

COURSE SYLLABUS

SOUTHEAST MISSOURI STATE UNIVERSITY

Department of Educational Leadership and Counseling

Course No: CP-535

New: Spring 2008

Title of Course: Eating Disorders Counseling



THE COUNSELOR AS COMPETENT PROFESSIONAL EDUCATOR

I. Catalogue Description and Credit Hours of Course:

This course provides an overview of the etiology, diagnosis and treatment of eating disorders, including anorexia nervosa, bulimia, and binge eating disorder. Treatment is considered from a team-based approach to include psychological, cognitive, and physiological processes. Obesity and its relationship with eating disorders will also be addressed. (3 credit hours)

II. Prerequisites:

None

III. Purposes or Objectives of the Course:

- A. Students will describe the signs and symptoms of anorexia, bulimia, and binge-eating disorder, as well as identify appropriate resources for diagnosis. [CACREP 2001. Sec. II. K. 7. b, g, and h]
- B. Students will conceptualize cases and formulate treatment plans for case studies involving eating disorders based on the effectiveness of current modes of intervention and prevention within a treatment team. [CACREP 2001. Sec. II. K. 5. c]
- C. Students will describe the co-occurring psychological disorders and the treatment considerations typically associated with eating disorders. [CACREP 2001. Sec. VI. Standards for Community Counseling. C4]
- D. Students will identify the medical and psychological implications of obesity and how it relates to eating disorders. [CACREP 2001. Sec. VI. Standards for Community Counseling. C4]

- E. Students will understand how trauma and the dimensions of culture contribute to the development of eating disorders, as well as body image disturbances. [CACREP 2001. Sec. II. 2. b]
- F. Students will apply family systems concepts when identifying effective treatment strategies for eating disorders and facilitating individual development using a team-based approach. [CACREP 2001. Sec. II. 3. a]
- G. Students will learn effective methods of intervention for eating disorders when working in groups. [CACREP 2001. Sec. II. 6. d]
- H. Students will gain insight into personal reactions regarding food and body image and how those reactions impact client development in the counseling relationship. [CACREP 2001. Sec. II. 2. d]

IV. Expectations of Students:

- A. The student will be expected to complete all reading assignments and be prepared to contribute to classroom learning process.
- B. The student will be expected to participate in class discussions, activities, and role playing that facilitates their ability to conceptualize, plan, and treat eating disorders.
- C. The student will be expected to actively participate in self-reflection and growth towards being a more effective counselor.
- D. The student will be expected to demonstrate an understanding of the clinical features of eating disorders and how they are diagnosed.

V. Course Content:

Class Hours

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| <ul style="list-style-type: none"> A. Overview of Eating Disorders <ul style="list-style-type: none"> 1. Rising incidents of eating disorders 2. Research and future directions 3. Multicultural considerations B. Diagnosis of Anorexia, Bulimia, Binge-eating Disorder and Their Variations <ul style="list-style-type: none"> 1. Definitions 2. Methods of assessment 3. Medical complications 4. Co-occurring psychological diagnoses 5. Levels of intervention C. Obesity in Relation to Eating Disorders | <p>3</p> <p>3</p> <p>3</p> |
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1.	Definition	
2.	Medical complications	
3.	Psychological consequences	
D.	Perspectives on Eating Disorders	6
1.	Family systems	
2.	Sociocultural	
3.	Biology and the role of genetics	
E.	Psychological and Social Considerations	9
1.	Trauma and abuse	
2.	Gender	
3.	Culture	
4.	Body image disturbances	
5.	Dieting	
F.	Approaches to Treatment in Teams	12
1.	Cognitive Behavioral	
2.	Psychodynamic	
3.	Behavioral	
4.	Psychopharmacology	
5.	Other forms of treatment	
6.	Prevention	
G.	Countertransference	3
1.	Body dissatisfaction	
2.	Personal biases and blocks to effective treatment	
3.	Personal experiences in relation to client issues	
4.	Being therapeutic	
H.	Working with Families	6
1.	Determining family system type	
2.	Facilitating individual development	
3.	The effect of anger on families	
VI.	Textbook:	
	Fairburn, C., & Brownell, K. (Current Edition). <i>Eating disorders and obesity: A comprehensive handbook</i> . New York: Guilford Press.	
VII.	Basis for Student Evaluation:	
A.	Write a ten to twelve page review of the literature on an eating disorders related topic of your choice. Possible topics include eating disorders in males, nutritional consequences of eating disorders, the role of family in the development of eating disorders, and eating disorders among athletes. include at least 12 references from	

professional journals. Use APA style within the paper and for your reference list. Present your findings to the class.

- B. Write a summary and clinical interpretation after viewing a video-taped case on eating disorders. Discuss the implications for treatment and how each member of the treatment team would effectively intervene. Consider the appropriate level of treatment, research-based forms of effective treatment, nutrition, how the family is be included in treatment, and the continuum of care in considering follow up treatment.
- C. Summarize and present a peer-reviewed journal article addressing treatment issues for body image disturbances.
- D. Develop a program for the prevention of body image disturbances. Identify the population you are targeting, the setting for your program, the objectives, the program activities and rationale to meet the objectives. Also include an assessment component in your program to assess progress in achieving the objectives. Consider culture, gender, and trauma when developing your program. Include references.
- E. Consider your role in the eating disorder treatment team and how you may facilitate and hinder client progress. Write in a personal self reflection journal weekly to express your own reactions to course material, your relationship with food, and the issues associated with eating disorders.
- E. All students are expected to participate in class discussions, activities, and role plays. From a constructivist orientation, each member of the class contributes to the overall learning process.
- F. Two written examinations will be given, one at midterm and one final.

VIII. Grading Scale:

Course Components	Undergraduate Scale	Graduate Scale
Class Participation	10%	10%
Movie Conceptualization	15%	10%
Journal	15%	10%
Literature Review	15%	10%
Body Image Presentation	15%	10%
Exam 1	15%	15%
Final Exam	15%	15%
Prevention Program	0%	20%
Total	100%	100%

Additional Requirements for Graduate Students:

1. Graduate students will each be given a different case study involving Eating Disorders. Each student is to present to the class their diagnosis of the case, theoretical framework for conceptualizing the case, goals for counseling, recommended setting for treatment, therapeutic interventions, and implications for counseling. Presentations are to include the use of technology and handouts.
2. All individual writing assignments are to be completed in greater length and detail to demonstrate a deeper understanding of course material than undergraduate assignment completion.

Final Letter Grade for Undergraduates:

A	100-90%
B	89-80%
C	79-70%
D	69-60%
F	Below 60%

Final Letter Grade for Graduates:

A	100-90%
B	89-80%
C	79-70%
F	Below 60%

The weight of evaluation criteria may vary at the discretion of the instructor and will be indicated at the beginning of each course. NOTE: Grading for graduate students does not include *D*.

IX. Academic Policy Statement:

Students will be expected to abide by the University Policy for Academic Honesty regarding plagiarism and academic honesty. Refer to <http://www6.semo.edu/judaffairs/code.html>

X. Reasonable Accommodation for Students with Disabilities:

If you have a diagnosed disability or believe that you have a disability that might require “reasonable accommodation” on the part of the instructor, please contact the Learning Enrichment Center, University Center, Room 302, 651-2273 or TDD 651-5927. As a

part of the Americans with Disabilities Act, it is the responsibility of the student to disclose a disability prior to requesting reasonable accommodation.

XI. Knowledge Base References:

References:

- Bardick, A., Bernes, K., McCulloch, A., Witko, K., Spriddle, J., & Roest, A. (2004). Eating Disorder Intervention, Prevention, and Treatment: Recommendations for School Counselors Professional School Counseling, v8 n2 p168 Dec 2004
- Bryant-Jefferies, R. (2006). *Counselling for eating disorders in women: Person-centred dialogues*. Seattle: Radcliffe.
- Carter, J., Bewell, C., Blackmore, E., & Woodside, D. (2006). The Impact of Childhood Sexual Abuse in Anorexia Nervosa. *Child Abuse & Neglect: The International Journal*, (30)3, 257-269.
- Christian, S. S. (Ed.). (1996). *Working with groups to explore food & body connections : eating issues, body image, size acceptance, self-care*. Duluth: Whole Person Associates.
- Davey, C., & Bishop, J. (2006). Muscle dysmorphia among college men: An emerging gender-related counseling concern. *Journal of College Counseling*, (9)2, 171.
- Fairburn, C. (1995). *Overcoming binge eating*. New York: The Guilford Press.
- Garner, D. M., & Garfinkel, P. E. (Eds.). (1997). *Handbook of treatment for eating disorders*. New York: Guilford Press.
- Gilbert, S. (2005). *Counselling for eating disorders*. Thousand Oaks: Sage.
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- Hilbert, A., Saelens, B. E., Stein, R. I., Mockus, D., Welch, R., R., Matt, G., & Wilfley, D. E. (2007). Pretreatment and process predictors of outcome in interpersonal and cognitive behavioral psychotherapy for binge eating disorder. *Journal of Consulting and Clinical Psychology*, 75(4), 645-651.
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York: Columbia University Press.

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- Levine, M. (1987). *Student eating disorders: Anorexia nervosa and bulimia*. Washington, D.C.: National Education Association.
- Lock, J., Agras, W. S., Bryson, S., & Kraemer, H. (2005). A comparison of short- and long-term family therapy for adolescent anorexia nervosa. *Journal of the American Academy of Child and Adolescent Psychiatry*, (44)7, 632.
- Locke, J., le Grange, D., Forsberg, S., & Hewell, K. (2006). Is family therapy useful for treating children with anorexia nervosa? Results of a case series. *Journal of the American Academy of Child and Adolescent Psychiatry*, (45)11, 1323-1328.
- Mathieson, L., & Hoskins, M. (2005). Metaphors of change in the context of eating disorders: Bridging understandings with girls' perceptions *Canadian Journal of Counselling*, (39)4, 260-274.
- Mitchell, J. E. (Ed.). (2001). *The outpatient treatment of eating disorders: A guide for therapists, dietitians, and physicians*. Minneapolis: University of Minnesota Press.
- Ray, S. (2004). Eating disorders in adolescent males. *Professional School Counseling*, (8)1, 98.
- Silviken, A., & Kvernmo, S. (2007) A review of eating disorders in athletes: Recommendations for secondary school prevention and intervention programs. *Journal of Adolescence*, (30)4, p613-626.
- VanBoven, A., & Espelage, D. (2006). Depressive symptoms, coping strategies, and disordered eating among college women. *Journal of Counseling and Development*,
- Waterhouse, D. (1997). *Like mother, like daughter: How women are influenced by their mothers' relationship with food - and how to break the pattern*. New York: Hyperion.
- Zraly, K., & Swift, D. (1990). *Anorexia, bulimia, and compulsive overeating: A practical guide for counselors and families*. New York: Continuum.

Websites:

Eating Disorder Referral and Information Center: <http://www.edreferral.com/>

National Eating Disorders Association: www.nationaleatingdisorders.org/

DEPARTMENTAL APPROVAL DATE 9/20/2007

COLLEGE COUNCIL APPROVAL DATE _____