

Bree Adams

Dr. Merchant

Psychology, Clinical Assessment and Diagnosis 1

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## **Writing Assignment**

### **Video 1**

The client in the first video presented with symptoms and behaviors consistent with a DSM5 principal diagnosis of Hoardign Disorder (300.3) with Excessive Acquisition. My client saw all her possessions as having immense value and memories that needed to be preserved and kept. The client had difficulty discarding items which caused her house to become cluttered and unlivable so much so that the client was living in the garage. The client was overwhelmed by the loss of her husband and the transition of living alone and managing everything by herself. This made it even more difficult for her to think of getting rid of things because of the memories it provided her of her husband. Client was visibly upset and frustrated that the police, neighbors, and mental health providers were involved in her life as she felt they had no business meddling in her life.

### **Video 2**

The client in the second video presented with symptoms and behaviors consistent with a DSM5 principal diagnosis of obsessive-compulsive disorder (300.3) as well as Tourette's Disorder. Client has two tics that occur frequently for her. These are turning her head to the left and putting her right hand up by her ear. She has received treatment for these tics in the past which helped some, but they still occur. The client has learned how to hide her tics very well in hopes that other people are not able to notice them.

Client experiences obsessions of thoughts about a fire starting in her house while she is gone if she does not unplug each appliance. She had hoped that these thoughts would go away over time if she ignored them. Client also experiences compulsions of having to unplug and plug each appliance 17 times each before she leaves the house. Sometimes the client must do this in multiples of 3. These compulsions take 90 minutes (about 1 and a half hours) to complete before she leaves the house each time. Client is not currently on medication for obsessive-compulsive disorder or Tourette's Disorder. Client would like to not have these obsessions or compulsions as it makes it difficult for her to engage in or enjoy social events. The client would like to be able to control her obsessions and compulsions better as she would like to get married someday. However, right now she cannot envision herself living with anyone else as it would cause too much stress and obsessions for her.

### **Video 3**

The client in the third video presents with behaviors and symptoms that are consistent with a DSM5 principal diagnosis of Trichotillomania (312.39) as well as a diagnosis of

obsessive-compulsive disorder. The client states that she feels shame, embarrassment, feelings of loss of control. These feelings started 6 or 7 years ago for the client when she started pulling out her hair. Client has tried different methods to decrease hair pulling such as putting wax over eyebrows and twirling hair in spots that she has not pulled hair out. The client is very self-conscious about her hair pulling and states that everyone at work has noticed. The client now wears a wig and bandana to cover up her hair. There is no other medical or mental disorder that better describes these symptoms.

Client also shared symptoms regarding obsessive-compulsive disorder. Client has compulsions that cause her to plug and unplug her hair drier and mixer 11 times each time she uses them. In addition, she must turn the light switches on and off 11 times each. This takes up a considerable amount of her time. Client also has obsessions about cats that she is unable to stop thinking about. She is always worried that she will touch something that a cat has touched or licked, and she will carry some disease to a pregnant lady and give some child the harmful disease. Client has been unable to stop thinking about cats. These symptoms are not better explained by any other medical or mental disorder.