As good as it gets 1 essay

As Good As It Gets Overview Melvin Udall, from As Good As It Gets, presents today in your clinic. He has a history of obsessive-compulsive disorder (OCD). Although past attempts at treatment were unsuccessful, Melvin wants to try again. He has just begun a relationship with Carol Connelly, a waitress, who has urged Melvin to explore treatment that will help him abandon some of his rituals, improve his social skills, and ultimately manage the anxiety and obsessions that cause his behavioral and interpersonal difficulties. Client name: Melvin Udall

Psychiatric diagnosis: Obsessive–compulsive disorder DSM-IV-TR criteria: Client has either obsessions or compulsions: Obsessions: 1. Recurrent and persistent thoughts, impulses, or images that, at some time during the disturbance, are intrusive and inappropriate and cause marked distress 2. The thoughts, impulses, or images are not simply excessive worries about real problems. 3. Client tries to ignore, suppress, or neutralize with some other thought or action such thoughts, impulses, or images. 4. Client recognizes that the thoughts, impulses, or images are a product of his or her own mind.

Compulsions: 1. Repetitive behaviors (e. g. , handwashing, ordering) or mental acts (e. g. , praying, counting) that the client feels driven to perform in response to an obsession, or according to rigidly applied rules 2. The behaviors or mental acts aim to prevent or reduce distress or some dreaded situation; however, they either are not realistically connected with what they are designed to neutralize or prevent or are clearly excessive. Client recognizes the obsessions or compulsions are excessive or unreasonable. Note: This does not apply to children.

Obsessions or compulsions cause marked distress, are time-consuming (more than 1 hour a day), or significantly interfere with occupation, education, activities, or relationships. If client has another mental disorder, the content of obsessions or compulsions is not restricted to it (e. g. , food preoccupation with an eating disorder). The disturbance is not caused by a substance or a medical condition. Date: MARCH 13, 2007 Your name: GAYLE D. RUDDER Name of the client you are assessing: Melvin Udall Name of the movie: As Good As It Gets What is the chief complaint? Why, in his/her " own words," would the client say he or she being assessed?) Response: The client's chief complaint is " an ailment" Based on the above information and a close viewing of the movie, what questions would you raise during history taking? What are some possible answers? You might base your questions on the: History of your client's present (and presenting) illness Past psychiatric history, its treatment, and treatment outcomes Psychosocial history Past significant medical history Response: Why are you seeking psychological care today? I have an ailment". Describe the symptoms of your ailment. " I cannot step on cracks, lines, or patterns on the ground; I have five separate locks on my door; I need to sit in the same seat at the restaurant; I must have the same waitress; I order the same meal each time and I carry my own cutlery". Can you recall the the onset of your ailment? Do you check things over and over,(light switches, appliances, locks)? Are you overly concerned about details? Do you take long showers? Are you overly concerned about contamination and germs?

Do you avoid certain items or situations? Are you frequently absent or late for important apointments because of your present problem? Has there been

any change in you sleep patterns? Describe you past medical history? I have a history of OCD, and depression Have your seen a doctor or psychiatrist regarding your preent symptoms? Yes. Are you presently on any prescription. OTC or herbal medications? Yes I am presently on prescription pills? How effective is the medication I don’t like taking pills, so I rarely take them, but when I do they help.

How many drinks of alcohol do you consume daily? What do you do when you are upset? What usually help to relieve your stress? Are there any special health care practices that address your present mental disorder? What importance does religion or spirituality have in your life? What observations do you have about the client’s behavior? Response: Verbally, he is cantakerous, hostile, homophobic and racist; but yet his actions portray him as a kind and caring person. In your opinion, is the diagnosis discussed above accurate? Response:

In my opinion the diagnosis of OCD is acurate. What DSM-IV-TR criteria support (or negate) this diagnosis? Response: The client meets the criteria of “ Compulsions”, as outlined in the DSM-IV-TR 1. The repetitive behaviors/mental acts that the client feels driven to perform in response to an obsession or according to rigidly applied rules. 2. Behaviors aimed to prevent or reduce distress or some other dreaded situation; however, they are not realistically connected with the what they are designed to neutralize or prevent or are clearly excessive. . The client recognizes that these compulsions are excessive or unreasonable. Could the client have any other psychiatric disorder? If so, list and include supporting DSM-IV-TR criteria. Response: Yes, he could also be diagnosed with “ Cyclothymic Disorder”. The

DSM-IV-TR criteria: A “ history of 2 years of hypomania in which the person experienced numerous periods with elevated, expansive or abnormally elevated, expansive, or irritable moods.

These moods did not meet the criteria for manic episode, and many periods of depressed mood did not meeet the criteria for a major depressive episode. What treatment plan would you outline? Response: My treatment plan would be the use of “ Cognitive Behavioral Therapy” that involves exposure and ritual prevention methods in order to reduce or eliminate the obsessions and behavioral and mental rituals The patient would be prevented from performing the compulsive rituals until he learns that the anxiety does not subside even when the ritual is not completed.

The goal of this plan would be that the client will eventually learn to set time limits at home to gradually lengthen the time between rituals untilthe urge fades. (This would be conjunction with psychopharmacology , such as SSRI’s (such as Luvox), and TCA’s (Anaframil) With what expected outcomes? Response: The client will verbalize the understanding of the relationship between anxiety and ritualistic behavior. The patient will be able to participate in social or group activities with a degree of comfort and without aggressive intent.