

Cognitive behavioral therapy and school education for obsessive-compulsive disorder

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Abstract: Now, obsessive-compulsive disorder has gradually entered people's life, it is no longer ignored. But a major group of people with OCD, teenagers, are getting confused. They suffer from compulsive behaviors such as double-checking and recalling. But we have found a new way to alleviate this dilemma. This approach, known as cognitive behavioral therapy, has been accepted by academics in recent years as an effective treatment for obsessive-compulsive disorder. In any case, the starting point is how to better improve the efficiency of treatment and the quality of life of patients. Here, we combine schooling with cognitive behavioral therapy, hoping to provide new ideas for future treatment of OCD. Through a series of studies on adolescent obsessive-compulsive disorder and cognitive behavioral therapy, we can generally conclude that this therapy has a positive effect on the treatment of obsessive-compulsive disorder. Conclusion Behavioral and cognitive training can effectively eliminate obsessive behavior and obsessive thinking, relieve the subjective pain of help-seekers, and restore their life function. When we combine the treatment with school education, the results are even better.

1. Introduction

Obsessive-compulsive disorder (OCD) is a chronic progressive mental disorder mainly manifested by obsessive thinking and compulsive behavior, with a lifetime prevalence of about 1% ~ 3%. According to WHO, OCD is one of the 10 most disabling diseases in the world, often leading to severe mental disability, poor quality of life, and a serious burden on the family.

Teenagers are in the rapid development of adolescence, physiological significant changes, rapid psychological development and heavy academic stress, to bring them great pressure. Previously, people do not pay attention to the existence of obsessive-compulsive disorder, now, forced disorder has become a common disease in the psychiatric department. In the United States, an estimated 2% of children have OCD. If left untreated, OCD can have a significant impact on a child's daily functioning and the family's ability to cope. OCD can cause anxiety and distress and reduce quality of life. Cognitive-Behavioral Therapy (CBT) is an effective treatment for obsessive-compulsive disorder in children and adolescents.

2. Research methods, technical route, experimental scheme to be adopted and feasibility analysis

The experimental group and control group were given fluoxetine 10 mg /d(after breakfast) and diazepam 2.5 mg /d(fixed before bed), respectively. The experimental group received behavioral and cognitive training once a week for 3 weeks. The first week was behavioral completion training, the second week was cognitive training, and the third week was a review and consolidation of the previous two weeks of behavioral and cognitive training. The control group did not take other measures.

After 6 weeks, the total score, obsessional thinking factor score and obsessional behavior factor score of the experimental group were significantly lower than those of the control group [1].

3. Discuss

Studies have shown that middle school students with obsessive-compulsive disorder have negative cognitive tendency. According to social cognition theory, the formation of depression is related to the negative cognitive tendency. Beck pointed out that the negative cognitive tendency acts as an intermediary to lead to the generation of depression. It can be seen that both OCD and depression patients have negative cognitive tendency [2].

In order to break this vicious circle, we have carried on recognition and behavior training to them, so that their thinking plot is complete, so that their behavior link is complete, so as to reduce the burden on the brain, so that the normal function of the brain can recover.

The results showed that the compulsive behaviors of the test group were effectively controlled by the behavioral integrity training in the first week. Cognitive training at week 2 significantly reduced obsessions in the experimental group. The third week's consolidation training made the newly established behavior and cognition of the experimental group more stable and got rid of the incomplete cognitive and behavioral habits. After the sixth week, the cure rate of the experimental group was significantly higher than that of the control group. The results of this study indicate that the cognitive and behavioral training method which makes the cognition and behavior complete can effectively change the incomplete thinking and behavior habits of the patients with compulsion disorder, and is beneficial to the elimination of obsessive thinking and compulsive behavior. The purpose of cognitive and behavioral training is to complete the plot of thoughts and behaviors, so they are also called "plot integrity method". This "plot integrity method" has opened up a new way and a new field of treatment of obsessive-compulsive disorder.

Thus it can be seen that behavioral cognitive therapy has a significant effect on the treatment of adolescent obsessive-compulsive disorder. The main manifestation is to appear repeatedly the obsessive idea and or the obsessive behavior is the main symptom, has the onset age early, the prevalence rate is high, the symptom is easy to repeat and presents the chronic course of disease characteristic. It seriously affects the study, life and work of patients. Therefore, we should integrate behavioral cognitive therapy into the school life of children and adolescents.

4. Treatment processes for students with obsessive-compulsive disorder

4.1. Integrating hospitals and schools

We suggest that special schools be set up for these special groups. Many sick students take time off work or use their weekends to visit hospitals, making it difficult for doctors to keep track of patients in real time. Therefore, it is very important to integrate hospitals and schools. Obsessive-compulsive patients need constant attention so that we can better understand their condition. Long intervals between visits are a common phenomenon, but they are a major obstacle to doctors' treatment. With the development of the Internet, in China, there is a special kind of hospital, the Internet hospital. Many patients who have difficulty getting to a hospital have video calls or text conversations with their primary physician over the Internet to get a second visit. But there are still many difficulties with this new technology. First, many information points, such as the mental state of the patient, are difficult to be expressed only through words or language. We all know that a lot of information is hard to put into words, and this is a key factor. Traditional face-to-face treatment may be more efficient and beneficial to patients than the new technology. Second, some treatments require the patient to arrive at the hospital. So, we still need to go to the hospital.

4.2. Get counseling regularly

Look from the psychological analysis of the pathological mechanism of OCD patients, these patients often lack the capacity of ego identity, rigid, lack of flexibility, so it is difficult to adjust the gap of the past self and real self, so crucial to the development of self-identity in college students, it is lack of the ability, so this kind of neurosis sex problem and developmental problem of phenomenon to make it more severe symptoms, anxiety and tension is more outstanding, therefore, in OCD patients diagnosis and evaluation for students, both the symptoms of obsessive-compulsive disorder and the

emotional distress caused by developmental problems should be paid attention to[3].

It is more important to receive regular and regular psychological counseling, which is of great significance to the psychological construction of patients. Combined with the first suggestion, we can set up a special professional psychological consultation room in such special schools. Each patient was followed up in real time. At the same time, having a fixed psychological consultant is also very important, we can establish personal privacy files, systematic management of patients. If we can establish special psychological counseling institutions in schools, for those patients who have no opportunity or difficulty to receive psychological counseling, it will undoubtedly be a great blessing. This is very beneficial to their treatment and recovery.

4.3. The teacher gives correct guidance

Because this kind of patients are in a special period, and teachers are the people who contact them the most except parents and friends, therefore, we need teachers to play a role in the treatment. Students with obsessive-compulsive disorder may have difficulty transitioning to a new task because they tend to complete tasks with perfection. Therefore, teachers should first structure the teaching content in the teaching process, which can not only ensure that OCD students can participate in the task, but also reduce the corresponding psychological pressure for students; Secondly, students can be first informed of what tasks they need to complete, and prepare a special task card for them to inform the next content; Finally, when entering the task transition stage, the teacher must be appropriate to the corresponding guidance and help, in order to ensure that students can successfully complete the transition task. When students finish the new task, their own psychological anxiety will be effectively relieved, and then get more sense of success, and guide students to correctly deal with anxiety [5]. This task requires teachers to have a certain basis of psychology and pedagogy, although they are not as advanced as experts, but they can guide students in daily life, to strengthen the psychological construction of students. When they understand the importance of behavioral cognitive therapy for obsessive-compulsive disorder, it will be easier for us to do the groundwork [4].

5. Conclusion

With the development of society, the symptoms of obsessive-compulsive disorder have become very common. Obsessive-compulsive disorder (OCD) occurs most often during adolescence and has a high lifetime prevalence. So the entire OCD community needs to be taken seriously. Adolescents as an important group of patients, their education status is an important issue [6]. The fact that many teenagers with OCD are unable to go to school or work is not to be underestimated. To alleviate this difficult situation, we need to make a series of changes: the establishment of special schools, regular psychological counseling and the right guidance from teachers. Obsessive-compulsive disorder symptoms can be alleviated with a range of tools and treatments. Cognitive behavioral therapy is an effective adjunct. Adolescents with OCD can be treated through a combination of cognitive behavioral therapy and psychotherapy. We believe that through such a series of means, the quality of life of obsessive-compulsive disorder patients will be greatly improved.

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