Obsessive-compulsive and Related Disorders Worksheet:

Obsessive-compulsive and Related Disorders	Answer		Matching Options
Obsessive-Compulsive Disorder (OCD)			A. Involves an excessive preoccupation with one or more perceived flaws in physical appearance, which are not observable or appear slight to others.
Body Dysmorphic Disorder			B. This disorder is characterized by recurrent, compulsive behaviors directed toward the body, such as nail biting, lip chewing, or cheek biting, which cause damage to oneself and significant distress.
Body Integrity Dysphoria			C. The perception of sensations, often including pain, in a part of the body that has been amputated. Patients may feel that the appendage is still present and experience itching, pressure, and changes in temperature.
Trichotillomania			D. Involves recurrent, irresistible urges to pull out hair from one's scalp, eyebrows, or other areas of the body, despite trying to stop.
Excoriation Disorder			E. This form of OCD is dominated by uncontrollable thoughts that are intrusive and distressing (obsessions) without observable compulsions, though there may be unseen mental rituals.
Body-Focused Repetitive Behavior Disorder			F. Characterized by persistent, unwanted thoughts and repetitive behaviors or mental acts that the person feels driven to perform in response to a fascination or according to rigid rules.
Olfactory Reference Syndrome			G. Characterized by repeated picking at one's own skin which results in skin lesions and causes significant distress or impairment in social, occupational, or other areas of functioning.
Phantom Limb Syndrome			H. Persistent difficulty discarding or parting with possessions, regardless of their actual value, due to a perceived need to save them and distress associated with discarding them, leading to clutter that disrupts living spaces.
Primarily Obsessional Obsessive-Compulsive Disorder			I. A preoccupation with the belief that one emits a foul or offensive body odor, which is not perceived by others or is grossly exaggerated.
Hoarding Disorder			J. A strong desire to amputate, paralyze, or disable a healthy part of the body, often feeling that a particular limb does not belong to one’s self.

Case Study Exercises

Case Study 1

Emily often finds herself checking her stove and door locks repeatedly every night, spending up to an hour ensuring everything is perfect before she can go to bed. Despite knowing that her actions are excessive, the thought of a possible burglary or fire if she doesn't check terrifies her. This ritualistic behavior significantly disrupts her sleep and overall life quality. She also performs specific counting rituals before leaving her house, which calms her anxiety about something bad happening.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 2

Mark has always felt that his left foot does not belong to him and dreams of having it amputated, even though it is perfectly healthy. He experiences considerable distress over this, feeling incomplete and constantly preoccupied with thoughts about how to achieve this change. His desire has led to significant impairments in social interactions and difficulty maintaining employment, as he spends much of his time researching surgeries and engaging in online forums.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 3

Sarah has been struggling with a compulsion to pull out her hair since she was a teenager. She often starts pulling unconsciously when she's reading or watching TV and feels a sense of relief after pulling. However, the bald patches on her scalp have made her self-conscious, affecting her willingness to go out in public or engage socially with others. She's tried to stop many times but feels powerless to resist the urge.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 4

Lisa constantly fears that she smells like onions, a concern no one else seems to share or understand. She showers several times a day, applies excessive amounts of deodorant, and avoids public settings to reduce her anxiety about offending others with her perceived odor. This obsession with her smell has led to isolation and significant distress, impacting her ability to function in daily life.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 5

John experienced a traumatic accident that resulted in the loss of his right arm. Despite the amputation, he frequently feels pain and itching where his arm once was. He sometimes reaches out with his missing appendage to grab objects, forgetting it is not actually there. These sensations are vivid and often disrupt his sleep and concentration.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 6

Thomas has accumulated an enormous collection of magazines, newspapers, and old electronics over the years, filling his home to the point where only narrow pathways wind through the stacks of items. He feels extremely anxious at the thought of throwing anything away, believing that these items will be useful in the future or have sentimental value. The clutter has alienated his family and friends, making his living conditions hazardous.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 7

Anna spends hours each day in front of the mirror, scrutinizing what she believes are severe facial imperfections. Her friends and family reassure her that they don't see these flaws, but she is convinced they are just being nice. She has undergone multiple cosmetic surgeries, yet remains deeply dissatisfied with her appearance, leading to significant emotional distress and social withdrawal.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 8

Jessica can't stop picking at her skin, especially on her face and arms, whenever she feels anxious or stressed. The compulsion leaves her with scabs and scars, which makes her feel embarrassed and exacerbates her urge to pick more in order to "smooth out" the skin's imperfections. Her attempts to hide the damage with makeup and clothing have only partially alleviated her distress.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 9

Whenever Neil is alone, his mind is overrun with intrusive thoughts about harming loved ones, despite his gentle nature and lack of desire to do so. He engages in mental rituals to neutralize these thoughts, like repeating phrases or counting to a certain number, which provide temporary relief. His life is dominated by these thoughts and rituals, making it difficult to focus on work or maintain relationships.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 10

Rita has developed habits of biting her nails until they bleed and repeatedly chewing the inside of her cheeks, especially when she is stressed or concentrating. She has tried many times to stop, using bitter nail polish and gum, but these methods have only provided short-term solutions. The physical damage and pain cause her significant discomfort and embarrassment.

This is an example of which disorder: _____

What is your treatment plan: _____

Answers

Matching
F
A
J
D
G
B
I
C
E
H

Case Study 1: Obsessive-Compulsive Disorder (OCD)

This case involves aggressive behavior, theft, deceit, and vandalism, which are hallmark symptoms of Conduct Disorder. The lack of remorse and the severity of the behaviors further support this diagnosis.

- **Pharmacological**: For OCD, the FDA has approved several medications:
    - **Fluoxetine** (Prozac)
    - **Sertraline** (Zoloft)
    - **Fluvoxamine** (Luvox)
    - **Paroxetine** (Paxil)
    - **Clomipramine** (Anafranil)
        - These medications are primarily SSRIs, except for clomipramine, which is a tricyclic antidepressant.
- **Nonpharmacological**: Exposure and Response Prevention (ERP) is a cornerstone treatment for OCD and has been extensively validated through clinical research. ERP specifically addresses and treats OCD symptoms:
    - **Exposure**: This component involves the systematic confrontation with the objects, images, or situations that trigger obsessive thoughts. The exposure is controlled and gradually escalates in intensity. Starting with milder triggers helps the patient build tolerance and skills before moving to more challenging scenarios.
    - **Response Prevention**: Concurrently, the patient is encouraged to refrain from engaging in the compulsive behaviors typically used to reduce the anxiety or distress associated with these triggers. This part of the therapy is crucial, as it helps break the cycle of compulsions that reinforce the obsessive fears.
    - **Anxiety Management**: Initially, this process can increase anxiety levels because the patient faces their fears without their usual coping mechanisms (compulsive

behaviors). However, over time, patients experience habituation, where their anxiety naturally diminishes in the face of their obsessive triggers without the need for compulsions.
    - **Skill Development**: Throughout ERP, patients develop and strengthen coping skills for managing anxiety, which enhances their self-efficacy and ability to handle stressful situations related to their OCD symptoms.
    - **Therapeutic Collaboration**: The therapy involves a collaborative approach where therapists and patients work together to identify triggers, set realistic goals, and develop a personalized exposure hierarchy. This personalized plan ensures that the therapy is tailored to the specific needs and limits of the individual, enhancing its effectiveness.
    - **Home-Based Practices**: To reinforce learning and the habituation process, exposures are not only performed during therapy sessions but also assigned as homework. Practicing exposures in real-life settings and outside the clinical environment helps generalize the skills learned in therapy to everyday situations.

        - For patients who are initially reluctant or anxious about engaging in ERP, supplemental interventions like motivational interviewing or initial sessions focused on psychoeducation about OCD and the principles of ERP might be used to enhance readiness and alleviate concerns about the treatment process.

Case Study 2: Body Integrity Dysphoria

The patient experiences a persistent desire to amputate a healthy limb and a sense of incompletion with his current physical state, which are hallmark symptoms of body integrity dysphoria.

- **Pharmacological**: Body Integrity Dysphoria (BID) is not as widely researched or understood as some other psychological conditions, and currently, there are no FDA-approved medications specifically for the treatment of BID. The therapeutic focus often centers on managing associated symptoms such as depression, anxiety, or pain, rather than the dysphoria itself. For these associated symptoms, the following are common FDA-approved medications that might be considered, though it's important to note that their use would be off-label for BID:

    - **For Depression and Anxiety**:

        - **Selective Serotonin Reuptake Inhibitors (SSRIs)**:

            - Fluoxetine (Prozac)
            - Sertraline (Zoloft)
            - Paroxetine (Paxil)
            - Citalopram (Celexa)
            - Escitalopram (Lexapro)

- **Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)**:
    - Venlafaxine (Effexor XR)
    - Duloxetine (Cymbalta)
- **For Pain Management**:
    - Depending on the nature of the pain, various analgesics may be used, ranging from nonsteroidal anti-inflammatory drugs (NSAIDs) to more potent opioids, but these are generally reserved for severe cases due to the risk of dependency and side effects.
    - **Gabapentin** (Brand name: Neurontin) and **Pregabalin** (Brand name: Lyrica) are commonly used for neuropathic pain.
- Since treatment for BID often involves a multidisciplinary approach, consultations with psychiatry, psychology, and possibly neurology or pain management specialists are recommended.

- **Nonpharmacological**: Interventions, particularly psychological counseling (CBT), are crucial in helping individuals with BID manage their distress and explore the psychological underpinnings of their desire for limb alteration or removal. In cases where the distress is severe and refractory to other treatments, discussions about surgical options may be ethically complex and are approached with caution, typically involving extensive psychological evaluation and ethical considerations.

Case Study 3: Trichotillomania (Hair-Pulling Disorder)

The patient has irresistible urges to pull out her hair, which results in visible bald patches and causes significant distress and social withdrawal, typical of trichotillomania.

- **Pharmacological**: Treated using a combination of pharmacological and nonpharmacological methods. Although no medications are specifically FDA-approved to treat trichotillomania, certain drugs are commonly used off-label to help manage symptoms, primarily to reduce the urge to pull hair.
    - **SSRIs**
        - Although SSRIs are often tried first, their effectiveness in trichotillomania is variable and not well-established. Some commonly used SSRIs include:
            - **Fluoxetine** (Prozac)
            - **Sertraline** (Zoloft)
            - **Paroxetine** (Paxil)
            - **Escitalopram** (Lexapro)

- **Atypical Antipsychotics**

    - These may be considered when SSRIs are not effective, particularly for severe cases or when there are additional psychiatric symptoms such as impulsivity or aggression:

        - **Olanzapine** (Zyprexa)
        - **Risperidone** (Risperdal)
        - **Quetiapine** (Seroquel)
        - **Aripiprazole** (Abilify)

- **Nonpharmacological**: Habit Reversal Training (HRT) is a proven effective treatment for trichotillomania. HRT is a behavioral therapy technique that includes several key components:

    - **Awareness Training**: Teaching the individual to become more consciously aware of their hair-pulling episodes and the triggers associated with them.
    - **Competing Response Training**: Training the individual to perform a physically incompatible behavior when they feel the urge to pull hair. This could be clenching their fists, placing their hands in their pockets, or holding an object.
    - **Stress Management**: Since stress can often trigger hair pulling, techniques such as deep breathing, progressive muscle relaxation, or other calming strategies are taught.

Case Study 4: Olfactory Reference Syndrome

The patient is preoccupied with the belief that she emits an offensive body odor, leading to excessive hygiene practices and social avoidance, key features of olfactory reference syndrome.

- **Pharmacological**: Similar to other obsessive-compulsive and related disorders, SSRIs are frequently used off-label to help reduce the intensity of obsessive thoughts in ORS. No specific medications are FDA-approved solely for ORS, but the following SSRIs are approved for obsessive-compulsive disorder and are commonly used:

    - **Fluoxetine** (Prozac)
    - **Sertraline** (Zoloft)
    - **Paroxetine** (Paxil)
    - **Fluvoxamine** (Luvox)
    - **Escitalopram** (Lexapro)

- **Nonpharmacological**: CBT is the primary nonpharmacological intervention used to treat ORS, focusing on several key components:

    - **Cognitive Restructuring**: Helping patients identify, challenge, and change distorted beliefs about emitting an offensive odor.

- **Exposure and Response Prevention (ERP)**: Gradually exposing patients to social situations they would typically avoid due to their fears, without allowing them to engage in any compensatory behaviors like excessive bathing or using deodorants.
- **Social Skills Training**: Enhancing the patient's ability to interact with others, which can be undermined by their obsessive thoughts and avoidance behaviors.

Case Study 5: Phantom Limb Syndrome

The patient feels pain and other sensations in a limb that has been amputated, experiencing these as if the limb were still present, indicative of phantom limb syndrome.

- **Pharmacological**: Phantom Limb Syndrome involves sensations, including pain, that an individual experiences in a limb that has been amputated. Treatment for this syndrome often requires a combination of pharmacological and nonpharmacological approaches to manage the neuropathic pain and other sensations associated with the condition. The main medications used to manage the neuropathic pain associated with Phantom Limb Syndrome include:

    - **Gabapentin** Brand name: Neurontin
    - **Pregabalin** Brand name: Lyrica

        - These medications are specifically approved for the treatment of neuropathic pain and are commonly used to help alleviate pain in phantom limb syndrome.

- Additionally, antidepressants can also be effective in managing neuropathic pain:

    - **Amitriptyline** (Elavil; Note: this medication is often used off-label for neuropathic pain)
    - **Duloxetine** (Cymbalta; Approved for diabetic peripheral neuropathy, which is a type of neuropathic pain)
    - **Venlafaxine** (Effexor XR; Also used off-label for neuropathic pain)

- **Nonpharmacological**: Mirror Therapy is a well-recognized method for reducing phantom limb pain. This therapy involves:

    - Placing a mirror in a position where the amputated limb would be visible as the reflection of the intact limb, creating a visual illusion of the missing limb being present and moving.
    - The patient then performs symmetrical movements with both the phantom limb and the intact limb in front of the mirror, which can help the brain reorganize its sensory perceptions, reducing the pain and discomfort associated with the phantom limb.

- This method leverages the brain's plasticity, potentially alleviating pain by correcting the mismatch between the motor outputs and sensory inputs. Mirror therapy has been widely praised for its simplicity and effectiveness, often being a preferred choice for initial non-drug management of phantom limb pain.

Case Study 6: Hoarding Disorder

The accumulation of possessions to the extent that it creates clutter, distress at the idea of discarding items, and significant impairment in living conditions are symptoms of hoarding disorder.

- **Pharmacological**: While there are no medications specifically FDA-approved for the treatment of Hoarding Disorder, SSRIs, which are approved for OCD, are commonly used off-label to help manage the compulsive aspects of hoarding.
    - **Fluoxetine** (Prozac)
    - **Sertraline** (Zoloft)
    - **Paroxetine** (Paxil)
    - **Fluvoxamine** (Luvox)
    - **Escitalopram** (Lexapro)
        - These medications are selected based on their efficacy in treating symptoms related to obsessive-compulsive behaviors, which share similarities with the compulsive need to save and collect items seen in hoarding.
- **Nonpharmacological**: CBT tailored for Hoarding Disorder is the primary non-medication treatment. This therapy focuses on several key components:
    - **Skill Building**: Helping individuals learn to categorize possessions and make decisions about what to keep and what to discard.
    - **Organizing Training**: Teaching practical skills for organizing possessions, which can help reduce the clutter that is typical in homes of people with hoarding disorder.
    - **Addressing Emotional Attachments**: Therapeutic work to understand and modify the emotional attachments to possessions, including challenging beliefs about the need to save items and the anxiety associated with discarding them.
    - **Motivational Interviewing**: Techniques are used to enhance motivation and readiness to change, which is crucial in hoarding where insight into the problem can be limited.
    - **Exposure Therapy**: Gradually confronting the anxiety associated with throwing things away or not acquiring new items.

        - These therapeutic strategies are designed to address the unique challenges of hoarding and can significantly improve the quality of life for those affected by the disorder.

Case Study 7: Body Dysmorphic Disorder (BDD)

The patient's excessive concern with perceived flaws in her appearance that others do not notice, leading to multiple cosmetic surgeries and social isolation, aligns with body dysmorphic disorder.

- **Pharmacological**: SSRIs are commonly used as the first-line pharmacological treatment for BDD to help reduce obsessive thoughts and compulsive behaviors related to appearance. While there are no SSRIs specifically FDA-approved for BDD, the following SSRIs, approved for OCD and depression, are used off-label for BDD due to their effectiveness in similar conditions:
    - **Fluoxetine** (Prozac)
    - **Sertraline** (Zoloft)
    - **Paroxetine** (Paxil)
    - **Fluvoxamine** (Luvox)
    - **Escitalopram** (Lexapro)
        - These medications are chosen because of their ability to regulate serotonin levels in the brain, which can help alleviate the obsessive-compulsive symptoms commonly seen in BDD.
- **Nonpharmacological**: CBT tailored for Body Dysmorphic Disorder is a highly effective nonpharmacological approach. The therapy typically includes:
    - **Cognitive Restructuring**: Identifying and challenging the distorted beliefs about body image and learning more adaptive ways to view oneself.
    - **Exposure and Response Prevention (ERP)**: Gradually facing situations that provoke anxiety about appearance without engaging in compulsive behaviors (e.g., mirror checking, seeking reassurance).
    - **Mindfulness Training**: Developing a more compassionate and non-judgmental awareness of one's thoughts and feelings, which can help reduce the emotional response to perceived flaws.
    - **Skill Building**: Techniques for managing urges to perform compulsive behaviors and strategies to improve overall functioning and quality of life.
        - These therapeutic techniques are specifically designed to address the unique challenges faced by individuals with BDD, helping them to change the way they think about their appearance and reduce the compulsive behaviors associated with these thoughts.

Case Study 8: Excoriation Disorder (Skin Picking Disorder)

The compulsive picking at skin, resulting in lesions and significant distress, along with efforts to hide the damage, matches the characteristics of excoriation disorder.

- **Pharmacological**: SSRIs are commonly used to help control the urge to pick, although there are no SSRIs specifically FDA-approved for Excoriation Disorder.
    - **Fluoxetine** (Prozac)
    - **Sertraline** (Zoloft)
    - **Paroxetine** (Paxil)
    - **Fluvoxamine** (Luvox)
    - **Escitalopram** (Lexapro)
        - These medications are chosen for their effectiveness in reducing obsessive-compulsive behaviors, which are similar to the compulsive skin-picking seen in Excoriation Disorder.
- **Nonpharmacological**: CBT, specifically Habit Reversal Training (HRT), is a key nonpharmacological treatment for Excoriation Disorder. This approach involves several components:
    - **Awareness Training**: Helping individuals become more conscious of their picking behaviors and the triggers that lead to these behaviors.
    - **Competing Response Training**: Teaching patients to perform an incompatible action when they feel the urge to pick, such as clenching their fists or playing with a small object.
    - **Stress Management**: Because stress often triggers picking, techniques such as deep breathing, progressive muscle relaxation, or meditation are taught to help manage stress.
    - **Cognitive Restructuring**: Changing the distorted beliefs that contribute to the urge to pick, thereby reducing the frequency and intensity of these urges.
        - Habit Reversal Training is particularly effective because it directly addresses the behavioral component of the disorder, providing practical skills to manage the urge to pick and ultimately reduce the behavior.

Case Study 9: Primarily Obsessional Obsessive-Compulsive Disorder (Pure O)

The presence of intrusive thoughts about harm and the engagement in unseen mental rituals to alleviate these thoughts without physical compulsions point to primarily obsessional OCD.

- **Pharmacological**: SSRIs are commonly used to help reduce the intensity of obsessive thoughts in Pure O. While these medications are not specifically FDA-approved for

Primarily Obsessional OCD, they are approved for general OCD and are used off-label for Pure O due to their effectiveness in managing obsessive thoughts.

  - **Fluoxetine** (Prozac)
  - **Sertraline** (Zoloft)
  - **Paroxetine** (Paxil)
  - **Fluvoxamine** (Luvox)
  - **Escitalopram** (Lexapro)

    - These SSRIs are chosen because they help increase serotonin levels in the brain, which can regulate mood and reduce the frequency and intensity of obsessive thoughts.

- **Nonpharmacological**: CBT is the cornerstone of nonpharmacological treatment for Primarily Obsessional OCD. CBT for Pure O focuses on:

  - **Thought Restructuring**: This involves identifying and challenging irrational or maladaptive thoughts and gradually replacing them with more balanced and realistic ones.
  - **Exposure and Response Prevention (ERP)**: Although it might seem less applicable to Pure O due to the lack of visible compulsions, ERP can still be effective. Patients are exposed to the thoughts that cause them anxiety and are taught to refrain from engaging in any mental rituals that reduce this anxiety, thereby learning to tolerate the discomfort until the anxiety naturally subsides.
  - **Mindfulness-Based Techniques**: These can help individuals learn to accept and observe their thoughts without judgment or the need to act on them, thus reducing the distress caused by intrusive thoughts.

    - These therapies are tailored to address the unique challenges faced by individuals with Primarily Obsessional OCD, helping them manage their symptoms effectively and improve their overall functioning.

Case Study 10: Body-Focused Repetitive Behavior Disorder

The patient's repetitive behaviors of nail biting and cheek chewing that cause harm and are difficult to control are indicative of body-focused repetitive behavior disorder.

- **Pharmacological**: SSRIs and, in some cases, antipsychotic medications are used to help reduce the urge for repetitive behaviors associated with Body-Focused Repetitive Behavior Disorder. Although these medications are not specifically FDA-approved for this disorder, they are commonly used off-label due to their effectiveness in similar disorders. Common medications include:

- **SSRIs**

    - **Fluoxetine** (Prozac)
    - **Sertraline** (Zoloft)
    - **Paroxetine** (Paxil)
    - **Fluvoxamine** (Luvox)
    - **Escitalopram** (Lexapro)

- **Atypical Antipsychotics** (used particularly when SSRIs are ineffective or there are additional psychiatric symptoms like severe impulsivity)

    - **Olanzapine** (Zyprexa)
    - **Risperidone** (Risperdal)
    - **Quetiapine** (Seroquel)
    - **Aripiprazole** (Abilify)

        - These medications help by increasing serotonin levels, which can modulate mood and reduce impulsivity, potentially decreasing the urge to engage in harmful repetitive behaviors.

- **Nonpharmacological**: Habit Reversal Training (HRT) is a proven effective nonpharmacological approach for treating Body-Focused Repetitive Behavior Disorders. This therapy involves several steps:

    - **Awareness Training**: Patients are taught to recognize the circumstances and emotional states that trigger their repetitive behaviors.
    - **Competing Response Training**: Patients learn to perform an action that is incompatible with the repetitive behavior when they feel the urge to engage in it. For example, clenching one's fists to prevent nail biting or holding an object to prevent hair pulling.
    - **Stress Management**: Techniques such as deep breathing, progressive muscle relaxation, and mindfulness are taught to help manage stress, which often triggers these behaviors.
    - **Monitoring**: Patients are encouraged to monitor their behavior, which helps increase self-awareness and provides feedback on progress.

        - Combining pharmacological and nonpharmacological therapies offers a comprehensive approach to managing Body-Focused Repetitive Behavior Disorders, helping to reduce symptoms and improve quality of life.