OCD and Related Disorders Written Assignment

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SOCW 632: Psychopathology, Clinical Assessment, & Diagnosis I

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December 5, 2023

Diagnosis

Client meets the criteria for the DSM 5 TR diagnosis of hoarding disorder with excessive acquisition and delusional beliefs (F42.3).

Clinical Evidence

Client has persistent difficulty discarding or parting with old account books, records, recipes, used food containers etc. This difficulty is due to a perceived need to save the account books for business keeping, recipes and cookbooks for collecting, and used food containers for coupons at stores. This difficulty discarding possessions has resulted in the accumulation of possessions that congest active living areas, client is using an out of service car for storage and is living in her garage due to lack of space. The hoarding is causing clinical significant distress in the client's ability to maintain a safe environment for herself due to lack of heat in the garage and winter approaching. Multiple police reports have been filed from the neighbors. This hoarding is not attributable to another medical condition or better explained by the symptoms of another mental disorder although it should be noted that client is still grieving the passing of her husband. Client is completely convinced that these behaviors are not problematic despite neighbor complaints, police involvement, and her children's concerns.

Diagnosis

Client meets the criteria for the DSM 5 TR diagnosis of obsessive-compulsive disorder that is tic-related with good insight (F42.2).

Clinical Evidence

Client has recurrent and persistent thoughts that an electrical cord will start a fire in her home. These thoughts are attempted to be suppressed by the client through compulsions to plug and unplug all of her household appliances to make sure they are all unplugged before leaving the house. Client feels driven to plug and unplug each appliance seventeen times, sometimes up to fifty-one times per appliance in order to prevent anxiety about her house burning down. The behavior is not connected in a realistic way to the concern. These compulsions are time-consuming as the client spends ninety minutes plugging and unplugging appliances each time she leaves the house. These obsessive-compulsive symptoms are not attributable to the physiological effects of a substance or another mental disorder. The client recognizes that the obsessive-compulsive beliefs are definitely not true but experiences significant distress when not following through with them citing "sweating" "stomach pain" and high levels of anxiety.

Diagnosis

Client meets the criteria for the DSM 5 TR diagnosis of trichotillomania (hair-pulling disorder) (F63.3) (reason of visit) and a provisional diagnosis of obsessive-compulsive disorder with poor insight (F42.2).

Clinical Evidence

Client reports recurrent pulling out of their hair resulting in hair loss from their eyebrows and scalp. Client has attempted to stop pulling hair and has been unable. This hair pulling causes clinically significant distress as client reports high feelings of "shame" "embarrassment" and "loss of control". The hair pulling is not attributable to another medical condition or another mental disorder.

Client also reported time-consuming repetitive behavior of plugging and unplugging appliances and turning off and on lights eleven times. Not enough information was gathered to determine if this behavior was aimed at preventing or reducing distress, or if it takes more than one hour per day. Client did report being late for family events as a child. Client reports obsessive and intrusive thoughts fearing that she would come into contact with something a cat touched and carrying a disease from the cat. Client was convinced her convinced these beliefs were rational. Client was emphatic about "always" thinking about this, but did not detail any behaviors taken in particular to address this concern. Obsessions and compulsions although seemingly unrelated are both present in this client and cause clinically significant distress evidenced by the client's high emotionality around this subject. These obsessive-compulsive symptoms are not attributable to the physiological effects of a substance or another mental disorder.