
Unit Specification

UMH7 – Understanding obsessive compulsive disorder (OCD)

Unit reference number: H/618/6287

Level: 2

Guided Learning (GL) hours: 9

Overview

Learners will develop an understanding of obsessive compulsive disorder. Learners will explore what is meant by the term obsessive compulsive disorder (OCD), the possible causes and the impact that OCD has on the individual and others. Learners will also explore the management and support options that are available for people suffering from OCD.

Learning outcomes

On completion of this unit, learners will:

LO1 Understand obsessive compulsive disorder (OCD)

LO2 Understand the causes of obsessive compulsive disorder (OCD)

LO3 Understand how OCD can affect individuals and others

LO4 Understand how to manage and support people with OCD

Unit content

LO1 Understand obsessive compulsive disorder (OCD)

Know what is meant by the term obsessive compulsive disorder (OCD)

Taught content

- Obsessive compulsive disorder (OCD) is a common, anxiety related, mental health condition where individuals have obsessive thoughts and compulsive rituals and behaviours
- Obsessions can be very distressing and lead to repetitive behaviours or rituals
- Compulsions are the behaviours and rituals that an individual engages in to deal with the obsessive thoughts
- OCD can affect people of all ages but typically starts during early adulthood
- OCD affects 1.2% of the population in the UK, regardless of gender, social or cultural background
- Approximately 50% of these cases fall into the severe category (OCD UK 2020)
- Recent evidence suggests that OCD is more prevalent in women than men. This may be due to the increased reporting of the condition by women compared to men
- OCD presents itself in many guises and should not be seen as just a preoccupation with 'hand washing'
- The World Health Organisation recognise OCD as one of the leading causes of disability globally (WHO 1990)
- As a recognised disability it should be noted that this condition is an illness that disrupts normal physical and mental function
- It has been traditionally considered that a person's OCD will fall into one of these five main categories:
 - Checking
 - Contamination/Mental Contamination
 - Symmetry and ordering
 - Ruminations/Intrusive Thoughts
 - Hoarding

Know the difference between obsessions and compulsions

Taught content

- There are two significant aspects to OCD, obsessions and compulsions
 - Obsessions
 - Obsessions can be described as repetitive and uncontrollable thoughts that are difficult for an individual to ignore
 - Obsessional thoughts usually produce a sense of discomfort or unease and lead to compulsions
 - Obsessions can also lead to an increase or trigger in anxiety
 - Research shows that occasional intrusive thoughts can be normal even for those without OCD, it is the way that people interpret and deal with the thought that is the key to understanding OCD (Purdon and Clark 1993)

- Examples of common obsessions include (not exhaustive):
 - Worrying that you or something/someone/somewhere is contaminated
 - Worrying about catching a particular illness
 - Worrying that everything must look and feel arranged at a specific position
 - Sexually disturbing thoughts
 - Worrying that something terrible will happen if things are not in order
 - Unwanted and intrusive thoughts about violence
 - Having the unpleasant feeling that you are about to shout out obscenities in public
- Compulsions
 - Compulsions are the purposeful behaviours and deliberate actions that someone with OCD will use to respond to or deal with their unwanted intrusive thoughts or obsessions
 - Compulsions bring some relief to the individual but this does not typically last long
 - Even though some people experience a resistance to these behaviours and actions, these are usually overridden by a strong drive to perform the action
 - The behaviours and actions are typically performed in a rigid and structured manner
 - A compulsion can be described as overt, which is observable to others (e.g. checking things repeatedly), or covert, which is unobservable to others (e.g. repeating a specific phrase or word in the mind)
 - Examples of common compulsions include (not exhaustive):
 - Mental reassurance of trying to remember a particular incident or event
 - Repeated checking, e.g. switches, doors, taps
 - Mental rituals to attempt to 'neutralise' an obsessional thought
 - Excessive washing of one's hands or body
 - Checking that items are arranged 'just right'
 - Avoiding particular places, people or situations to avoid an OCD thought
 - Saying out loud (or quietly) specific words in response to other words
 - Hoarding

LO2 Understand the causes of obsessive compulsive disorder (OCD)

Know the risk factors and possible causes of OCD

Taught content

- It is currently not known if there is a definitive cause for why a person may develop OCD. However, the following could play a part in the potential causes of risk factors associated with OCD
 - Biological theories
 - Some theories suggest that OCD is linked to genetic or biological causes. These can be in the form of genetic defects or chemical imbalances in the brain. For example:
 - There is some evidence to suggest that anxiety can run in families
 - Some studies have shown that a person with OCD is more likely to have another family member with OCD than a person who does not have the disorder
 - Some children may have had their OCD triggered by infections. These are often referred to as Paediatric Autoimmune Neuropsychiatric Disorders associated with Streptococcal Infection (PANDAS)
 - A biological imbalance of serotonin in the brain has been linked to the cause of OCD
 - Psychological theories
 - Learning theory suggests that OCD may be a result of developing learned negative behaviours and responses
 - Behavioural theorists have proposed that ritualistic behaviours are a form of learned avoidance
 - Cognitive theorists suggest that people with OCD misinterpret their intrusive thoughts which then leads to OCD behaviours
 - Other factors associated with the causes and risks factors for OCD:
 - Environmental factors such as a stressful upbringing, work pressures
 - Traumatic life events are sometimes thought to trigger, not cause, OCD
 - Depression is associated with making OCD symptoms worse, and is often seen as a consequence of OCD too
 - The presence of other mental health conditions

LO3 Understand how OCD can affect individuals and others

Know how OCD can affect the individual and others

Taught content

- OCD can have a devastating effect on people's lives and presents a considerable burden to the individual, their family, health services, and on society as a whole
- The WHO has classified OCD as one of the top 10 most disabling illnesses, in terms of diminished quality of life, and the 5th leading cause of disease burden in women aged 15-44 (OCD-UK 2017)
- Behaviours and compulsions can lead to devastating lifestyle changes including:
 - Physical damage to oneself
 - Substance abuse
 - Becoming housebound
- OCD can, therefore, negatively impact on people's lives through the disruption of:
 - Education
 - Employment
 - Career development
 - Relationships with partners, parents, siblings and friends
 - Starting a family
 - Access to own children
 - Quality of life (because of social isolation or interaction issues)
- OCD, compared with other anxiety related disorders, is associated with more marked social and work related occupational impairment
- It is estimated that, on average, a person with OCD loses 3 years of income over their lifetime
- OCD can also have an impact on friends and family members as their condition can interfere with these relationships
- Sometimes family members may become entwined with the obsessive and compulsive behaviours – for example family members may go to extreme measures to contaminate areas of the home
- Financial problems may occur if severe OCD causes family members have to give up work for care reasons or an individual with OCD can no longer work

LO4 Understand how to manage and support people with OCD

Know the treatments and therapies available for people experiencing for OCD

Taught content

- OCD is typically treated with the following evidence based treatments (NICE 2005)
 - Cognitive behavioural therapy (CBT)
 - Exposure and response prevention (ERP), and
 - Medication
- CBT appears to be the most effective in treating OCD. CBT can help you to understand how you think about yourself and the things around you and how that affects your reaction to situations
- ERP helps you deal with situations or things that make you anxious or frightened. With the support of your therapist, you are 'exposed' to whatever makes you frightened or anxious. It is recommended that REP is offered alongside CBT (NICE 2005)
- Your doctor may offer you a type of antidepressant called an SSRI to help with your OCD. SSRI stands for selective serotonin reuptake inhibitor
- Generally, medication is not recommended as a sole treatment method
- Adults with OCD with severe functional impairment should be offered combined treatment with an SSRI and CBT (including ERP) (NICE 2005)
- Other therapies and treatment advice may include:
 - Hypnotherapy, NLP, Mindfulness
 - Healthy lifestyle changes that positively impact mood and well-being e.g. regular exercise
 - Self-help, e.g. self-help books and support groups

Know the organisations available to help with the management and support of OCD

Taught content

- OCD UK – The national OCD charity, run by and for people with lived experience of OCD <https://www.ocduk.org>
- Mind – Explains what obsessive-compulsive disorder (OCD) is, including possible causes and how you can access treatment and support <https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/useful-contacts/>
- ocdaction – provide support and information to anybody affected by OCD, work to raise awareness of the disorder amongst the public and front-line healthcare workers <https://ocdaction.org.uk>
- NHS – information and advice on OCD <https://www.nhs.uk/mental-health/conditions/obsessive-compulsive-disorder-ocd/overview/>

Guide to taught content

The content contained within the unit specification is not prescriptive or exhaustive but is intended to provide helpful guidance to teachers and learners with the key areas that will be covered within the unit and relating to the kinds of evidence that should be provided for each assessment objective specific to the unit learning outcomes.

Assessment requirements

1. Knowledge outcomes

Learners must complete an external theory examination for this unit. This will consist of a multiple-choice question paper which is mapped to the relevant assessment criteria stated below. The theory examination will test the knowledge and understanding from across learning outcomes 1, 2, 3 and 4.

Learners should use the unit content sections of this unit to aid revision since exam questions will test the full breadth of content over time.

Learning Outcome	Assessment Criteria	Assessment requirement
LO1 Understand obsessive compulsive disorder (OCD)	1.1. Describe what is meant by the term obsessive compulsive disorder (OCD)	External theory examination
	1.2. Differentiate between 'obsessions' and 'compulsions'	

Learning Outcome	Assessment Criteria	Assessment requirement
LO2 Understand the causes of obsessive compulsive disorder (OCD)	2.1. Describe the risk factors and possible causes of OCD	External theory examination

Learning Outcome	Assessment Criteria	Assessment requirement
LO3 Understand how OCD can affect individuals and others	3.1. Explain how OCD can affect an individual and others	External theory examination

Learning Outcome	Assessment Criteria	Assessment requirement
LO4 Understand how to manage and support people with OCD	4.1. Describe the treatments and therapies available for people experiencing OCD	External theory examination
	4.2. Outline two organisations available to help with the management and support of OCD	

Document History

Version	Issue Date	Changes	Role
v1.0	01/04/2021	First published	Product and Regulation Manager