

# GET THE DEMONS OUT OF MY HEAD: A Guide To Obsessive Compulsive Disorder (OCD)



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This diary entry describes the worries, distractions, irrational ideas, thoughts, rituals and urges of a number of students with whom you come into contact. Over 2% of students will have this anxiety related disorder and condition known as Obsessive Compulsive Disorder (OCD). Children are distressed by or limited in everyday functioning by obsessions and compulsions. For example, they might wish to continually wash their hands.

### Diary Entry:

Tonight before going to bed, I had to keep going to the bathroom to wash my hands. The reason for this was because this afternoon I tried on a blouse that had a mark on it. To me the mark looked like blood and this worried me because I thought I might catch some illness from this mark. In my mind if I keep washing my hand it means no harm will come to me.

OCD is an anxiety related disorder in which the sufferer is distressed by or limited in everyday functioning by obsessions and compulsions. They have no control over certain thoughts, ideas or urges and these can often be frightening or distressing or seem so unacceptable that the sufferer cannot share them with other people. According to the World Health Organisation OCD is listed as one of the ten most debilitating illnesses. It occurs in males and females in equal numbers.

It is perfectly normal to have worries and normal worrying helps children to learn how to be safe and careful. However worries associated with OCD are so intense that the brain plays them over and over again and the feelings become obsessions. Sufferers will perform various actions that they think will make the worry go away or stop bad things happening. These actions are called compulsions and people can spend many hours a day doing them.

### Obsessions:

These are recurrent and persistent thoughts or impulses which are intrusive and inappropriate and cause a great deal of anxiety or distress. The person will recognise that the obsessional thoughts are not based on reality but will be unable to control them and will attempt to ignore or suppress such thoughts by performing some action (compulsion). For example an obsessional thought could be that the person is afraid of catching a particular illness and the compulsion will be repeated handwashing. In their mind the person thinks that unless they wash their hands they will get the illness.

Other examples of obsessions are:

- Fear of contamination or germs
- Imagining doing harm
- 'Forbidden thoughts'
- Pre-occupation with detail – rules, lists etc
- Making mistakes or getting things wrong
- Unable to throw away possessions that are no longer needed
- Fear of a loved one dying

**Compulsions:**

Compulsions are repetitive behaviours a person needs to perform in response to an obsession. These compulsions are aimed at preventing or reducing distress or preventing some dreaded event or situation occurring. However there is no realistic connection between performing these acts and preventing that supposed dreaded situation. They don't want to perform these rituals but it is the only way they feel they can stop these bad feelings.

Examples of compulsions are:

- Checking things over and over again
- Repeated handwashing
- Symmetry – ordering and arranging things in a particular way
- Rigid routines
- Not stepping on cracks on paving stones
- Repeating certain rituals

Children with OCD find it hard to concentrate on anything else and it can take the fun out of everything. They are driven to do these repetitive behaviours or mental acts in response to an obsession or according to their made up rules that they must apply rigidly.

OCD can be hereditary and it can also be a learned behaviour, especially if one or both parents have had a similar anxiety and shown similar behaviour. It can also be caused by an imbalance of a chemical called serotonin in the brain. It is also linked to trauma, often developing after bereavement or abuse and may be triggered by particular memories and experiences.

Without treatment OCD is usually a lifelong illness with periodic worsening and improvement of symptoms. Cognitive Behaviour Therapy (CBT) can be used to help children face the very situation they fear without having to resort to their rituals. This has to be done gradually. Coping strategies are introduced and children are encouraged to log the frequency of their worrying thoughts. Many obsessions and compulsions can be reduced to a point where they no longer interfere with normal life or are eliminated altogether. Some children may also find counselling of use. Medication can provide an almost instant relief to people suffering from OCD but it should be used together with other coping strategies.

Knowing how to respond to a child who suffers from OCD can help them to overcome some of their fears. It is important to show patience, kindness and to be sympathetic. However do not tell them to stop performing their ritual but at the same time do not actively support their behaviour.

Atkinson, M. and Hornby, G. (2002) suggest the following strategies can be used with children who suffer from OCD:

- Provide parents, carers and children with information about OCD.
- Reduce anxiety provoking situations (e.g. the playground)
- Create a positive classroom environment
- Address learning needs
- Be aware of signs of relapse
- Set reasonable limits for behaviour
- Foster friendship with peers

**Case Study:**

A 10 year old child who recently suffered the death of a close family member has started to wash his hands very frequently. His hands look red and sore but he finds it impossible to stop washing them. He looks worried and self absorbed but will not say what his problem is. He frequently asks to be reassured about situations that seem trivial and unimportant.

This child was diagnosed with OCD and was offered counselling and cognitive behaviour therapy. At first he resisted believing that he had a problem and was loathe to talk to his counsellor. However after allowing time to build a trust between him and his counsellor he was able to learn ways to reduce his worries and his handwashing. Medication was also advised and together with strategies given to him by his counsellor and

support and a great deal of patience from his parents and those close to him, he managed to get his life back to a greater degree of normality. These strategies included:

- Writing down each worry with the time the worry occurred and the reason for the worry.
- Distraction techniques – go and do a puzzle or read a book or do something you enjoy doing.
- Visualisation – pick a place where you feel relaxed and happy and when you get a worry think of this place.
- If you give in to the worry (for example, keep washing your hands) the worry will get worse. If you resist the worry, no matter how hard, the strength of the worry will decrease and the time between occurrences of the worry will increase.

He has spells of coping well but can also relapse and start washing his hands too frequently, usually when he is tired or when a stressful incident occurs in his life. He is always aware of his worries but as long as he uses the techniques learned from his counsellor he is able to put them to the back of his mind.

It is important to look for the signs indicated in this article to show that a learner might have OCD and to make a referral expressing your concerns to the appropriate member of staff. The websites listed below give a lot of useful information on supporting learners with OCD. Most interventions and support should initially be made by a medical practitioner.

### **Useful books and websites**

Toates, F. (1990) Obsessive Compulsive Disorder. What is it? How to deal with it. Harper Collins. London

[www.ocduk.org](http://www.ocduk.org) - a charity run by sufferers of OCD for sufferers providing facts about OCD

[www.livingwithocd.co.uk](http://www.livingwithocd.co.uk) - Information and advice on how to beat the disorder.

### **Article taken from:**

[www.BehaviourSolutions.com](http://www.BehaviourSolutions.com)