

#### LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND

## **COUNSELING AT 563-02 Introduction to Obsessive-Compulsive Disorder**

(Elective,1 credit) SPRING 2022

Instructor: Erin Headley DAT, LPC, LMHC, LCAT, ATCS

she/her

Contact Information: eheadley@lclark.edu 503-568-1623

Office Hours: by appointment

#### **Instructor Bio:**

Dr. Erin Headley is an art therapist, counselor, adjunct professor, and supervisor specializing in the treatment of obsessive-compulsive disorder and related conditions. She has worked in both inpatient and outpatient settings treating these disorders for over a decade. Additionally, she works as a supervisor for early career therapists and an OCD consultant for licensed clinicians. Her research is focused on art as an advocacy and educational tool and increasing mental health literacy of OCD among clinicians and the general population.

**DATE:** 1/27, 1/29, 1/30

Thursday 5:30-8:30 pm, Saturday 9:30 am - 5:30 pm, Sunday 9 am ! 12:00 pm

# **Course Description:**

This introductory course will focus on the symptomology and treatment of obsessive compulsive disorder (OCD) to promote accurate diagnosis and awareness of evidence based treatments. Students will develop an understanding of OCD from a clinical perspective as well as through the direct, lived experiences of people with OCD. Attention will be placed on ethnocentric bias of European American clinicians to understand how this bias has influenced conceptualization of OCD and its treatment. A variety of experiential, evidence-based treatment approaches will be presented including art-based methods.

#### **Course Objectives:**

Upon completion of this course, students will be able to:

-Accurately diagnosis OCD and have an understanding of symptom dimensions, clinical features of pediatric OCD compared to adult OCD, as well as differential diagnosis

- Understand clients" lived experiences with OCD and how this contrasts with public/clinician knowledge and perception
- -Understand barriers clients face in receiving accurate diagnosis and treatment including low mental health literacy among clinicians, impact of racism on diagnosis and treatment, and shame
- -Name and have basic understanding of evidence-based treatment methods (e.g. ERP) and the role of art therapy in treatment
- -Identify OC Spectrum disorders including Tourette Syndrome/Tic Disorders and Body Focused Repetitive Behaviors (BFRBs) and understand their relation to OCD

## **REQUIRED TEXTS:**

There are no required texts for this course. Articles may be assigned and available to you through Moodle and/or the Lewis and Clark Library. Instructor can provide recommended reading upon request.

#### **Class Schedule:**

Thurs: Intros, art experiential, Extreme OCD Camp documentary

Sat: Clinical conceptualization of OCD, Client experience of OCD, Evidence based treatments for OCD, Development of treatment plan and art directive based on case vignettes

Sun: Pediatric OCD, Unstuck: An OCD Kids Movie, Additional discussion on tic disorders and introduction to BFRBs, closing art experiential

Methods of Teaching: Experiential/Art based
Didactic presentation
Group Discussion

#### **Evaluation:**

Participation in discussions 50%
Participation in experiential exercises 25%
Development of treatment plan & art therapy directive 25%
Course Requirements:

Participation in class process and discussion is essential.

All students will develop a treatment plan and one art directive (or creative intervention for non-art therapy students) based on an assigned case vignette. Time will be devoted

during the course to start these projects. Due date to be determined during course weekend.

Being on time and attending is vital to the success of this class. In graduate school it is not permissible to miss a session. Unexcused absences will have an impact on your final grade.

## NONDISCRIMINATION STATEMENT

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. Lewis & Clark does not discriminate on the basis of actual or perceived race, color, sex, religion, age, marital status, national origin, the presence of any physical or sensory disability, veteran status, sexual orientation, gender identity, or gender expression and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws, including Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act of 1990, and their implementing regulations.

This course adheres to the general policies outlined in the catalog and student handbook of the Lewis & Clark Graduate School of Education and Counseling. This includes full adherence to the following policies:

- Nondiscrimination: go.lclark.edu/gsec-nondiscrimination;
- Standards for professional student conduct and academic integrity:

go.lclark.edu/gsec-conduct;

• Sexual misconduct: go.lclark.edu/titleIX.

# **DISABILITY SERVICES STATEMENT**

If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.

# CPSY DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented

appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

#### DISCLOSURE OF PERSONAL INFORMATION

Each student should decide for themselves what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

#### References

- Abramowitz, J. (2006). The psychological treatment of obsessive-compulsive disorder. *Canadian Journal of Psychiatry*, 51(7), 407-416.
- Bram, A. & Björgvinsson, T. (2004). A psychodynamic clinician's foray into cognitive behavioral therapy utilizing exposure-response prevention for obsessive compulsive disorder. *American Journal of Psychotherapy*, (58)3, 304-320.
- Bucciarelli, A. (2016). Art therapy: A transdisciplinary approach. *Art Therapy*, (33)3, 151-155. doi: 10.1080/07421656.2016.1199246
- Dobson, K., & Dozois, D. (2010). Historical and philosophical bases of the cognitive behavioral therapies. In K. Dobson (Ed.), *Handbook of cognitive-behavioral therapies*. (3rd ed., pp. 3-38). New York, NY: The Guilford Press.
- Fairfax, H. (2008). The use of mindfulness in obsessive compulsive disorder:

  Suggestions for its application and integration in existing treatment. *Clinical Psychology and Psychotherapy*, 15, 53–59. doi: 10.1002/cpp.557
  - Foa, E.B. (2010). Cognitive behavioral therapy of obsessive-compulsive disorder. *Dialogues in Clinical Neuroscience*, *12*(2), 199-207.

- Foa, E. B., Liebowitz, M. R., Kozak, M. J., Davies, S., Campeas, R., Franklin, M. E.,
  ... Tu, X. (2005). Randomized, placebo-controlled trial of exposure and ritual
  prevention, clomipramine, and their combination in the treatment of Obsessive
  Compulsive disorder. *American Journal of Psychiatry*, 162, 151-161.
- Franklin, M., Dingfelder, H., Coogan, C., Garcia, A., Sapyta, J., & Freeman, J. (2013). Cognitive behavioral therapy for pediatric obsessive-compulsive disorder:
- Development of expert-level competence and implications for dissemination. *Journal* of Anxiety Disorders, 27, 745-753. doi:/10.1016/j.janxdis.2013.09.007
- Grant, J. (2014). Obsessive-compulsive disorder. *The New England Journal of Medicine*, 371(7), 646-653. doi:10.1056/NEJMcp1402176
- Pinto, A., Mancebo, M.C., Eisen, J.L., Pagano, M.E., & Rasmussen, S.A. (2006). The Brown longitudinal obsessive compulsive study: Clinical features and symptoms of the sample at intake. *The Journal of Clinical Psychiatry*, 67(5), 703-711.
- Ruscio, A.M., Stein, D.J., Chiu, W.T., & Kessler, R.C. (2010). The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Molecular Psychiatry*, 15, 53-63. doi:10.1038/mp.2008.94
- Veale, D., Freeston, M., Krebs, G., Heyman, I., & Salkovskis, P. (2009). Risk assessment and management in obsessive-compulsive disorder. *Advances in Psychiatric Treatment*, 15, 332-343. doi: 10.1192/apt.bp.107.004705
  Williams, M., Domanico, J., Marques, L., Leblanc, N., & Turkheimer, E. (2012).
  Barriers to treatment among African Americans with obsessive-compulsive disorder. *Journal of Anxiety Disorders*, 26, 555-563. doi: 10.1016/j.janxdis.2012.02.009