For this final project, I chose to write about the DSM-5 diagnosis of Obsessive Compulsive Personality Disorder. I chose this diagnosis because I have been diagnosed with Obsessive Compulsive Disorder and I wanted to do more research about how the two diagnoses are related.

Eliza is a 21 year old female. She presents with complaints of over cleaning, not being able to distract herself from what is on her "minds to-do list," and needing everything in her life to be organized just so. She also described that she has been dealing with intrusive thoughts about her family dying without being able to say goodbye to them.

Client also reports that her friends notice she is struggling to find her sense of self, has significant issues trusting others and is a rule follower to the nth degree. Client says that while her friends may think this is a significant issue, she does not see things this way. She has always been like this and does not know that this is not just a part of her personality.

Therapist reports to Client that this may not be part of who she is, but rather something called "Obsessive-Compulsive Personality Disorder." The client asks what this is and how it affects her. Therapist asks client if she has ever heard of Obsessive-Compulsive Disorder. Client reports "Yes. Isn't that when you are worried about things being organized, clean and tidy? I've looked that up and I don't think I identify with everything that Google lists as symptoms." Therapist tells client that those symptoms are the tip of the iceberg with OCD. (Samuels & Costa, 2012)

Obsessive-Compulsive Disorder is a mix of symptoms that make someone become obsessed with doing specific in order to live their lives. This disorder also involves the compulsion to do things without having a valid reason. For example, a person with OCD may

feel unnaturally compelled to flip a light switch 27 times before they go to sleep or, they believe, their family will die. (Eisen et. al., 2006)

Client reports “I don’t have that urge. Are you sure I have OCD?” Therapist responds “No. But I do think that you have Obsessive Compulsive Personality Disorder. This can rewire your brain and make you feel a lake of self-identity, an extreme rule follower, a list creator, a “workaholic,” etc. Do you feel like you resonate with those things?” Client reports “Yes! Finally a way to explain why I’m this way!”

Treatment for Obsessive Compulsive Personality Disorder involves a variety of methods. The most successful of these methods, according to evidence-based research, is cognitive behavioral therapy. This allows clients with OCPD to talk about their symptoms and the disorder. It also allows for ways to see cognitive distortions. These types of discoveries are very important for OCPD clients because it helps them see what their minds are distorting and twisting to make them do and say things they would ordinarily never think of doing and saying. (Pozza et. al., 2016)

In doing this research, I learned many things. First, I learned that Obsessive Compulsive Personality Disorder and Obsessive Compulsive Disorder are very similar. They both include very similar symptoms. One of them just has more to do with personality traits. Additionally, they are both treated very similarly. Both can be remedied or, at the very least, made better by medication and cognitive behavioral therapy.

Selective serotonin reuptake inhibitors (SSRIs) do very well in treating such disorders. One medication that has proven to do well with OCPD and OCD is Paxil. Paxil, otherwise known as paroxetine, is a medication that is an SSRI and an antidepressant. It helps to treat OCD

and OCPD by lengthening the amount of time between OCD and OCPD relapses and stabilizes some cognitive distortions among clients.

> "People with either OCPD or OCD are high achievers and feel a sense of urgency about their actions. They may become very upset if other people interfere with their rigid routines. They may not be able to express their anger directly. People with OCPD have feelings that they consider more appropriate, like anxiety or frustration." (Medlineplus)

I also learned that OCPD and OCD have high rates of comorbidities. These disorders can cause anxiety, depression, low self-esteem, etc. Luckily, these diagnoses can also be treated by cognitive behavioral therapy. So, there is coverage for the comorbidities on many levels. The diversified modality of CBT can be used for a lot of different disorders in a lot of different varities.

Another interesting fact that I learned is that about one in one-hundred people in the United States are thought to have Obsessive Compulsive Personality Disorder this means that on this campus alone there are likely about 20-25 people that have this specific disorder. This also means that this is a very significant disorder that needs to be treated and diagnosed in any people. For me, this means that I need to know more about it because it is very likely that I will have clients with it in the future.

Overall, I have learned a lot from writing this paper. I am thankful for the imformation that it forced me to learn. As a social worker and future mental health professional, I am always looking for ways to make my practice better and to serve my clients in the best possible ways. I want to be as knowledgable as I possibly can about diagnoses, medications, therapy modalities, comorbidities, client systems, theories, etc.

Working at Centerstone has taught me that giving a client a diagnosis can change their life if it means we know how to treat them in a way that will benefit them most according to evidence-based practice. I think that having a diagnosis also helps in finding each client the best route for treatment and recovery. For OCPD, this means finding a medication that works for the client and a modality of therapy that will benefit them as well as finding their mind's distortions and reframing and changing them. We, as mental health providers, can work smarter with our clients; not harder.

References

Eisen, J. L., Coles, M. E., Shea, M. T., Pagano, M. E., Stout, R. L., Yen, S., Grilo, C. M., & Rasmussen, S. A. (2006). Clarifying the convergence between obsessive compulsive personality disorder criteria and obsessive compulsive disorder. *Journal of Personality Disorders*, 20(3), 294–305. https://doi-org.ezproxy.southern.edu/10.1521/pedi.2006.20.3.294

Pozza, A., Mazzoni, G. P., Coradeschi, D., & Dèttore, D. (2016). Immediate outcomes after inpatient intensive CBT for severe, resistant OCD: More severe inpatients with comorbid Obsessive-Compulsive Personality Disorder get the most out of treatment A preliminary study. *Applied Psychology Bulletin*, 275(64), 15–24.

Samuels, J., & Costa, P. T. (2012). Obsessive-compulsive personality disorder. In T. A. Widiger (Ed.), The Oxford handbook of personality disorders. (pp. 566–581). *Oxford University Press.* https://doi-org.ezproxy.southern.edu/10.1093/oxfordhb/9780199735013.013.0026

U.S. National Library of Medicine. (n.d.). *Obsessive-compulsive personality disorder: Medlineplus medical encyclopedia*. MedlinePlus. Retrieved April 7, 2022, from https://medlineplus.gov/ency/article/000942.htm