



Perfectionism and Passion: A Summer on Unit at OCDI Jr.

Robert C. McGowan

The University of Scranton, Class of 2019



McLean Child and Adolescent OCD Institute

A Harvard Medical School Affiliate, McLean Hospital established its Child and Adolescent OCD Institute (OCDI Jr.) in 2015 as a residential and partial hospitalization program in Middleborough, Massachusetts for individuals ages 10 through 17 with moderate to severe or treatment-resistant obsessive-compulsive disorder (OCD).

Treatment also targets OCD's most common comorbid disorders, including major depressive disorder, social anxiety disorder, specific phobias, panic disorder, and separation anxiety disorder.

Though OCDI Jr. is an insurance-based program, patients may self-pay. Residents typically remain in the program for sixty days, though residents have stayed between two weeks and five months.



Research at McLean Hospital

McLean Hospital maintains the largest clinical research program of any private psychiatric hospital in the United States. Each summer, researchers present their work to student visitors during a series of seminars. This summer's presentations included:

- The Promise of Induced Pluripotent Stem Cells
- Characterizing Addiction & Sex Differences with fMRI
- The Neuroimmunology of Autism Spectrum Disorder

In addition to numerous basic and clinical research initiatives, McLean's Brain Tissue Resource Center (Brain Bank) is a national resource for the acquisition, processing, storage, and distribution of postmortem brain tissue. The Brain Bank is funded by the NIH and provides high-quality tissue to researchers investigating the neurological basis of mental disorders.



Mindfulness in Schools

This summer, I coauthored a book chapter for Oxford University Press' forthcoming *Using Mindfulness to Promote Mental Health in Schools*. This edited volume, written for practitioners, will serve as a practical introduction to understanding, selecting, applying, and evaluating mindfulness-based practices.

Divided into three sections, the text will broadly address conceptual and empirical foundations of mindfulness, mindfulness assessment, and mindfulness-based interventions in schools. Chapters in each part will explore narrower topics, including:

- Mindfulness Research with Students, Adults, & Caregivers
- Mindfulness-Based Professional Development for Teachers

My chapter provides an introduction to mindfulness measures for students. After discussing the importance of psychometrically valid mindfulness measures in general, I review the eight most commonly used measures.



Extending the Experience

This semester, I will continue my work at McLean through a collaboration with Dr. Christie Karpiak at the University of Scranton.

Currently, we are conducting a literature review of both empirical and conceptual articles about perfectionism. Perfectionism is typically defined as a tendency to set high performance standards and to be hypercritical of one's own performance (Frost, Marten, Lahart, & Rosenblate, 1990).

Perfectionism is a complex construct with both positive and negative facets. Studies have found robust correlations between perfectionism and academic achievement, life satisfaction, and psychopathology. Researchers have proposed several different typologies of perfectionism, though Hewitt & Flett (1991) have formulated the most well-known scheme.

Our research will focus on other correlates of perfectionism. McLean hospital will recruit participants for a clinical sample, while the Scranton research team will recruit participants for a community sample. Not only will this collaboration allow us to acquire an adequately sized sample, but it will also allow us to increase our sample's diversity.

Treatment Approach

Clinicians work closely with patients and their families to develop customized treatment plans. Despite this highly individualized approach, the primary treatment at OCDI Jr. is Exposure and Response Prevention (ERP). At McLean, ERP is incorporated into the Acceptance and Commitment Therapeutic (ACT) framework.

ERP is a third-wave cognitive behavioral therapy in which participants are exposed to anxiety-provoking ("triggering") stimuli and encouraged not to engage in behaviors that reduce anxiety.

Successful ERPs traditionally require reduced patient distress in the triggering stimulus' presence. When situated within the ACT framework, however, successful ERPs involve distressed patients engaging in valued activities. Distress reduction is not an ACT-based ERP goal, though distress often decreases across sessions.

In addition to ERP, patients and their families may also participate in Family Therapy and Dialectical Behavior Therapy (DBT) to improve treatment outcomes.

Additional Resources

For more information about OCDI Jr., please contact the institute's admissions staff at (774) 419-1182 or ocdi jr@partners.org.

For more information on my Royal Psychology Experience, please follow my blog on <http://sites.scranton.edu/careerservices/>.

Contact

Robert C. McGowan
The University of Scranton
Robert.mcgowan@Scranton.edu
<http://sites.Scranton.edu/careerservices/>

Acknowledgements

I would like to thank Dr. Lisa Coyne, Dr. Christie Karpiak, Lori Moran, and the entire McLean Hospital/OCDI Jr. staff. Without their support and guidance, this experience would not have been possible.