

Basic Acknowledgement format of AI tool use

I acknowledge the use of Grammarly <https://www.grammarly.com/> on March 9th, 2025, to check my work by using the following prompt.

I used the prompt(s):

1. Please check the following text for grammar.

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

I acknowledge the use of Google scholar <https://scholar.google.com/> on March 7th, 2025, to access reliable and suitable papers for my work by using the following prompts:

I used the prompts:

1. Possible treatments for OCD.
2. What are the most common symptoms in OCD?
3. Does having family support help improve OCD symptoms?

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Psychological case formulation: Carl Landau

Overview

Carl Landau, a 19-year-old African American male, was admitted for treatment by his parents due to severe compulsive behaviors, including unusual eating patterns, repetitive actions, and excessive washing. These abnormal routines began after Carl was bullied in seventh grade, which triggered emotional distress. Although Carl performed very well academically, the harassment led him to withdraw from friends and school. His noticeable personality change encouraged his parents to seek professional help.

Presenting problems

The initial symptoms that Carl had included excessive washing and showering. This is a common symptom of obsessive-compulsive disorder (OCD) as supported by Vickers et al. (2017). They conducted a study that examined hygiene-related behaviours (HRBs) in people with OCD and compared them with those people with social anxiety disorder, panic disorder with agoraphobia. The results suggested that the individuals with OCD, particularly those with contamination-related concerns, did wash their hands more frequently compared to the other groups (Vickers et al.,2017).

Another symptom that Carl demonstrated was performing rituals. This could include having a certain order that he got dressed, for example, he would always start with putting socks on first. This would also be a symptom of OCD, which is supported by Pinciotti et al. (2023). They conducted a study that investigated the ways in which rituals in OCD group together and influence the severity and results of treatment. The researchers grouped 62 distinct rituals into 8 higher-order categories, including avoidance, reassurance, checking, cleaning, just right, rumination, self-assurance, and all other rituals. The study found that the 'just right' ritual predicted longer treatment time and higher intolerance of uncertainty, which is the emotional discomfort a person feels when they are faced with unknown circumstances or the inability to predict results (Pinciotti et al.,2023). The dressing ritual would come under the 'just right' ritual because if Carl did not perform the dress order in the correct order, he would fear that something negative would happen, which would be out of his control. Therefore, by keeping to his routine, he feels in control and nothing negative will happen. Another ritual that Carl performed was the way he shuffled and took small steps on his toes. By walking in a certain way, this may relieve

his anxiety, therefore, if he did not shuffle, he feels that something negative may happen and by walking in the same way every time, he feels in control and safe. Similarly, when it states that when he walked on his toes, he would continually look behind him numerous times. This would also be known as a ritual, as individuals with OCD feel that they must check things frequently to prevent anything negative from happening, which will also help relieve their anxiety. Therefore, when Carl keeps looking behind him frequently it can help him to feel less anxious. Another form of ritual would be when he tilted the wastebaskets and twisted the curtains and checked frequently throughout the day. It stated that Carl had distressing thoughts in his head unless he did these rituals. This supports the study above; by performing these rituals, it helps to relieve Carl's anxiety and that nothing will go wrong if he engages in these actions.

In addition, another symptom that Carl had was compulsive placement of objects that he handled. Williams et al. (2013) supported this as it came under one of the categories they were investigating. The study investigated how well cognitive-behavioral treatment for OCD worked for various aspects of OCD symptoms. The categories were contamination/cleaning, doubt about harm/checking, symmetry/ordering and unacceptable thoughts/mental rituals. The compulsive placement of objects would have come under the symmetry category, as it suggests that people would feel driven to follow certain patterns or arrange objects in a specific way in order to reduce anxiety. The results suggested that cognitive behavioral therapy (OCD) would generally be effective for individuals with OCD, however, they highlight that there is a lack of research for this category compared to others such as cleanliness (Williams et al.,2013).

Furthermore, another symptom that Carl had was fear of contamination, which meant he ate in a certain way so that the food he digested would be in a "air-free and sterile environment." Jalal et al. (2020) conducted a study that states that contamination fear and disgust sensitivity were greatly associated with OCD. According to the study, individuals with OCD frequently worry about contamination because they have negative thoughts, such as the contaminations making them sick or poisoned, which increases their anxiety (Jalal et al.,2020). Carl states that he creates loud hissing sounds and coughs before entering the food in his mouth as he strongly thinks that this will create a clean environment for the food to enter. Therefore, in Carl's mind, he thinks that if he does not do these actions before eating that there is a chance of contamination, which could lead to him being poisoned.

Another example of contamination fear would be the neglect of personal hygiene. It states that Carl was motivated to stop showering due to the chance of him being contaminated. For example, it states that he feared he may cut himself whilst shaving as the germs could enter his body through the wound. From Carl having these negative associations with showering, he did not participate in any form of cleansing, which resulted in him neglecting his personal appearance. Drummond et al. (2011) conducted a study that explored the physical complication of severe OCD. The results stated that 75% of the individuals with severe OCD symptoms experience self-neglect, as they were unable to perform self-care activities due to the fear of contamination. This would provide support for the previous study conducted by Jalal et al. (2020) as self-neglect is due to the fear of contamination.

Additionally, it states that Carl lost 20 pounds, would only eat late at night and avoided certain types of food due to the fear of contamination. Nguyen et al. (2021) conducted a study that investigated the nutritional intake and dietary quality of individuals suffering from obsessive-compulsive disorder. The results suggest that OCD may be associated with reduced calorie intake and altered eating habits that may include rituals, fears, or restrictions connected to food. The study suggested how contamination issues and individuals with OCD may affect eating habits, including heightened anxiety about food safety or hygiene. This may explain why Carl limits his food intake or eat only during certain hours, possibly to help him cope with his concerns about food contamination or safety (Nguyen et al.,2021). Therefore, in Carl's mind, by avoiding certain types of food, he is saving himself from the 'diseases' in the food and by avoiding certain food this puts his mind at ease.

All the symptoms that are discussed are supported by the APA (2013) as it states in the DSM 5 that OCD obsessions are recurring and intrusive thoughts that frequently cause severe worry or distress. By engaging in obsessive behaviours, people with OCD try to minimize these thoughts. All the obsessions that Carl carries out is to reduce his anxiety, whether it is over the fear of contamination, organization of objects or performing rituals, which is a clear symptom of OCD, as supported by the DSM 5 (APA,2013).

Precipitating factors

This factor refers to the specific events or problems that have led to the current difficulties, which in this case is OCD (Racine et al., 2015). It states that Carl became a victim of the bullies during the seventh grade. A group of students from his class would constantly harass Carl, as he became the class joke, which led to him feeling extremely distressed. It states that Carl began to deteriorate as a person, which led to him losing his small friendship group and not attending school.

Josep Pol-Fuster et al. (2024) conducted a study that examined the connection between being the victim of bullying and the emergence of OCD and OCD symptoms (OCDS) in a population-based twin sample. The results from the study support Carl's statement, as it suggests that bullying victimization may be linked to a higher chance of OCDS or OCD. However, the study also suggests that genetic factors may play a role in becoming a victim of bullies, as individuals with an anxious or introverted personality trait may be more likely to be victimized as they are an easy target as they are not likely to fight back. Additionally, it states that Carl is a quiet and withdrawn individual, which supports the genetic factor of being a victim, as he does not have the personality traits that would defend himself.

Predisposing factors

This factor refers to the characteristics or circumstance that may make an individual more likely to experience their current issues (Racine et al., 2015). As previously mentioned, Carl is a quiet and withdrawn individual and only had a few friends. Zhang & Takahashi (2024) conducted a study that explored the relationship between OCD and the Big Five Personality traits (neuroticism, extraversion, openness, agreeableness, and conscientiousness).

The results suggested that neuroticism was positively associated with individuals with OCD, as it is linked to anxiety and instability, which many individuals with OCD suffer with. Likewise, extraversion was negatively associated with OCD, which suggests that individuals with this mental illness are more likely to be introverted. Additionally, openness was negatively associated with OCD. Which suggests that individuals with OCD are more likely to be resistant to change and stick to routines. However, agreeableness and conscientiousness had no clear association with OCD individuals. This study conducted by Zhang & Takahashi (2024) supports Carl's statement as he was described as a quiet and withdrawn individual. The study suggests that individuals with OCD are more likely to be neurotic and introverted, as they experience high levels of anxiety due to their obsessions and they perform rituals to relieve their anxiousness.

Having these obsessions would make the individual introverted as they are constantly preoccupied over how to protect themselves from the possible dangers, which would withdraw them from society.

Perpetuating factors

This factor refers to the elements that keep the illness going or make it worse (Racine et al., 2015). For example, the temporary relief that Carl feels through doing the rituals, including the coughing before consuming food or arranging objects in a certain way. The more Carl engages in his rituals to relieve his anxiety, the stronger the compulsions become, which results in a vicious cycle and may make his symptoms worse or more severe. This belief creates constant anxiety and the 'need' to engage in these compulsive behaviours, to prevent anything negative from happening, becomes increasingly worse to his mental state. A study by Sibrava et al. (2011) explored the frequency and clinical impact of primary mental rituals in individuals with OCD. Their findings support Carl's experience, suggesting that individuals with mental rituals tend to have a more severe form of OCD, requiring urgent treatment before it becomes more difficult to control. People with mental rituals may find it harder to resist engaging in these behaviors, even when they recognize that they are unreasonable, due to the strong emotional reactions connected to not performing them.

Another factor that may worsen Carl's symptoms would be withdrawing himself from his family and friends, as he will not have the social connections or support from others who could encourage healthier behaviours. Brock et al. (2024) supports this, as their study suggests that if individuals with OCD isolate themselves, they may experience a low quality of life, which would make their symptoms worse. Additionally, the study suggests that they may not have the support they need from friends, family, or mental health professionals if they remain isolated, which would make their symptoms worse (Brock et al., 2024).

Another factor that could worsen Carl's condition is his lack of participation in personal hygiene. At the start of Carl's diagnosis, he obsessively washed his hands throughout the day. However, as his symptoms have worsened, he has started neglecting his hygiene. This lack of showering impacts both his physical and mental health. By avoiding showering, he is exposing himself to germs from built-up dead skin cells and sweat, which creates a vicious cycle. His anxiety about contamination increases as his hygiene worsens, yet he also avoids the shower due to fears of cutting himself with the razor while shaving. Drummond et al. (2011) conducted a study

suggesting that individuals with severe OCD often experience self-neglect, including an inability to maintain basic personal hygiene and self-care. The study also noted that this neglect can lead to significant health problems, such as dehydration and kidney failure (Drummond et al., 2011). In Carl's case, neglecting his hygiene would likely worsen his condition. His anxiety would be heightened by the fear of contamination, especially while shaving, but if he stops showering, he risks becoming physically ill, creating a vicious cycle.

Protective factors

The final factor refers to elements that may help the situation or symptoms (Racine et al., 2015). In Carl's statement, it mentioned that he was raised in a very caring family. This support from his family will help Carl to foster new healthy behaviours and receive the treatment that he needs to prevent the OCD symptoms. Stewart et al. (2020) conducted a study that supports this. Their results suggested that family support has a positive effect on both the patient and the family's mental health. It suggests that the support reduces symptoms of functional impairment, anxiety, depression and OCD from the family members adjusting their behaviours to prevent triggering OCD. This creates a positive and safe environment for the patient, so they feel less stressed and can manage their symptoms effectively. From Carl's family adjusting their behaviours and providing support, this will help Carl to manage his symptoms and seek the support he needs.

Treatment plan

For Carl to adopt new healthy behaviours, he requires treatment to break his rituals and fear of contamination. A study conducted by Jalal et al. (2020) suggested that Exposure Response Prevention (ERP) which is a type of Cognitive Behavioral Therapy (CBT) is an effective treatment plan for individuals with these symptoms. ERP involves introducing patients to stressful circumstances while keeping them from practicing safety behaviours, which causes adaptation. The study suggested that this type of treatment is effective, but it can be time consuming, depending on the severity of the patient's symptoms. Pinciotti et al. (2023) also supports the fact that the treatment may be time consuming as their study suggested that patients that perform the 'just right' rituals have a longer expected time for recovery due to the routine they are stuck in, and it can be hard to break. For Carl's treatment, they may begin with small steps such as introducing cleansing back into his routine. This could include him cleansing with a flannel, for him to get used to dealing with personal hygiene and assuring him that nothing negative will happen or contaminate him.

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