

Seminar in Anxiety, Obsessive-Compulsive, and Related Disorders

PSYC GU4627

Fall, 2019

Tuesdays 12:10-2

4 points

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Bulletin Description

This seminar course will focus on the etiology and phenomenology of anxiety disorders, obsessive-compulsive disorder (OCD), and OCD-related disorders, as well as their evidence-based treatments.

Course Description & Objectives

This seminar course will focus on the etiology and phenomenology of anxiety disorders, obsessive-compulsive disorder (OCD), and OCD-related disorders, as well as their evidence-based treatments. This course will begin by introducing the diagnostic criteria for these psychological conditions, with a focus on core similarities and differences across disorders. Then various models of anxious pathology will be reviewed and critically analyzed, including multiple perspectives on the causes and correlates of these disorders. Finally, prevention and treatment considerations will be discussed. Critical analysis and research methods will be emphasized in discussion and written assignments. The majority of the course readings will be based on recent research findings and scientific articles. Course learning outcomes (below) will be met through course readings and participation in weekly discussions.

Course Learning Outcomes

1. Achieve proficiency in the phenomenology and diagnostic criteria for anxiety disorders, obsessive-compulsive disorder, and related conditions, as well as empirically supported methods for assessing and diagnosing these disorders.
2. Gain an understanding of the psychological factors underlying these disorders, as well as the evidence-based interventions used to treat them.
2. Evaluate competing and complementary explanations of anxiety and OCD-related disorders.
3. Critically analyze current clinical research conducted with this patient population .
4. Demonstrate critical thinking skills regarding research questions related to these conditions.

Prerequisites: PSYC UN1001 The Science of Psychology and permission of the instructor. PSYC UN2620 Abnormal Behavior or equivalent course in abnormal psychology is strongly preferred.

Role in the Psychology Curriculum

This seminar is designed for graduate students and advanced undergraduate students in the Psychology department and for students participating in the Psychology Post-Baccalaureate Certificate Program. The course will fulfill the following degree requirements:

- For the Psychology major or concentration in the College and in GS and for the Psychology Post-baccalaureate certificate program, this course will meet the Group III (Social, Personality, and Abnormal) distribution requirement.

- For Psychology postbac students and for Psychology majors, it will fulfill the seminar requirement.
- For the Neuroscience & Behavior major, it will fulfill the P5 Advanced Seminar Requirement for the Psychology portion of the major.

Course Requirements & Grading

Final grades will be based on the following (each described in detail below):

<u>Assignment</u>	<u>Percentage</u>
Reading responses	15%
Class discussion facilitation	15%
Class participation and attendance	10%
Film response paper	15%
Final research paper	35%
Final presentations	10%

Reading responses: Weekly reading responses will account for 15% of your grade. On some weeks, you will be given specific instructions on what topics to write about for your reading response, while for other weeks you are encouraged to choose a topic that caught your interest from the readings. In all cases the responses should be brief (1-page max). The goal of this assignment is to promote your active engagement with the course readings in order to facilitate group discussion in class. Thus, feel free to ask questions in your reading responses, and try to critically analyze the readings in terms of their strengths and weaknesses and research methodology. You might also compare and contrast the findings from different articles. Grading will be based on depth of thought, originality and writing quality.

Class discussion facilitators: On selected weeks throughout the semester, students will serve as co-discussion leaders in teams of 2 “discussion facilitators.” In this assignment, you will co-lead the discussion of class readings on a particular topic. This is an opportunity to showcase your thoughtfulness about the material and to serve as leaders in class. You are expected to lead discussion in a way that engages your classmates in the material. This can include bringing in outside materials relevant to the class readings (such as newspaper or mass media articles, movies or video clips). You should prepare discussion questions ahead of time and email them to Professor Wheaton by Sunday night. Please prepare a list of at least 8 discussion questions. A good facilitation is one that generates much discussion and even debate in class.

Class participation and attendance: Active, thoughtful participation in class is crucial to this course. Students are expected to come to class prepared and to engage in class activities and discussions. You can miss one class without having your class participation grade affected, but further absences will need to be discussed with the course instructor.

Film response paper: As part of this class you will be asked to watch the film “The Aviator” and we will discuss this film’s portrayal of obsessive-compulsive disorder (OCD). After watching the movie, you will be asked to write a brief (3 page) reaction paper in which you will discuss how accurate some aspect of the portrayal of OCD was in the movie – this could be tied to the portrayal of symptoms, course of the disorder, response to treatment, impact of social support, or another aspect of the disorder of your choosing. The critical part of this assignment is tying your evaluation to at least one scientific source (i.e., journal articles). The response should clarify the aspect of the disorder you are focusing on and evaluate how the movie is an accurate or inaccurate portrayal, tie it to evidence from the research literature, show depth of thought, and should do so in a way that is well-written, clearly organized, and accurately cited using APA

reference style.

Final research paper: Final paper (maximum 12 pages, not including references): The final paper will be based on a topic of your choice in any area related to anxiety, OCD, or OCD-related disorders. The goal is to choose a controversial area and to take a position on this controversy. You are expected to present a range of arguments on the issue, but also note why you have selected a particular thesis. It will be important for you to read the original sources so that you can evaluate the research methodology in defining your position on the issue. Important qualities in the paper will be depth of thinking, clarity of arguments, and ability to analyze and synthesize a range of resources in order to develop your own position. ***Once you have outlined a topic and argued your position (this will take approximately two thirds of the paper), you should propose a study that could be used to help test your position.*** The study proposal component should include the basic procedures and measures to be used, as well as a description of the proposed sample(s) and your hypotheses. Also, it should be clear how this study will help to test some aspect of your position on the issue. This proposal should reflect a design that is NOT an exact replication of another study that has been done, but you will need to use previous research in the area to help you develop your idea (and there is nothing wrong with replicating aspects of a previous design; e.g., using measures or paradigms that are already well established). Grading will be based on covering the content listed above (15 points for showing depth of thinking in your arguments and effectively using research to back up your position, and 10 points will be allotted for the research proposal components), and then 5 points will be assigned based on quality of the writing, organization, and accurately using APA reference style. Total= 30 points.

Final presentation: The goal of the presentation is to help educate the class about the controversy you have selected in your paper and to help them understand why you chose your particular position on the issue. In addition, you want to bring your research design to life, so they get excited about the project you're proposing. Grading will be based on a combination of content: clear and thought-provoking presentation of the topic and your thesis is worth 4 points, and presentation of the research proposal such that students can clearly see how this study will help to move the field forward (i.e., address your topic in an interesting way) is worth 4 points. Finally, 2 points will go toward the style and delivery of the presentation. Total= 10 points.

Grading Scale:

The following grading scale is used for this course:

- A = 93.0-100%
- A- = 90.0-92.99%
- B+ = 87.0-89.99%
- B = 83.0-86.99%
- B- = 80.0-82.99%
- C+ = 77.0-79.99%
- C = 73.0-76.99%
- C- = 70.0-72.99%
- D = 60-69.99%
- F = below 60.0%

No rounding: Final grades will be calculated based on the above scale and grades will not be rounded. For example, 89.8 is a B+ (not an A-). A+ grades are reserved for the discretion of the course instructor and only given in the most exceptional circumstances.

Students with Disabilities: Students with special needs who may require classroom/assignment

accommodations should make an appointment with me before or during the first week of class. You should also contact the Office of Disability Services (ODS) in Lerner Hall before the start of the course to register for these accommodations. The procedures for registering with ODS can be found at <http://health.columbia.edu/services/ods> or by calling (212) 854-2388.

Wellness Statement:

It is important for undergraduates to recognize and identify the different pressures, burdens, and stressors you may be facing, whether personal, emotional, physical, financial, mental, or academic. We as a community urge you to make yourself – your own health, sanity, and wellness – your priority throughout this term and your career here. Sleep, exercise, and eating well can all be a part of a healthy regimen to cope with stress. Resources exist to support you in several sectors of your life, and we encourage you to make use of them. Should you have any questions about navigating these resources, please visit these sites:

- <https://universitylife.columbia.edu/student-resources>
- <http://barnard.edu/primarycare>
- <http://barnard.edu/counseling>
- <http://barnard.edu/wellwoman/about>

Academic integrity: As members of this academic community, we are responsible for maintaining the highest level of personal and academic integrity: “[E]ach one of us bears the responsibility to participate in scholarly discourse and research in a manner characterized by intellectual honesty and scholarly integrity.... The exchange of ideas relies upon a mutual trust that sources, opinions, facts, and insights will be properly noted and carefully credited. In practical terms, this means that, as students, you must be responsible for the full citations of others’ ideas in all of your research papers and projects... [and] you must always submit your own work and not that of another student, scholar, or internet agent” (from the Columbia University Faculty Statement on Academic Integrity).

Cheating and Plagiarism – whether intentional or inadvertent – is a serious violation of academic integrity. Plagiarism is the practice of claiming or implying original authorship of (or incorporating materials from) someone else’s written or creative work, in whole or in part, without adequate acknowledgement. If you have any questions about what constitutes plagiarism and/or how to properly cite sources, please come to me.

Syllabus subject to change: As the course progresses, there may be minor changes to the syllabus such as additional readings. Students are responsible for remaining up to date with all changes and instructions posted to the course website.

Course policy on laptops: In order to facilitate group discussion in class, students are discouraged from using laptops in class. However, exceptions to this policy can be made with permission from the instructor.

Course Textbooks and Readings

Course readings are listed for each class session, and should be read before class. There is one required textbook for this class.

Emmelkamp, P., & Ehring, T. (Eds.). (2014). *The Wiley handbook of anxiety disorders*. John Wiley & Sons.

This textbook is available for FREE to all students as an electronic resource through the Columbia University Library Website. Other class readings will be drawn from primary source journal articles, which will be posted on the course website.

Course Sequence

Week One – Introduction to course

Assigned Reading

No assigned reading this week as class will review the syllabus

Week Two – Learning theory approaches to anxiety-related disorders. This class will review basic learning processes (classical & operant conditioning) in relation to the origin and treatment of anxiety, obsessive-compulsive, and related disorders.

Assigned Reading

Chapter 7: Learning Theory

Mineka, S. & Zinbarg, R. (2006). A contemporary learning theory perspective on the etiology of anxiety disorders: It's not what you thought it was. *American Psychologist*, 61, 10-26.

Clark, D. M. (1999). Anxiety disorders: Why they persist and how to treat them. *Behaviour research and therapy*, 37, S5-S27

Week Three – Specific Phobias

Assigned Reading

Chapter 18. Specific Phobias

Chapter 45: Treatment of Specific Phobias

Öhman, A., & Mineka, S. (2001). Fear, phobias, and preparedness: Toward an evolved module of and fear learning. *Psychological Review*, 108, 483–522.

Öst, L. G. (1996). One-session group treatment of spider phobia. *Behaviour Research and Therapy*, 34(9), 707-715.

Pflugshaupt, T., Mosimann, U. P., von Wartburg, R., Schmitt, W., Nyffeler, T., & Müri, R. M. (2005). Hypervigilance–avoidance pattern in spider phobia. *Journal of anxiety disorders*, 19(1), 105-116.

Week Four – Social Anxiety Disorder

Assigned Reading

Chapter 20: Social Anxiety Disorder

Chapter 47: Social Anxiety Disorder: Assessment and Treatment

Cisler, J. M., & Koster, E. H. (2010). Mechanisms of attentional biases towards threat in anxiety disorders: An integrative review. *Clinical psychology review*, 30(2), 203-216.

Hakamata, Y., Lissek, S., Bar-Haim, Y., Britton, J. C., Fox, N. A., Leibenluft, E., ... & Pine, D. S. (2010). Attention bias modification treatment: a meta-analysis toward the establishment of novel treatment for anxiety. *Biological psychiatry*, 68(11), 982-990.

Week Five – Panic Disorder & Agoraphobia

Assigned Reading

Chapter 19: Panic Disorder and Agoraphobia

Chapter 46: Panic Disorder: Assessment and Treatment

Schmidt, N. B., Lerew, D. R., & Trakowski, J. H. (1997). Body vigilance in panic disorder: Evaluating attention to bodily perturbations. *Journal of Consulting and Clinical Psychology*, 65(2), 214.

Teachman, B. A., Smith-Janik, S. B., & Saporito, J. (2007). Information processing biases and panic disorder: Relationships among cognitive and symptom measures. *Behaviour research and therapy*, 45(8), 1791-1811.

Arntz, A. (2002). Cognitive therapy versus interoceptive exposure as treatment of panic disorder without agoraphobia. *Behaviour Research and Therapy*, 40(3), 325-341.

Week Six – Generalized Anxiety Disorder

Assigned Reading

Chapter 21: Generalized Anxiety Disorder

Chapter 48: Generalized Anxiety Disorder: Assessment and Treatment

McGowan, S. K., & Behar, E. (2013). A preliminary investigation of stimulus control training for worry: Effects on anxiety and insomnia. *Behavior modification, 37*(1), 90-112.

Dugas, M. J., Freeston, M. H., & Ladouceur, R. (1997). Intolerance of uncertainty and problem orientation in worry. *Cognitive therapy and research, 21*(6), 593-606.

Hoyer, J., Beesdo, K., Gloster, A. T., Runge, J., Höfler, M., & Becker, E. S. (2009). Worry exposure versus applied relaxation in the treatment of generalized anxiety disorder. *Psychotherapy and Psychosomatics, 78*(2), 106-115.

Week Seven – Separation Anxiety Disorder

Assigned Reading

Shear, K., Jin, R., Ruscio, A. M., Walters, E. E., & Kessler, R. C. (2006). Prevalence and correlates of estimated DSM-IV child and adult separation anxiety disorder in the National Comorbidity Survey Replication. *American Journal of Psychiatry, 163*(6), 1074-1083.

Manicavasagar, V., & Silove, D. (1997). Is there an adult form of separation anxiety disorder? A brief clinical report. *Australian and New Zealand Journal of Psychiatry, 31*(2), 299-303.

Bögels, S. M., Knappe, S., & Clark, L. A. (2013). Adult separation anxiety disorder in DSM-5. *Clinical psychology review, 33*(5), 663-674.

Choate, M. L., Pincus, D. B., Eyberg, S. M., & Barlow, D. H. (2005). Parent-child interaction therapy for treatment of separation anxiety disorder in young children: A pilot study. *Cognitive and Behavioral Practice, 12*(1), 126-135.

Week Eight – Obsessive-Compulsive Disorder Part I: Phenomenology

Assigned Reading

Chapter 24: Obsessive Compulsive Disorder

McKay, D., Abramowitz, J. S., Calamari, J. E., Kyrios, M., Radomsky, A., Sookman, D., ... & Wilhelm, S. (2004). A critical evaluation of obsessive-compulsive disorder subtypes: symptoms versus mechanisms. *Clinical Psychology Review, 24*(3), 283-313.

Rachman, S. (1997). A cognitive theory of obsessions. *Behaviour Research and Therapy, 35*(9), 793-802.

Kalanthroff, E., Abramovitch, A., Steinman, S. A., Abramowitz, J. S., & Simpson, H. B. (2016). The chicken or the egg: What drives OCD?. *Journal of Obsessive-Compulsive and Related Disorders, 11*, 9-12.

Gillan, C. M., & Sahakian, B. J. (2015). Which is the driver, the obsessions or the compulsions, in OCD?. *Neuropsychopharmacology, 40*(1), 247-48.

Week Nine – Obsessive-Compulsive Disorder Part II: Treatment

Assigned Reading

AVIATOR PAPER DUE TODAY

Chapter 51: Obsessive Compulsive Disorder: Assessment and Treatment

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*(1), 151-161.

Wilhelm, S. (2000). Cognitive therapy for obsessive compulsive disorder. *Journal of Cognitive*

Psychotherapy, 14(3), 245-259.

Lopes, A. C., Greenberg, B. D., Canteras, M. M., Batistuzzo, M. C., Hoexter, M. Q., Gentil, A. F., ...&Taub, A. (2014). Gamma ventral capsulotomy for obsessive-compulsive disorder: a randomized clinical trial. *JAMA psychiatry*, 71(9), 1066-1076.

Week Ten – NO CLASS-ELECTION DAY HOLIDAY

Assigned Reading

Week Eleven – Obsessive-Compulsive Disorder Part III: Cultural factors Contributing factors and culture

Assigned Reading

Chapter 6: Cross-Cultural Aspects of Anxiety Disorders

Chapter 30: Anxiety Disorders in Non-Western Countries

Williams, M., Powers, M., Yun, Y. G., &Foa, E. (2010). Minority participation in randomized controlled trials for obsessive–compulsive disorder. *Journal of anxiety disorders*, 24(2), 171.

Wheaton, M. G., Abramowitz, J. S., Berman, N. C., Riemann, B. C., & Hale, L. R. (2010). The relationship between obsessive beliefs and symptom dimensions in obsessive-compulsive disorder. *Behaviour Research and Therapy*, 48(10), 949-954.

Storch, E. A., Geffken, G. R., Merlo, L. J., Jacob, M. L., Murphy, T. K., Goodman, W. K., ... & Grabill, K. (2007). Family accommodation in pediatric obsessive–compulsive disorder. *Journal of Clinical Child and Adolescent Psychology*, 36(2), 207-216.

Boeding, S. E., Paprocki, C. M., Baucom, D. H., Abramowitz, J. S., Wheaton, M. G., Fabricant, L. E., & Fischer, M. S. (2013). Let me check that for you: Symptom accommodation in romantic partners of adults with Obsessive–Compulsive Disorder. *Behaviour research and therapy*, 51(6), 316-322.

Week Twelve – Hoarding Disorder (HD)

Assigned Reading

Mataix-Cols, D., Frost, R. O., Pertusa, A., Clark, L. A., Saxena, S., Leckman, J. F., ... & Wilhelm, S. (2010). Hoarding disorder: a new diagnosis for DSM-V? *Depression and anxiety*, 27(6), 556-572.

Frost, R. O., & Hartl, T. L. (1996). A cognitive-behavioral model of compulsive hoarding. *Behaviour research and therapy*, 34(4), 341-350.

Wheaton, M. G., Abramowitz, J. S., Fabricant, L. E., Berman, N. C., & Franklin, J. C. (2011). Is Hoarding a Symptom of Obsessive-Compulsive Disorder? *International Journal of Cognitive Therapy*, 4(3), 225-238.

Steketee, G., Frost, R. O., Tolin, D. F., Rasmussen, J., & Brown, T. A. (2010). Waitlist-controlled trial of cognitive behavior therapy for hoarding disorder. *Depression and Anxiety*, 27(5), 476-484.

Week Thirteen – Body Dysmorphic Disorder (BDD)

Assigned Reading

Chapter 25: Body Dysmorphic Disorder

Prazeres, A. M., Nascimento, A. L., &Fontenelle, L. F. (2013). Cognitive-behavioral therapy for body dysmorphic disorder: a review of its efficacy. *Neuropsychiatric disease and treatment*, 9, 307.

Fang, A., Matheny, N. L., & Wilhelm, S. (2014). Body Dysmorphic Disorder. *Psychiatric Clinics of North America*, 37(3), 287-300.

Nieuwoudt, J. E., Zhou, S., Coutts, R. A., & Booker, R. (2012). Muscle dysmorphia: Current

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research and potential classification as a disorder. *Psychology of Sport and Exercise*, 13(5), 569-577.

Week Fourteen – LAST CLASS: FINAL Presentations

Assigned Reading

No readings this week as students will present their final presentations today

FINAL PAPER DUE