Personality Disorders- Obsessive-Compulsive

DSM-IV-TR Diagnostic Code: 301.40 Obsessive-Compulsive Personality Diagnostic Guidelines:

1. Establish Diagnostic accuracy as defined in DSM-IV-TR/ICD-9.
2. Identify differential diagnoses and co-morbid problems: Rule out OCD, Bipolar illness, substance abuse, organicity, and post traumatic stress disorder. Rarely, one may use psychological testing to assist with rule outs when treatment based on standard clinical evaluation and treatment approaches is ineffective or fails to improve the client's mental status and related life experiences.
3. Establish accurate diagnosis through continued assessment of diagnosis over time and rule out of other diagnoses as necessary.
4. Obtain external corroboration of diagnosis when possible through review of past treatment history, legal history, family or third party observations, etc.
5. Review previous treatment episodes to determine efficacy of treatment interventions and therapeutic gains.
6. Assess type and degree of functional impairment, and adaptive and maladaptive coping styles, as these may be targets of treatment.

Treatment Guidelines

1. Treatment is most effective when the nature of the disorder is first discussed with the individual, as well as typical and accepted treatments. A clinician should stay with the facts of the presenting problem and underlying disorder rather than offering impressions or opinions. Since the individual with this disorder tends to be meticulous and concerned with details, the treatment regimen should be adhered to without deviation as long as the treatment modalities have first been approved by the client for use.
2. Short-term therapy will be most likely to be beneficial focusing on the client's current support system and coping skills. Long-term treatment generally has limited success and a poor cost-benefit profile.
3. Individuals suffering from Obsessive-Compulsive Personality Disorder often are not in touch with their emotional states as much as their thoughts. The clinician should lead the client away from describing situations and events and towards how such situations and events made them feel. An important intervention is to try and have the individual examine and properly identify their feeling states, rather than just intellectualizing or distancing themselves from their emotions. This can be accomplished through a variety of techniques, such as feeling identification at the onset of every therapy session. Homework might include writing feelings down in a journal, especially as they notice them. Proper identification and realization of feelings can be an effective intervention.

4. Cognitive approaches in general are not useful with this disorder. Clinicians must be willing to undergo criticism of their professionalism and knowledge, as skepticism about a clinician's treatment approach from the client with this disorder can be expected. Clinicians should also be careful about engaging the client within these criticisms or other intellectual discussions, as they continue to distance the client from his or her feelings and take the focus off of the client and onto unrelated matters.
5. Therapy will most often be most effective when it focuses on correcting short-term difficulties currently being experienced. It will become increasingly less effective when the goal of therapy is complex, long-term personality change.
6. Although a group therapy modality may be helpful and an effective treatment option, most people who suffer from this disorder will not be able to withstand the social contact necessary for therapeutic gains. They may quickly become ostracized by the group for pointing out other people's deficits.
7. In most cases, medication for this disorder is not indicated unless the individual is also suffering from a clearly identified Axis I diagnosis as well. However, SSRI medications have been approved for the treatment of Obsessive-Compulsive Disorder and may provide some symptom relief to individuals with the personality disorder. Long-term use, though, is rarely indicated, appropriate, or beneficial.

BIBLIOGRAPHY:

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