LESSON PLAN: ATTITUDES TOWARD OBSESSIVE COMPULSIVE DISORDER (OCD)

Key Stage 3 or 4; PHSE

AIMS To assess students' attitudes toward Obsessive Compulsive Disorder.

INTENDED LEARNING OUTCOMES
By the end of the lesson students will be aware of their own attitude towards Obsessive Compulsive Disorder

WHAT YOU WILL NEED
HANDOUT
- What is Obsessive Compulsive Disorder?
HANDOUT B
- Nigel - case study

Total estimated time: 60 minutes

EVALUATION/ASSESSMENT
Assess students from any of the following:
• Discussion
• Flip chart on classroom discussion

CORE ACTIVITY:
• Introduce Obsessive Compulsive Disorder
• Handout A: Students take turns reading out loud
• Handout B: Students discuss in pairs Nigel's routine and how his school day is different from their own With whole class share ideas and discuss.

HANDOUT A WHAT IS OBSESSIVE COMPULSIVE DISORDER (OCD)?

Obsessive Compulsive Disorder (OCD) is the name given to a condition in which people experience repetitive and upsetting thoughts and/or behaviours. OCD has two main features: obsessions and compulsions.

OCD is much more common than was previously thought. Prevalence estimates suggest that 1-2% of the UK population has OCD. One reason why the prevalence of OCD has been underestimated in the past is that people with OCD are often afraid to seek help. They worry that other people will think they are mad, and often do not know that their disorder is a recognised condition with effective treatments. 1-3% of young people also suffer from OCD. In fact, many adults with OCD had symptoms in childhood.

Obsessions are involuntary thoughts, images or impulses. Common obsessions include, but are not limited to, fears about dirt, germs and contamination; fears of acting out violent or aggressive thoughts or impulses; unreasonable fears of harming others, especially loved ones; abhorrent, blasphemous or sexual thoughts; inordinate concern with order, arrangement or symmetry; inability to discard useless or worn out possessions; and fears that things are not safe, (e.g. household appliances). The main features of obsessions are that they are automatic, frequent, upsetting or distressing, and difficult to control or get rid of. Just as with obsessions, there are many types of compulsions. It is common for people to carry out a compulsion in order to reduce the anxiety they feel from an obsession.

Common compulsions include observable actions such as excessive washing and cleaning, checking, repeatedly touching, counting, arranging and ordering, hoarding, ritualistic behaviours that lessen the chances of provoking an obsession (e.g. putting all sharp objects out of sight) and acts which reduce obsessional fears (e.g. wearing only certain colours).

Compulsions can also be mental rituals that are not observable. These include repeating words or phrases, counting, or saying a prayer. Again, not all types of compulsion are listed here. The main features of compulsions are they are repetitive and stereotyped actions that the person feels forced to perform.

People can have compulsions without having obsessional thoughts but, very often, these two occur together. Carrying out a compulsion reduces the person's anxiety and makes the urge to perform the compulsion again stronger each time.

Almost everybody experiences the type of thoughts that people with OCD have (e.g. wanting to double-check the front door or the gas). However, most people are able to dismiss these thoughts. People with OCD cannot ignore unpleasant
thoughts and pay undue attention to them. This means that the thoughts become more frequent and distressing and, over time, they can affect all areas of a person’s life, often their job and their family and social life. People with OCD can, however, appear to function perfectly normally despite being greatly distressed. This often makes it possible for people with OCD to hide their OCD (because of this, OCD has often been called the ‘secretive disorder’).

It is important to remember that severity of OCD differs markedly between people but each person’s distress is very real. People with OCD are not ‘mad’ or dangerous and do not carry out their unpleasant thoughts. Many very intelligent and successful people have OCD.

Most people with OCD know that their thoughts are excessive or irrational but the anxiety they feel makes the thoughts difficult to ignore. Support and understanding is vital. The cause of OCD is much debated but it is likely to result from a combination of factors. In addition to this the cause for one person may differ from that for another. OCD can run in families and, in some cases, may be associated with an underlying biochemical imbalance in the brain. Psychological factors such as susceptibility to stress or exposure to an emotionally traumatic experience are also likely to be in evidence. The good news is that, for the majority, OCD can be effectively controlled and treated with the help of therapy.

**HANDOUT B**  
**OBSESSIVE COMPULSIVE DISORDER (OCD) CASE STUDY**

**NIGEL**

I was diagnosed with Obsessive Compulsive Disorder when I was eleven. However, I never got cognitive behaviour therapy till recently. Now I am fifteen. Even as a little kid my mum says that I had some weird habits. I feel like it gets in the way of everything. I have a strict routine from morning to night. I do alright at school, but I know the kids think I am weird. I guess I am. But, I have no control over it. When I get up in the morning, I have to turn my light on and off five times before I can leave my bedroom for the bathroom. My morning routine to get ready from how many times I brush my teeth to how many times I comb my hair is very structured. The clothes in my cupboard are folded and hung a certain way. A good, practical way but not just shoved and slumped about like in my younger brother’s room.

After I eat my breakfast, I must wash my hands before I touch my book bag. I get stuck in the door sometimes, on my way to school. Not physically stuck, but I can’t go anywhere till I check for my front door key, again five times. On the way to school I fight the urge to open my backpack to check that my key is still in there.

It used to be worse, than this. I have CBT training and I am working on me controlling my OCD and not the other way around. I take medication to help. Some days are better than others. Near exam time my stress gets much worse and I ‘tick’, constantly during an exam. This means I get locked in a behaviour like wiping my hand across my forehead repeatedly. I take my exams in the teacher work area of the library. It is nice and quiet back there and if I start to tick the special needs teacher will let me know.

During school, I have trouble leaving my locker because I need to check it over and over to make sure that my books are where they are supposed to be. As I walk to class I look down. I am afraid if I let my feet touch a certain part of the pattern in the floor tiles, something very bad will happen. It never does.

Sometimes, secretly, I am afraid that if my mum doesn’t hug me six times every day something bad will happen to her. It never has, but still I worry.

My evening routine is just as demanding as my morning routine. I am hoping to get better. I have started CBT and medication and I hope that helps.