Case Study: OCPD

Name of Writer

Affiliations

Mr. Boyle is a 55 years old high school principal who came for assessment after he faced serious behavioral issues. He stated that he was always a very distrustful person but now his curiosity has increased a lot. He has a habit of thinking that people are jealous of him because of what he has achieved through his hard work and struggle. He believes that since he is from a poor background, he deserves this position more than anyone else. He stated that he overreacts to things a lot more than he should because he fears that there are envious people working against him. The members of the board believe that he is driving everyone crazy and he is very structured and strict. His children and wife also believe that Mr. Boyle is strict and runs the house like a military drill. Mr. Boyle started drinking wine and would have the intention of drinking only one, but often the count went up to two or three. According to his wife, he has also become more irritable and argumentative.

# **Diagnostic Impressions**

The patient is suffering from Obsessive-compulsive personality disorder, depression and disruptive mood disorder. A patient suffering from obsessive-compulsive personality disorder usually gives careful and extra attention to perfectionism and detail. He wants control over the environment in which he lives and works. This type of personality disorder can reduce one’s efficiency, openness to any new experience and can weaken interpersonal relationships. Greed and extra attention to work are also one of the major traits in such people. The person suffering from such a personality disorder feels that more time and effort are required to achieve certain goals and complete a task. He wants to keep control over the surroundings and hates anything that is beyond his control or is unpredictable. Many individuals who suffer from OCD feel an overstated sense of responsibility; most of the time they overestimate the threat they are facing, usually want everything to be perfect, and cannot endure any ambiguous situation.

There are two main criteria for evaluating obsessive-compulsive personality disorder. Criterion A focuses on the presence of obsession and compulsion while criterion B associates time with it. These obsessions are not pleasurable and usually cause distress and anxiety. Individuals showing these symptoms usually suppress it with other emotions and thoughts of anger and assertiveness which can further lead to anxiety and depression. Most patients suffering from OCD have both the symptoms of compulsion and obsession. Any treatment for OCD aims to reduce obsession and the compulsion or fear of doing something with an obligation. Compulsion is not something that individuals perform out of pleasure and relief but some individuals feel light-hearted and free from any stress when they compel themselves to do something. The criteria B of OCD helps in recognizing the type of thoughts that are occurring for example whether they are occasional intuitive thoughts or a part of the repeated behaviors that a person has (Association, 2013). The frequency at which these actions occur is important in determining the nature of the disorder. Some people might have a slight disorder where a person might spend 1-3 hours a day spending on obsessive or compulsive thoughts while others may find it a part of their personality.

While the criteria to judge depressive disorder is to observe repeated temper surges and moments, they may also show physical aggression towards other people in their surroundings which may be out of proportion for many normal people. These temper outbursts and situations are not time-dependent or inconsistent. If extreme anger occurs more than two to three times a week, it is regarded as depressive outbursts.

# **Treatment Recommendations**

Treatment of obsessive-compulsive personality disorder includes self-help, therapy related to behaviors, psychotherapy, etc. There is a certain and specific medication that can be prescribed as well. The main task of a psychotherapist in the case of treating a patient is to change the behavioral thinking of the patient. A therapist should work on changing the behavior of the person from obsession to normal cognitive thinking. An important form of behavioral therapy is cognitive analysis therapy. Only medication cannot help in this type of disorder and a patient must go through a certain behavioral therapy. The treatment of a person gets even more complicated if there is an unwillingness to go through behavioral therapy and the patient does not accept the fact that he or she is suffering from any OCPD (Pinto et al., 2017). The case of OCPD is even more severe because the compulsion and obsession doesn't let the individual accept the fact that he needs a change of behavior. Certain medications can prove helpful if a person goes through therapy e.g. SSRI or serotonin reuptake inhibitors (Pinto, 2016). It helps a person to become less rigid. People suffering from OCPD are in more need of behavioral therapy than any other patient suffering from major depression. Primary care and forgiveness therapy for their day to day interactive persons are also needed. There are no proper defined and established methods that can help patients in recovering from OCPD. A lot of research and work is required for better treatment and recovery process of the patients.

**References**

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