studies to be effective with a majority of patients with OCD; but, the Treatment outcome for any single patient cannot be predicted.
- 5.) I appreciate that there are certain risks associated with the Treatment including, but not limited to, being subjected to anxiety from exposure therapy, the fact that not all patients in behavior therapy respond to the Treatment, and the fact that a reduction in OCD symptoms may change the existing family dynamics, and I freely assume these risks. I also understand there are certain benefits associated with this treatment. However, I understand there is no certainty that I will achieve any benefit and no guarantee has been made to me regarding the outcome of Treatment.
- 6.) The "reasonable alternatives" to the Treatment have been explained to me including the use of medications to treat OCD. I am also aware that insight-oriented psychotherapy and supportive psychotherapy may be helpful to some individuals with OCD.
- 7.) I agree to hold the Practitioner and the faculty, staff, participants, and sponsors of the Institute free and harmless of any claims, demands or suits for damages from injury or complications whatever, save negligence, that may result from such Treatment.

(over)

8.) I authorize the Practitioner to disclose complete information in confidence to the Institute concerning his or her medical findings and treatment of me from on or about \_\_\_\_\_ until the date of the conclusion of such Treatment. I release the Practitioner and the faculty, staff, and participants of the Institute from all legal responsibilities that may arise from this authorization.

9.) Any questions I have had regarding the Treatment have been answered to my satisfaction.

10.) I, the undersigned, having been fully informed by the Practitioner of the above, nevertheless consent to such Treatment and hereby freely and voluntarily give my signed authorization for this Treatment.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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## International OCD Foundation, Inc. Behavior Therapy Training Institute

### Provider Release Form

- 1.) I, \_\_\_\_\_, do hereby agree to participate in a clinical teaching program known as the IOCDF Behavior Therapy Training Institute (the Institute). The purpose of the Institute is to teach the application of cognitive/behavioral therapy (Treatment) for relief of obsessive-compulsive disorder (OCD).
- 2.) I am licensed or certified in the state of \_\_\_\_\_ to practice mental health care, and have provided a photocopy of my license or certification to the Institute.
- 3.) I understand that the training I will receive at the Institute will include in-depth, intermediate level instruction in the Treatment and clinical consultation with the teaching staff of the Institute (Faculty).
- 4.) I have identified a patient of mine (Patient) who has agreed to undergo the Treatment as part of my clinical training at the Institute.
- 5.) I understand the Treatment will involve the development of a plan to gradually expose my Patient to situations that trigger obsessive thoughts, obsessive images, or compulsive actions (the Actions), and that I will be taught ways to help my patients manage their anxiety/discomfort and to resist engaging in compulsions.
- 6.) I fully understand that the Treatment to be performed has been documented in controlled outcome studies to be effective with a majority of patients with OCD; but, the Treatment outcome for any single patient cannot be predicted.
- 7.) I have fully explained to my patient that there are certain risks associated with Treatment including, but not limited to, being subjected to anxiety from exposure therapy, the fact that not all patients in behavior therapy respond to the Treatment, and the fact that a reduction in OCD symptoms may change the existing family dynamics; I have also explained to my Patient that there are possible benefits associated with this Treatment. However, I understand that there is no certainty that my patient will achieve these benefits, and I have made no guarantee to my Patient regarding the outcome of Treatment.

(over)

- 8.) I have explained “reasonable alternatives” to the Treatment to my patient including the use of medications to treat OCD. I am also aware that insight-oriented psychotherapy and supportive psychotherapy may be helpful to some individuals with OCD.
- 9.) I have informed my Patient that I will be assisted by the Faculty and such others as I or the Faculty consider to be necessary in the Patient’s care, and the Patient has agreed to their participation.
- 10.) I have obtained authorization from my Patient to disclose complete information in confidence to the faculty, staff, and participants of the Institute concerning my medical findings and treatment of my patient from on or about\_\_\_\_\_ until the date of the conclusion of such treatment.
- 11.) I have answered any questions the Patient has had regarding the Treatment.
- 12.) I have obtained my Patient’s voluntary and informed written authorization and release for Treatment and disclosure of otherwise confidential information as outlined in paragraphs 8-11.
- 13.) I agree to hold the faculty, staff, participants and sponsors of the Institute free and harmless of any claims, demands or suits for damages from injury or complications whatever, save negligence, that may result from such Treatment.
- 14.) I understand that participation in the Institute does not qualify me for a vocation, but is meant to merely enhance my current clinical skills and that no credits will be issued for transfer.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date