

Course project proposal

Psychology



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Project Proposal – Obsessive-Compulsive Disorder (OCD) Outline Introduction
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Introduction

Obsessive-Compulsive Disorder (OCD) causes severe distress and reduced quality of life among individuals afflicted with it. It is considered to be among the top ten disabling disorders. According to the National Comorbidity Survey Replication the life time prevalence of OCD is 2.3% and the 12-month prevalence is 1.2% (Albrecht, 2011).

Obsessive-Compulsive Disorder (OCD)

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) classifies OCD under anxiety disorders. Factors included in the differential diagnosis of OCD are depressive ruminations, generalized anxiety disorder, posttraumatic stress disorder, and schizophrenic and manic delusions. The characteristic features of OCD are recurrent obsessions and compulsions that are spread over a long period of time, typically more than an hour each day. Early childhood or adolescence is usually the period when OCD occurs, and there is no gender bias in the prevalence of the disorder. Though a strong genetic component is associated with the development of the disorder, environmental factors do have a role to play in the development of the disorder (Albrecht, 2011).

Slow onset of symptoms, with a time interval of several years for the full

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blown disorder to manifest is the characteristic of OCD. The deviation from this, with rapid onset of symptoms, may occur at times due to a traumatic event. The course of the disorder may result in a chronic disorder or a fluctuating disorder. The prognosis of the disease is better through resistance to the compulsions, than in yielding to the compulsions (Zohar et al, 2003).

Treatment of Obsessive-Compulsive Disorder (OCD)

Empirically consistent relationship among symptoms and treatment procedures, with a specific outcome is the basis of cognitive-behavioral therapy (CBT), which is a time-limited, structured, and active psychological treatment. In the case of OCD the symptoms of the patient are seen by CBT as maladaptive patterns of thinking and behaving. CBT targets the weakening of these patterns, by helping patients to develop and implement a new set of skills that are effective in weakening the maladaptive patterns (Abramowitz, 2008).

Conclusion

OCD is a mental disorder that causes severe distress in patients and reduces their quality of life. Onset of symptoms usually occurs at a young age, with a prognosis of chronic OCD. CBT offers an effective non-pharmacological treatment for OCD.

Literary References

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