

Treatments for
depressive, bipolar,
anxiety, obsessive-
compulsive, and
related di...



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Diagnose and Recommend Treatments for Depressive, Bipolar, Anxiety, Obsessive-Compulsive, and Related Disorder

Intake Interview and Background

Samuel King is a 52-year-old janitor, who's clothes are in an informal way and comfortably. He has never been married. He came for assistance with his treatment of depression. He has tried pharmaceutical treatments of Fluoxetine, and Citalopram, and has tried supportive psychotherapy. He concludes all treatment options have offered minor improvement.

Mr. King works full-time but holds little to no social activities outside of work. He continues to articulate feelings of low mood, hopelessness, an incapable to enjoy things, insomnia, fatigue, difficulties concentrating and difficulties making decisions. He shared suicidal thoughts which took place several months back but denies current suicidal thoughts. Mr. King reports he consumes alcoholic beverages occasionally and does not utilize illicit drugs.

Mr. King had an unusually strong smell of bleach. Mr. King spoke about anxiety relating to the possibility of contracting diseases and has a focus on human immune deficiency virus, HIV.

Due to his concern towards contracting HIV, Mr. King said he tries to evade touching anything outside his house. If he comes into contact or proximity to anything, he deems potentially contaminated, he said he must wash his hands continually with domestic bleach. He said he washes his hands up to 30 times per day, therefore spending hours per day on his routine.

Mr. King articulated the trouble with physical contact, including taking public transportation and grocery shopping. He expresses he has virtually totally given up on trying to socialize or engage in romantic relations.

When inquired as to additional uncertainties, Mr. King conveyed apprehension involving intrusive images of hitting someone; fear of being identified as an offensive or inaccurate, and fears of disturbing his neighbors. To counteract his anxiety, he has stated his methods include keeping diaries or journals to record what he says, often apologizing for fear of sounding offensive, he also stated that he maintains an exact maximum level for water in the tub when he bathes so that he does not flood his neighbors.

He performs very well at work; where he wears gloves. He has no medical problems and spends much of his free time at home. His seclusion or homebody disposition is from the stress of having to touch something if invited to socialize.

Mr. King is coherent, goal-directed, and cooperative. However, he is worried and constricted; he denies hallucinations or other strongly held ideas, and current intentions to hurt himself or others. He states that he recognizes his fears and urges to be "kinda crazy" but he feels they are outside his control.

Diagnosis and Reasoning

Mr. King has disclosed noticeable depressive symptoms, which was the reason for his visit. He also displays obsessions and compulsions. He shared dysphoria, anhedonia, insomnia, hopelessness, difficulty concentrating, and

current, within the past few months, suicidality. The symptoms have surpassed the required two weeks. The symptoms have an effect on his quality of living and don't give the impression to be caused by substance use or any other medical problem. He does warrant a major depression diagnosis.

Mr. King has talked about both obsessions, and compulsions in the first session, this is not common. A majority of clients will hold conversations of both until there is complete trust and a relationship is established. Therefore, in many cases, it entails further questions, for clients to communicate opinions, feelings, and behaviors which could be uncomfortable and private to them (Twohig et al., 2014).

The DSM-5 describes obsessions as having 2 associated qualities: " First, they are recurrent, persistent thoughts, urges, or images that are intrusive and unwanted. They are generally induced anxiety or distress. Second, the individual tries to ignore, suppress, or neutralize these symptoms through some other thought or action, for example: performing a compulsion" (American Psychiatric Association [APA], 2015, p. 237).

Mr. King conveys numerous obsessions. These obsessions comprise of contamination (fear of contracting HIV), aggression (intrusive images of hitting someone, scrupulosity (fear of sounding offensive or inaccurate), and symmetry (exactness in the level of water). Attempts to disregard or block out the thoughts, desires, or images can take the form of evading and direct to a sizeable incapacity. This is undoubtedly true for Mr. King, who spends

hours of his OCD routines and evades leaving his apartment, partaking in social relationships, and carrying out the most basic of errands.

Mr. King also has presented numerous compulsions. Mr. King conveys excessive hand washing, checking (keeping diaries), repeating (clarifying what he said repeatedly), and mental compulsions (replaying prior conversations in his mind).

Compulsions are defined as recurring behavior (Ex. hand washing) or mental actions (Ex. counting) that the person feels compelled to act upon in response to an obsession, or according to rules that need to be strictly enforced. These behaviors or mental activities should be directed at decreasing anguish or avoiding some feared event, but they would also be either extreme or practically unrelated to the predictable event. (Krzanowska & Kuleta, 2017, p. 9).

According to the DSM-5, OCD entails that symptoms produce worry or impairments. Characteristically, OCD is time-consuming (1 hour per day is a guideline) and produces stress and impairment in numerous areas of the client's life. Although Mr. King can work, his selection of profession has been having an effect by his OCD symptoms (there are few jobs that allow the continuation of wearing of gloves and everyday use of bleach). His symptoms are time-consuming; but he seems to be a lonely, isolated; a man whose life has been considerably damaged by his OCD (APA, 2015, p. 237).

The pharmaceutical medication of Major depressive disorder is best when only one anti-depressant has been provided, but more research may lead to a healthier decision. Additional research should be performed to help with <https://assignbuster.com/treatments-for-depressive-bipolar-anxiety-obsessive-compulsive-and-related-disorder/>

treatment possibilities for mild-to-moderate depressive disorders (Paris, 2014).

Treatment Option Chart

Treatment	Pros	Cons
Psychopharmacological	<p>*Treatment options may help in treating both OCD and MDD with antidepressants and/or mood stabilizer.</p>	<p>*Numerous medications may be required with many increases the probability of a side-effect.</p>
Psychological	<p>*Could be tailored to precise requirements of the</p>	<p>* Contains obligation from Client.</p>

*Might
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move”
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and/or
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could support in treating both OCD and MDD with antidepressants and/or mood stabilizer. medication might be required with many increases the likelihood of a side-effect.

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Journal of Obsessive-Compulsive and Related Disorders , 6 , 167-173.

Retrieved from <https://doi.org/10.1016/j.jocrd.2014.12.007>