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HOW PREPARED ARE SOCIAL WORKERS TO HELP THEIR CLIENTS DIAGNOSED WITH OBSESSIVE-COMPULSIVE DISORDER?

Isabel Marin

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HOW PREPARED ARE SOCIAL WORKERS TO HELP THEIR CLIENTS
DIAGNOSED WITH OBSESSIVE-COMPULSIVE DISORDER?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Isabel E. Marin

May 2022

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Approved by:

Armando Barragán, Faculty Supervisor, Social Work

Armando Barragán M.S.W. Research Coordinator

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ABSTRACT

The purpose of this paper is to understand the competence social workers have with diagnosing and treating OCD. The study is significant since there are many sufferers of OCD who are misdiagnosed. Researchers have found that over 50% of individuals with OCD have been misdiagnosed (Glazier et al., 2015). This study will be significant for all mental health workers including MSW graduates and Master in Social Work students. By understanding what social workers know or do not know about the mental illness OCD we are then able to understand what improvements need to be made in the field of social work. The research design that was used in this study was quantitative research. The sample which consisted of MSW graduates and MSW students was a total of 46 participants. The study utilized a questionnaire survey which allowed the researcher to draw conclusions on the data and interpret the results. Through the data gathered the researcher found that there were no significant differences between MSW students and MSW graduates concerning their knowledge of OCD.

DEDICATION

I dedicate this to my two boys, Isaiah and Ezra. I would like to thank my husband and father for their continuous support through graduate school. A very special thanks to my mother and best friend for inspiring me to obtain a higher education and for always being there for me. I love you all!

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CHAPTER ONE

PROBLEM FORMULATION

Introduction

Obsessive Compulsive Disorder (OCD) is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 (2013) as an illness that consists of either obsessions and/or compulsions. Obsessions are made up of unwanted, repetitive, and intrusive thoughts. The compulsions are made up of rituals that can either be mental or physical. OCD is often thought of as a person being extra tidy, organized, and clean. Although themes of contamination and rituals of organization may be very real, themes or compulsions of the illness are far more complex. Researchers Steinberg and Wetterneck (2016) and Storch (2015) explain that many mental health workers have misdiagnosed those with OCD. Some of those themes that are not often discussed or talked about can range from a variety of obsessions, such as fear of being homosexual/heterosexual, being a pedophile, incest, harming someone and fear of doing inappropriate sexual acts. Obsessions and compulsions may vary from person to person, but all themes cause the same paralyzing anxiety. Those who suffer from more taboo themes are found to be at higher risk for misdiagnosis.

Misdiagnosis or lack of knowledge may have detrimental effects on sufferers and their families. Challacombe and Wroe (2013) notes that those who have been misdiagnosed may be at higher risk of serious complications such as disruptions in the family unit. These instances of misdiagnosing or providing

ineffective treatment have become common with OCD. Storch (2015) explains, those in professional fields of diagnosing have been known to make things far worse for their clients or patients by misdiagnosing or using the wrong treatment. OCD is an illness that affects many individuals and should not be dismissed. It is noted in the National Institute for mental health that 1 in 40 adults and 1 in 100 children suffer from OCD. Out of the sufferers over 50% have reported to have severe and serious impairment in their daily lives. It is crucial that social workers are up to date on the best treatment and practices. Misdiagnosis and funds can be some of the major barriers that affect a person's ability to receive proper care. This is not only an issue for the patients or clients but an issue for social work. As a social worker there is a responsibility to be competent and informed on the best treatments available.

Researcher Storch (2015) argues the importance of informing clinicians about the symptoms of OCD and its best possible treatments. It has been found that some forms of therapy can be counterproductive and make symptoms worse for people. For example, teaching clients to use methods such as stop thinking and traditional talk therapy can ultimately make things much worse. Kelehr, Jassi, & Krebs (2020) study has found that many clinicians find it difficult to provide the best-known therapy there is for OCD; Exposure Response Prevention Therapy (ERP). ERP is a type of therapy that uses exposures to help relieve obsessions and/or compulsions. Jacobson, Newman and Goldfried (2016) explains the therapy as a hierarchy that exposes clients to obsessions

without doing any compulsions. Researchers agree that ERP is the most promising therapy that has proven to be very effective in relieving OCD symptoms and anxieties (Abramowitz, 2016; Keleher, Jassi, & Krebs, 2020; & Bornheimer, 2014). It was found that many professionals do not use ERP for their OCD clients. Keleher et al. (2020) states Clinical psychologists are more likely to use ERP more than other mental health professionals. Jacobson et al. (2016) found that those with more experience with OCD had worked in private practice or inpatient units.

Unfortunately, not everyone can afford a specialist at a private practice with a clinical psychologist. Bornheimer (2014) explains how expenses can be a significant barrier for sufferers to get the best treatment, as many private practices do not accept all forms of insurance. It is very crucial that social workers and other professions in the mental health field know the signs and understand the true nature of OCD. Researchers suggest promoting the use of ERP. The findings from this proposed study will contribute to social work by implementing the best possible treatment for clients (Bornheimer, 2014; Keleher et al., 2020). Many OCD sufferers do not have the adequate resources and help regarding the best treatment plans.

Purpose of the Study

The purpose of this research study was to understand social workers' competence of diagnosing and treating the mental illness OCD. OCD is a complicated illness that has often been misunderstood and misdiagnosed by

mental health specialists. This research was necessary to get a better understanding of what social worker graduates and MSW students know about OCD and its treatment methods.

The study was conducted through a quantitative research method. A quantitative method would allow the researcher to obtain the necessary information. There was a survey questionnaire for social workers and graduate level social work students. Due to Covid-19 restrictions and complications the surveys may be provided and available for respondents online. The Quantitative data allowed the research to be able to measure in a statistical manner. This type of research method gave the researcher an idea of how many social workers are familiar with the illness and what are the most effective treatments.

Significance of the Project for Social Work

The need to conduct this study was the result of the frequent misdiagnosis and lack of proper care in the public sector. There is a vital need for awareness and proper therapy methods. This proposed study contributes to social work practice by educating workers on all the possible symptoms of the illness. These topics include purely obsessional, the many different obsessional themes, and the compulsions that may or may not be visible. The study contributes to ending the stigma that surrounds the debilitating illness, that's even present within the mental health field. The study also aims to create awareness on what the best treatment options are and best therapeutic tools to combat OCD. Much of the best treatment options are only available within private practice.

Social workers must be competent and up to date with different diagnoses to connect or help their clients with proper resources. By understanding what social workers know about OCD, the research may see what areas in the field need improvement. The research aims to create awareness and education on the importance of understanding how to identify and properly treat OCD. The information learned may be beneficial for social workers and other mental health professionals. The research question being studied is: What is social workers perceived competence in working with clients with OCD?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an examination of the research relevant to the topic of OCD and the competence levels social workers have of the illness. The subsections will include misdiagnosis and the ramifications that OCD may have on a person's life. The final subsection will examine systems theories.

Misdiagnosis

Misdiagnosis has been found to be a common occurrence with several mental illnesses. According to the study conducted by Shen et al. (2018), many of those who were misdiagnosed were respondents who suffered from illnesses such as depression, schizophrenia, and obsessive-compulsive disorder. The consequences of misdiagnosis may range from and are not limited to worsening of condition and dealing with negative emotional consequences along with stigmatization.

The worsening of the condition OCD may be attributed to a misdiagnosis from a mental health care worker. Those who have had major life changes such as loss of a family member, divorce or becoming new parents may be at risk for a later onset of symptoms. Challacomb et al. (2013) points out that new mothers who have just given birth are at high risk for being misdiagnosed. Many times, new mothers who begin to have onset obsessions can be misunderstood or mistaken as postpartum depression or even labeled a high risk to the baby and

themselves. Robinson, Rose & Salkovskis (2017) explains that participants in the study feared prison or removal of the children due to obsessive unwanted thoughts. Challacomb et al. (2013) and Storch (2015) emphasize that by mistaking the obsessions for other mental illnesses, the symptoms of OCD may become far worse and paralyzing. Improper removal of children or jail time may create emotional barriers and bonding disruptions between the family members and the sufferer.

Misdiagnosis and misunderstanding of the illness can put many different strains in an individual's life and lead to an increase of negative feelings. Jaghangard et al. (2018) argues, those who have OCD may be at higher risk for severe symptoms of depression and anxiety. Researchers Eisen et al. (2006) found that much of those with OCD tend to feel more negative emotions towards their obsessions than compulsions. It was noted that although the compulsions are time consuming, their obsessions cause them so much distress. OCD is a vicious cycle of obsessions and many times compulsions. Those who do not display many outward compulsions may be doing things such as avoidance, prayers or trying to argue with their thoughts. Many sufferers of OCD are then bombarded with feelings of guilt, shame, and doubt. When assessing and trying to reach a diagnosis it is imperative to understand the points that cause depression and distress within the client.

Ramifications

Those who suffer from the mental illness OCD deal with paralyzing anxiety that may have detrimental effects on a person's quality of life. OCD is noted to have major consequences on finances and ability to perform everyday activities.

Consequently, OCD may affect one's ability to hold a stable job, which may lead to other issues such as a higher risk of homelessness or other financial hardships. Eisan et al. (2006) study concluded, 14.2% of their OCD respondents are receiving disability, 34% are not able to work and 5% of the respondents are unable to perform any household tasks. This issue not only affects the sufferer but the entire family unit and society. Those who are severely ill and do not receive proper treatment will not be able to live to their full potential. Being unable to maintain a job or not being able to do other activities of daily living are just some of the major outcomes OCD may have on an individual.

It was found that those who have OCD are at a higher risk for disability adjusted life years (Jaghangard et al., 2018). This means that the ramifications of OCD being untreated may lead to a person being debilitated by the illness. OCD often has compulsions that can leave a person feeling paralyzed. For example, thoughts of harm may prevent a sufferer from cooking, due to being afraid of holding a knife. A person may stop driving due to fears of running over someone. Jaghangard et al. (2018) concludes that those who have OCD are at high risk of living a poor quality of life due to the debilitating nature of the illness.

Theories Guiding Conceptualization

The theory that will be implemented in this study to understand the phenomenon is by system theory and psychodynamic theory. The framework of these two theories may be helpful when trying to understand the problem at hand. Friedman & Allen (2014) note that system's theory is understood as the interactions individuals have with their environment. Unlike other theories researchers Friedman et al. (2014) state that this theory is set to observe and understand the interactions, rather than a cause and effect. By implementing a social theory lens, it will be beneficial in understanding the relationships between MSW graduates and MSW students with their programs, education, and employers.

The psychodynamic theory may be insightful to this study due to understanding the phenomenon of misdiagnosis or mistreatment within social work. Many social workers may align with psychodynamic theories and Freudian treatment, which may be an influence on why they are misdiagnosing or mistreating their patients with OCD. Psychodynamic theory as explained by Deal (2007) is the idea that human behavior can be explained by uncovering what is in the subconscious. This theory may be counterproductive when it comes to OCD and intrusive thoughts. Psychodynamic theory also theorizes that transference and mirroring is common and displayed by individuals throughout different relationships (Deal, 2007). Individuals with OCD often have thoughts that cause distress and if a mental health professional is unsure of how to differentiate

between wanted and unwanted thought, there can be issues of mistreatment and misdiagnosis.

Many times, when there is an incorrect diagnosis, we want to know why the clinician made such a mistake. What was going through their mind and what biases are they may be carrying. Although it is important to understand why a clinician has made a misdiagnosis it is also important to see the bigger picture. Crandall and Wears (2008) argue that there is a substantial amount of research done on why an individual clinician had made a mistake on diagnosis, but they argue it is important to understand the different dynamics involved.

In systems theory it would be imperative to look at all the different systems that may influence the outcomes of misdiagnosis. For example, examining schools, work and home environments may be beneficial to help understand the impact from each individual system. Crandall and Wears (2008) state that social workers have outside influences from their team and within the social work system. Many social workers collaborate with their team and supervisors when they are unsure of a diagnosis, or it is best treatment planning. The system of social work practice within itself has its own influences and teachings that may or may not be contributing to the issue.

Summary

This study explored the competence social workers have about the mental illness obsessive compulsive disorder. This study aims to make improvements within the social work profession. The literature provides insight on the issues

and effects it has on those with OCD. It is important to break down barriers for those in vulnerable populations. In the private sector they have up to date treatment that should be utilized in the public sector. There are effective therapies to help relieve symptoms of OCD. This research aims to contribute to social work practice by providing necessary information on what needs to be improved in the diagnosis process and treatment planning.

CHAPTER THREE

METHODS

Introduction

This study sought to describe what master students of social work (MSW) and MSW graduates know about working with clients with the mental illness Obsessive Compulsive Disorder (OCD). This chapter explores the knowledge levels within the field of social work on the illness and its treatment options. This chapter contains the details of how the study was conducted. The sections discussed will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this proposed study was to describe the number of social worker participants that are knowledgeable with the mental illness OCD. The study anticipated identifying the competence level of the social workers. The research method that was used in this study to measure the data found, is of a quantitative method study. The information was gathered and collected using an online survey and the research design consisted of descriptive statistics. The results were translated in a statistical manner in order to interpret the data.

The methodological strengths of using a quantitative method are that the surveys allowed the participants to be able to answer the questionnaire completely anonymously, which could lead to participants to record more honest

answers. This method was also be beneficial due to the current climate, COVID-19. COVID-19 has had an impact on gathering and communication but by conducting a survey, research will be collected solely online. This ensured the safety of the respondents and the researchers. Surveys are also cost effective which may even result in no personal expenses being needed for research.

However, the limitations to this study are that the survey did not have any open-ended questions which may lead to a lack of depth. This could be a limitation in regards to understanding why the participants chose a particular answer and having a lack of context as to why the answer was selected. Another limitation may be that respondents may have a lack of motivation to complete surveys. Respondents may have felt unmotivated if they felt they may be perceived in a negative manner. There was also a possibility that participants may leave some unanswered questions.

Sampling

This study utilizes a non-probability method that consists of a sample size of 46 respondents. The respondents mainly consist of Master of Social Work students as well as MSW graduates. These MSW graduates are from self-selection and snowball sampling from local social workers in the surrounding areas of San Bernardino and Los Angeles County. This particular sample is chosen in order to create a greater understanding of the researchers question about social workers competence level of working with OCD clients. It also sheds

light on different levels of knowledge from demographics, education, and different levels of experience.

Data Collection and Instruments

Quantitative data was collected online via survey. Each survey began with an introduction, a thorough description and the purpose of the study being conducted. The surveys also included the participants rights and assurance of anonymity. The beginning of the survey had questions regarding demographic information. The demographic section consisted of questions concerning age, gender identification, ethnicity, education level and whether the respondent is a MSW student or MSW graduates. It also included questions about current field work and whether or not the respondent is an employee or in an internship program.

The researcher created a survey, a self-administered questionnaire that measured the various symptoms and the knowledge levels of the numerous compulsions and obsessional themes that may occur in an OCD sufferer. Further questions explored if the respondent had knowledge on what purely obsessional OCD is. It will be important to study if the participants are aware of the difference between unwanted violent thoughts and plan and intent. The survey looked at and analyzed if the respondent understands the many outward and internal compulsions.

The researcher created measurements that can help create an understanding of competence within each section. The researcher conducted

clear and concise questions that translated into an accurate measurement. The researcher conducted thorough research on any possible past studies to reference the material on.

Procedures

Participation for research was solicited through online emails and phone calls. An email was created and disbursed to fellow MSW students. In that email it explained the need for research participants along with a signup sheet to receive the survey in interested in participating. Phone calls were administered for those outside of the MSW program and then a signup sheet was emailed to those participants. The surveys were sent via email to MSW students and MSW graduates. Data collection took place online through survey results by researcher. Timetable of activities was no more than an hour; each participant varied depending on their response time.

Participants were sent the consent form prior to the surveys. In the consent forms there was detailed information in regards to their rights and information about confidentiality. The paperwork was then signed and read thoroughly before anyone was forwarded to the survey. Participants were also notified of the purpose of the study during this process. After the consent forms, confidentiality discussion and understanding of study, participants were then administered the surveys. Participants were thanked for contributing to the study and for their time.

Protection of Human Subjects

Participants are protected by confidentiality. The survey conducted did not ask for any identifiable information to ensure that the participants remain confidential. The respondents were able to fill out the survey anonymously and in the privacy of their own homes. Each participant was required to read an informed consent letter prior to participating in the survey. The respondents were also notified of their rights to decline participation in the survey or right to drop out as a respondent at any time. All the information obtained for the study will be deleted from online and any other drive it was saved on. Each participant was assigned a number for transcription, so that there is no information that will be identifying any participant. All identifying information such as emails were deleted and not included.

Data Analysis

The survey data gathered from the sample of participants was statistically analyzed. The participants were given a number code to represent them to protect the confidentiality of the participant. The code was used in SPSS when inputting data and results of the surveys. The data was inputted into the Statistical Package for the Social Sciences (SPSS) program for testing the hypothesis. The independent variables (IV) were OCD seminars/workshops attended, research, number of clients seen who have OCD and the dependent variables (DV) were the knowledge one has of the mental illness OCD. The demographic variables that were used for descriptive analyses consisted of the

following: the participants age, sex, gender, religion, ethnicity, and sexual orientation.

Summary

This study aimed to gain a better understanding of what MSW students and MSW graduates know about the mental illness OCD and the treatment methods that are most beneficial and effective to relieve its symptoms. The survey sought to emphasize what improvements may be needed in an academic setting about education on the illness. It also aimed to highlight what areas may need improvement in the workplace. The study may also provide valuable information that may need further study. By applying quantitative methods, it allowed the researcher to best facilitate the process.

CHAPTER FOUR

RESULTS

Introduction

This chapter reviews the findings of the current study understanding the competence level of Master Social Worker Students and those who have obtained their MSW. Additionally, the chapter will discuss the results of the quantitative data.

Presentation of the Findings

Demographics

The sample population was 46. This sample consisted of (52%) of participants who identified as Hispanic/LatinX, (4%) who identified as African American or Black, (31%) of those who identified as White/European and (13%) as other. Participant religion identification consists of (25%) Catholic, (23%) Christian, (5%) Jewish, (5%) Other religion and (25%) with no religious affiliation. Participant education levels were 20 MSW students and 26 with an MSW. The median age of the participants was 34 years old with 56 being the oldest and 22 being the youngest.

Findings from Analyses

Two separate independent samples t-test were conducted: one assessing for knowledge of OCD and attendance of OCD workshops and the other assessing for knowledge of OCD between those with an MSW and those who

are MSW students. In the first test, an independent-sample t-test was conducted to compare the participation of workshop scores for those who have attended and not attended OCD seminars. There was no significant difference in scores for those who attended ($M=6.13$, $SD=1.36$) and those who did not attend ($M=5.76$, $SD=1.33$; $t(40) = .69$, $p=.50$, two-tailed). Furthermore, on the following independent test there was no significant difference found as well. The second test consisted of a independent-sample t-test that was conducted to compare the Degree of the participants and the impact on the summation of answers. Those who were MSW students ($M=5.89$, $SD= 1.23$) and those who had an MSW ($M=5.78$, $SD=1.44$; $t(39) = .75$, $p=.54$, two-tailed).

A separate analysis was done to examine the relationship between MSW students and those with an MSW compared to those who have knowledge of Exposure Response Prevention Therapy (ERP) . A Chi-Square test indicated there was no significant difference in the proportion of MSW students and their knowledge of ERP and MSW graduates and their knowledge of ERP, $X^2(1, N=46) = .15$, $p > .05$. Although there was no significance found in all three tests, it is important to note that due to limitation of respondents it is not an accurate representation.

Summary

A total of 46 respondents participated in the research questionnaire. Respondent's demographics varied among age, ethnicity, and religion. Topics of interest included education level and the summation of answers as well as

participation in workshops and seminars and if there was a difference between the respondents who have attended and those who did not. Another topic of interest was those MSW graduates and MSW students who have knowledge of ERP and those who have no knowledge of the gold standard therapeutic therapy method ERP. All of the analyses found no significant differences.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this chapter is to discuss the major findings from Chapter 4 in further detail. In addition, this chapter will go over the limitations of this study as well as recommendations for the social work profession. Further, the researcher will provide recommendations that consist of social work practice, policy advocacy and future research.

Discussion

Participants in this study consisted of MSW graduate students and MSW graduates. The majority of participants consisted of Hispanic/Latinx respondents. The purpose of this study was to understand the competency level of OCD from those who have graduated with their MSW and MSW students. In reviewing the data, the researcher found that there was not a large enough sample size to get an accurate representation of the population. However, for the data that was collected it revealed that there was not a significant difference between MSW students and MSW graduates when it comes to competence level and their understanding of OCD, diagnosis, and treatment.

In the literature review it was reported that misdiagnosis and lack of knowledge of OCD was an issue in the mental health field. OCDLA (1999-2013) reports that although there have been many improvements with treating OCD

and diagnosing it there still are many misunderstandings and misdiagnoses. The data in the study indicated that the knowledge of OCD did not vary much between those who attended extra workshops. Furthermore, the data in the study did not find any correlation between MSW graduates understanding more than MSW students. Despite these findings it is recommended that the study be conducted with a larger sample size.

Limitations

There were several limitations to be considered for future research. A major limitation was the Covid-19 pandemic. Researcher was unable to solicit in person due to COVID precautions. Due to this limitation, the researcher was unable to get a larger group of participants for the study. This resulted in a lack of data to make conclusions and/or connections between the studies. It is important that in further research one will be able to collect a large number of respondents.

Recommendations for Social Work Practice, Policy, and Research

In the findings it was discovered that there were not many significant differences between the students and graduates. However, the report did reveal that the majority of students and graduates have not heard of the treatment ERP. ERP is reported to be the ultimate treatment for OCD (Lemon et al., 2015; Arch, 2013; Maguire et al., 2018). Anxiety disorders can be very difficult to treat and if a clinician is inexperienced, they can unintentionally make it worse. Researchers argue that trying to find the underlying root of the anxiety and problem can be pointless (Olatunji & Abramowitz, 2009). Rather than utilizing traditional talk

therapy, psychoanalytic theory and thought stopping a clinician should utilize ERP.

It is important and advised that future students learn about this therapeutic method and its importance with OCD and recovery. On a policy level, social workers should seek to make this type of therapeutic treatment more available to the public. Many individuals who suffer from OCD have to seek out private practice and specialists which can be costly and also unavailable. Finances and location are a huge barrier when it comes to seeking out the best treatment for OCD. By helping those with OCD it is beneficial for the patient/client and the community.

For future studies and further research recommendations should be with larger sample sizes. By having larger sample sizes, the researcher may be able to understand the improvements that should be made when it comes to education on OCD and treatment. The research and outreach can help implement needed changes that can be beneficial to the community. Social workers will also be able to obtain important knowledge and information that can help with their own personal practice.

Termination

These findings helped the researcher get an understanding of how competent social workers are with the mental illness Obsessive Compulsive Disorder. Research participants were informed that they would be able to access the results of the study in the California State University, San Bernardino Library

Database. The participants were also informed that their responses to the surveys are anonymous and will be destroyed upon completion of the study.

Conclusions

This chapter covered the conclusion of literature review compared to the findings of the sample of MSW students and MSW graduates who participated in the study. Most of the data found in this study did not align with the research found in the literature review. Despite the findings not aligning with the literature review it is important to note the statistics and previous studies that have found misdiagnosis amongst OCD sufferers to be common. The researcher acknowledges the need for further research to get a better understanding of the issues. Limitations were discussed and recommendations for the social work practice that may be beneficial for micro and macro level.

APPENDIX A
DATA COLLECTION INSTRUMENT

Survey

Please answer the following questions.

1. What degree or certifications do you have?
 - a. MSW student
 - b. MSW graduate, not licensed
 - c. LCSW

2. What is your age? _____

3. Which of the following ethnicities do you best identify with?
 - a. Aboriginal (First Nations)
 - b. African American
 - c. Asian/Pacific Islander
 - d. Hispanic/Latinx
 - e. White/European
 - f. Other

4. Which sexual orientation do you best identify with?
 - a. Heterosexual
 - b. Homosexual
 - c. Bisexual
 - d. Other

5. What is your current religion?
 - a. Catholic
 - b. Protestant
 - c. Christian
 - d. Muslim
 - e. Jewish
 - f. Buddhist
 - g. Hindu
 - h. Sikh
 - i. Other religions
 - j. No religious affiliation
 - k. Prefer not to respond

6. Over the course of your career, approximately how many clients have you treated with CBT approach?

Please include individual and group treatment.

7. Over the course of your career, approximately how many clients have you treated for OCD?

Please include individual and group treatment.

8. Have you attended seminars/workshops on the topic of OCD?

- a. Yes
- b. No
- c. Prefer not to respond

9. When was the last time you conducted therapy with an individual diagnosed with OCD?

Please include individual and group treatment.

- a. Within the last week
- b. Within the last month
- c. Within the last 3 months
- d. Within the last year
- e. Within the last 5 years
- f. Prefer not to respond

10. Have you heard of ERP?

- a. Yes
- b. No
- c. Prefer not to respond

11. Have you heard of the term Pure O?

- a. Yes
- b. No
- c. Prefer not to respond

12. Obsessions can form around:

- a. Contamination
- b. Homosexuality/Heterosexuality

- c. Religion
 - d. All of the above
14. Reassurance is helpful for OCD sufferers
- a. True
 - b. False
15. Thought stopping is effective for OCD
- a. True
 - b. False
16. Intrusive thoughts can come in the form of a command
- a. True
 - b. False
17. Compulsions only consists of physical rituals
- a. True
 - b. False
18. OCD can create false memories
- a. True
 - b. False
19. Obsessions are ego-syntonic.
- a. True
 - b. False
20. Thoughts of harming oneself or others are common in OCD?
- a. True
 - b. False
21. OCD can
- a. create false memories
 - b. cause dissociation
 - c. cause auditory or visual hallucinations
 - d. all of the above
 - e. A & B

- f. B & C
- g. A & C

(THESE QUESTIONS HAVE BEEN MODIFIED TO FIT THIS STUDY. ADAPTED FROM DUBRAVKA GAVRIC (2018) SURVEY): Exposure Based Treatment of Obsessive-Compulsive Disorder: Survey.

APPENDIX B
INFORMED CONSENT

Informed Consent

The study in which you are asked to participate is designed to examine how prepared are social workers to help their clients diagnosed with obsessive-compulsive disorder (OCD). The study is being conducted by Isabel Marin, a graduate student, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

Purpose: The purpose of the study is to understand social workers competence of diagnosing and treating the mental illness OCD.

Description: Participants will be asked a few questions on current employment and/or internship, primary theoretical orientation, diagnosis of OCD and treatment used.

Participation: Your participation in the study is voluntary. You do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and you can refuse to participate in the study or discontinue your participation at any time without any consequences.

Confidentiality: Any information gathered from the survey will remain anonymous. At no time during the study will any real names be used or asked for to ensure confidentiality. All the data gathered will be stored in a locked, password protected computer. All of the data gathered will be submitted to the faculty advisor.

Duration: It will take 5 to 10 minutes to complete the survey.

Risks: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation at any time.

Benefits: There will not be any direct benefits to participants. However, findings from the study will contribute to our knowledge in this area of research.

Contact: If you have any questions about this study, please feel free to contact Dr. Armando Barragan abarragan@csusb.edu .

Results: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://schoarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2022.

.....

I understand that I must be 18 years of age or older to participate in the study, I have read and understand the consent document and agree to participate in your study.

Place X here

Date

APPENDIX C
DEBRIEFING STATEMENT

Study of Decision-Making Processes Debriefing Statement

This study you have just completed was designed to understand a social worker's competence level while working with Obsessive Compulsive Disorder (OCD) clients. The first section of questions is in regards to experiences with OCD. The second section is of questions in regards to knowledge of OCD. I am interested in the experience level and competence level social workers have with OCD.

Thank you for your participation. If you have any questions about the study, please feel free to contact Isabel Marin at 005842599@coyote.csusb.edu or Professor Dr. Armando Barragan at (909) 537-3501. If you would like to obtain a copy of the survey results of this study, results of the study can be obtained from the Pfau Library Scholar Works database (<http://schoarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2022.

APPENDIX D
IRB APPROVAL

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5501 | fax: 909.537.7029
<http://socialwork.csusb.edu>

March 3, 2021

Dear Ms. Marin,

I am writing a letter of support for the IRB application of your proposed study to look at students' understanding of Obsessive Compulsive Disorder. You will be using a quantitative survey via Qualtrics to complete this study. I expect you will follow the protocols you have established and shared with me to maintain the protection of participants and their information during the study process.

Please let me know if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carolyn McAllister', written over a light blue rectangular background.

Carolyn McAllister, MSW, PhD
Associate Professor and Director
cmcallis@csusb.edu

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