Case Conceptualization

Client: Claudia **Age:** 18 **Counselor:** Jamie Kratky **Report Date:** 05/07/2015

I. Initial Impression

Claudia is an 18-year-old, Latina, college junior who presents to counseling because she feels as if she is struggling in school. As an A-level college student, Claudia has always taken her academic coursework seriously. Claudia displays a high level of dedication to her academic coursework and seems capable of immense, singled-minded effort in her pursuit of perfection. In the current academic term, Claudia admits that she finds it difficult to stay on top of her work and spends hours each day on homework, reading and rereading assignments, rewriting drafts of papers until they are almost perfect, and reluctantly turning in her coursework even though she wishes to spend more time on it. Over the past year, Claudia states that her social, free time activities have decreased and she relies on schoolwork, exercising, and eating to compensate for her loneliness. As a college junior, Claudia has access to the university counseling center and academic support resources.

One special issue to consider is Claudia's age and level of academic achievement. Many of Claudia's 18-year-old peers are in the process of graduating high school and beginning their college career. Claudia is in the process of completing her junior year of college and may experience different challenges and pressures than her college peers at the same level.

II. Diagnostic Possibilities

Anorexia Nervosa, binge-eating/purging type
- Client does not want to gain any weight, fears becoming fat, and engages in recurrent episodes of binge eating and purging.

Bulimia Nervosa
- Client admits to eating all the food in her apartment in a couple of hours without even realizing it.
- She misuses laxatives, excessive exercise, and fasting to control her weight.

Binge-Eating Disorder
- Client eats all the food in her apartment in just a few hours without even realizing it and feels disgusted with herself (fat) and guilty afterward.

Obsessive-Compulsive Personality Disorder
- Client is preoccupied with perfectionism in her coursework to the point that it interferes with her ability to turn in her assignments without receiving an extension.
- She is devoted to jogging and homework at the expense of her leisure and social time with friends.
- Client finds it impossible to work with others and expresses rigidity in her plans with others and their shared tasks.

V62.3 Academic or educational problem
- Client presents to counseling because she feels she is struggling in school.

III. Diagnostic Reasoning

Anorexia Nervosa, binge-eating/purging type (does not meet criteria)
- No evidence that she has significantly low body weight.
- Symptoms are better explained by Bulimia Nervosa.

Bulimia Nervosa (meets criteria)
- Recurrent episodes of binge eating where, in a couple hours, client will eat all the food in her house without even realizing it (out of control).
- Use of laxatives, fasting, and excessive exercise to prevent weight gain.
- Episodes of binge eating occur several times a week.
- Self-evaluation based on perfectionistic tendencies and desires not to gain weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

Binge-Eating Disorder (does not meet criteria)
- Binge-eating is associated with the recurrent use of inappropriate compensatory behaviors associated with bulimia nervosa.

Obsessive-Compulsive Personality Disorder (meets criteria)
- Client is preoccupied with details, order, and schedules to the extent that the point of the homework assignment or social activity is lost.
- Shows perfectionism in completing her homework assignments to the point that she is unable to complete the project without receiving an extension.
- Excessively devoted to homework and jogging, alone, to the exclusion of jogging and walking with friends, watching movies, or hanging out at the local coffee shop.
- Inflexible about matters of values, such as timeliness.
- Reluctant to delegate tasks or work to her friends unless they follow her plans exactly.
- Shows rigidity and stubbornness in her daily schedule, homework completion, and social plans.

V62.3 Academic or educational problem (does not meet criteria)
- While client initially presents to counseling because she feels she is struggling in school, this is not the focus of treatment.
- Treatment will focus on eating disorder and personality disorder.

IV. Diagnosis

307.51 Bulimia Nervosa, moderate
301.4 Obsessive-Compulsive Personality Disorder

V. Case Conceptualization

Claudia is an 18-year-old, Latina, college junior who presents to counseling because she feels she is struggling in school. It is apparent from Claudia's age and level of academic achievement that she is capable of excelling academically. Her perfectionistic tendencies in academic, personal, and health-related spheres have started impairing her social life, relationships, and leisure activities.

Whereas Claudia once derived satisfaction from jogging and walking with friends, watching movies, and hanging out at the local coffee shop, she now only has time for jogging and homework, and prefers to do both activities alone and according to her own prioritized schedule. Claudia states that she is both sad and frustrated about her relationships with her friends. On one hand, Claudia feels anger when her friends do not stick exactly to her plans or ideas. On the other hand, she feels sad that she is alone most of the time.

Claudia copes with the realization that she no longer has anyone to talk to by trying to ignore her feelings and immersing herself in schoolwork, eating, and exercising. Claudia indicated that several times a week she eats all the food in her apartment in just a few hours without even realizing it, only to feel so fat and guilty that she either jogs until she is exhausted or takes a laxative. At other times, Claudia goes without food all day both to discipline herself and to keep her weight down.

At the beginning of therapy, Claudia presents with what looks like Obsessive-Compulsive Personality Disorder (OCPD). Claudia is rigid, preoccupied with details, order, and maintaining her own schedule. The client displays perfectionistic tendencies in her approach to academic coursework, weight maintenance, and exercise. Claudia's focus on her standards and ideals of perfection has taken a negative toll on her friendships and interferes with completion of the task at hand.

DSM-5 indicates that there may be an association between OCPD and eating disorders. In Claudia's case, her need for control, as part of her OCPD diagnosis, may exacerbate her Bulimia Nervosa. Claudia may try to abide by strict dietary rules and restrictions. When she makes even a minor error in her food intake, the result is a temporary abandonment of the roles altogether and she gives into her urge to eat. Claudia then tries to regain her control by going without food for a day as a way to discipline herself. This heightened sense of self-discipline and focus on perfection by not gaining weight are core features of Claudia's OCPD.

In considering Claudia's cultural background, DSM-5 makes no indication of cultural differences in terms of diagnostic frequency for either Bulimia Nervosa or OCPD. These disorders are not more or less common among Latina women than for any other culture. It would be important in assessing Claudia's ruthless work ethic to know if her single-minded efforts reflect a cultural emphasis on work and productivity. If her behavior is more in line with culturally sanctioned behaviors, Claudia's initial diagnosis should be re-examined.

VI. Treatment Considerations

Obsessive Compulsive Personality Disorder – I would recommend Cognitive Behavioral Therapy for Claudia to tackle maladaptive thinking patterns. A second approach, identified by Oldham and Morris (1995) is a psychodynamic approach to therapy. In each case, it will be important not to engage in a power-struggle with Claudia as the psychologist helps Claudia loosen up. Some initial exercises to try with Claudia include making lists of activities that enhance leisure time, developing an efficient approach to making decisions, paying attention to the 'tyranny of the shoulds,' and reminding Claudia that she is human and it is normal to make mistakes. (Oldham & Morris, 1995).

Bulimia Nervosa – Barlow (2014) recommends cognitive-behavioral treatment for bulimia nervosa (CBT-BN). This therapeutic approach concerns itself more with the process for maintaining the disorder rather than developmental processes.

VII. Case Challenge

DSM-5 indicates suicide risk is elevated for individuals diagnosed with Bulimia Nervosa. My first step upon receiving this information would be to conduct an assessment of Claudia's suicide-related ideation, behaviors, and history of attempts. Due to the restriction of food for the past two days, I am concerned about Claudia's nutritional health. It would be wise to consult with a physician and/or dietitian about Claudia's recent fast to determine if hospitalization for malnutrition is necessary.

References

Barlow, D. H. (2014). Clinical handbook of psychological disorders. (5th ed.). New York, NY: Guildford Press

Oldham, J. M. & Morris, L. B. (1995). The new personality self portrait. New York, NY: Bantam Books.