

Case study on the case of kname:institution:course:tutor:date of submission

[Psychology](#), [Personality](#)



The case of K

Problem experienced by K

The problem being faced by K is generalized as a mental health challenge. However, this problem can be broken down further into constituent problems. K has been presented as experiencing challenges that include inability to sleep, intense stress and worry, difficulty leaving his house, and intrusive thoughts. K's general definition of his own problem is presented as worrying about everything and lacking the ability to relax. According to K, the challenges he is facing have caused him to experience weight loss. His problem extends far from the boundaries of his personal life to his professional life. His professional life has been affected in that; the challenges have caused major difficulties in the effective completion of his daily tasks. Intrusive behaviors have also been a major challenge for K. K reports that he has been experiencing disturbing images of diseases. The presence of these images of diseases affects what K thinks about himself as well as his family. He is troubled that his health or that of his family is facing a great risk. K has grown very insecure and he is troubled that someone is plotting to break into his house. K is aware that his current concerns are causing great harm to his personal and social life. He has reported that these concerns are causing feelings of anger, unworthiness, and frustrations. The pressure to ensure everything is undertaken perfectly both in his personal and professional life have presented control-based challenges for K (Steketee, 2012).

Categorical and Dimensional Domains of DSM-V

Abbreviated as DSM-V, the dimensional models of personality disorders represent one of psychology's most important subjects and analytical tools. In personality pathology, DSM-V is also referred to as dimensional classification, dimensional assessment, and dimensional approach to personality disorders. Psychoticism, negative affectivity, antagonism, detachment, and disinhibition are the 5 high order domains presented in personality disorder assessments through DSM-V. Personality disorder studies provide information with regards to the various common challenges. In this case, short-term diagnostic instability, excessive co-morbidity, an unusual high occurrence of personality disorder not otherwise specified (PDNOS), and arbitrary diagnostic thresholds have been presented as the common challenges. DSM-V is important as it proposes one of the most significant revisions with regards to how clinicians define, assess, and diagnose the various personality disorders. One of the revisions that have been proposed by DSM-V reiterate the importance of using a categorical-dimensional model that comprises of six specific personality disorder classifications in conducting clinical assessment and diagnosis. The six classifications include avoidant, antisocial, narcissistic, borderline, schizotypal, and obsessive-compulsive (Steketee, 2012).

DSM-V criterion for OCD

The term diagnostic criterion refers to the severity, context, and duration of symptoms that an individual should display or report in order to be diagnosed with a specified illness. To be effectively diagnosed with OCD, an

individual is required to either possess compulsions or obsessions alone. An effective diagnosis can also be undertaken on individuals who display compulsions and obsessions in line with the DSM-IV-TR diagnostic criteria. According to the DSM-V criteria, there are specific definitions that exist with regards to obsessions and compulsions. According to this criterion, compulsions are defined in two major ways. A compulsion can be defined as mental acts or behaviors that are aimed at the reduction and/or prevention of a dreaded situation or event, or a general distress. However, the compulsive mental actions and/or behaviors herein do not have a connection to the realistic way to what they are designed to prevent and neutralize and are usually excessive. Compulsions are also defined as mental acts or repetitive behaviors that an individual is presented with and feels the obligation to undertake as a response to a specific obsession or according to strict rules, which should be applied rigidly. The DSM has also provided elaborative definitions with regards to obsessions, and these are foundational in the diagnostic processes (Steketee, 2012).

Obsessions have been defined in four specific ways. An obsession is defined by this criterion as an experience where the images, thoughts, and impulses of an individual are not just simply excessive concerns and worries about real-life problems, but beyond this. An obsession is also presented when an individual attempts to suppress or ignore impulses, images, and thoughts, or attempts to neutralize these thoughts, images, and impulses with other actions and or thoughts. Obsessions are also defined as obsession-based thoughts, images, and images experienced by an individual as a product of their own mind and are not attached to or based on reality. Obsessions are

also defined as persistent and or recurrent images, thoughts, or impulses which are experienced by an individual during a specific time. During the occurrence of these episodes, the thoughts, images, and impulses are marked by or cause distress and anxiety (Steketee, 2012).

Treatment and therapeutic interventions

The treatment profile should be composed of therapeutic interventions that should be implemented in life with effective diagnoses of OCD as stipulated in the DSM-V criteria. The treatment profile should focus on defining the current impulses, thoughts, and images of the patient before engaging in further treatment activities. The time when these images, impulses, and thoughts are experienced is also an important factor to take into consideration (Steketee, 2012).

Reference

Steketee, G. (2012). *The Oxford handbook of obsessive compulsive and spectrum disorders*. Oxford: Oxford University Press.