**Case History**

Jane Banks is diagnosed with 300.29 specific phobia (F40.228) natural environment as evidenced by her development of an intense fear of germs in her surroundings and intense fear of becoming ill (APA, 2013, p. 198). The phobic object of germs almost always provokes immediate fear in Jane, and is out of proportion to the actual danger of the risk or probability of becoming seriously ill (APA, 2013, p. 197). Her fear and avoidance of germs, and becoming sick is causing clinically noticeable distress and impairment in Jane’s social, and other important areas of functioning, due to the fact that she compulsively washes her hands 10-20 times each day, which causes her to be late for appointments at times (APA, 2013, p. 198).

Jane also cleans her house constantly to avoid the phobic substance of germs, which leaves her an inadequate amount of time to study as a student in her doctoral program. Jane admits that her behavior is excessive, but justifies it with the fact that germs exist, which is not a proportionate rationale for her compulsive behaviors. Jane should be evaluated for the possible diagnosis and treatment of obsessive-compulsive disorder (OCD), as a comorbid disorder to her specific phobia, as well, as evidenced by these intense hand washing and cleaning behaviors (APA, 2013).

The approach that should be taken in treating a client diagnosed with 300.3 obsessive compulsive disorder would be in striving to decrease the client’s anxiety related to his/her experiencing obsessive thoughts and performing compulsive behaviors through cognitive behavior therapy (CBT), psychotherapy and medication-assisted therapy (MAT) (Vorstenbosch & Laposa, 2015, p. 55). Although there is no cure for OCD, treatment can help bring the symptoms under control in order to maintain the client’s effective level of functioning. MAT including antidepressants initially can help to control the obsessions and compulsions of OCD, such as Clomipramine (Anafranil), Fluvoxamine (Luvox CR), Flooxetine (Prozac), Paroxetine (Paxil, Pexeva), and Sertaline (Zoloft) (Vorstenbosch & Laposa, 2015, p. 56).

The most effective approach to the treatment of OCD is a form of therapy called exposure and response prevention (ERP). This therapy involves gradually exposing the client to the feared object or obsession, such as dirt, and educating the client regarding healthy ways to cope with this anxiety (Vorstenbosch & Laposa, 2015, p. 56). This therapy is effective in individual, family and group sessions. Specific techniques of CBT are beneficial in helping the client reduce compulsive behaviors, such as systematic desensitization, modeling, positive reinforcement, visual imagery of a stop sign with an obsessive thought, and cognitive rehearsal (Vorstenbosch & Lapose, 2015, p. 56). Another approach to treating clients diagnosed with OCD that is currently being researched for its effectiveness is deep brain stimulation (DBS) for clients that do not respond well to psychotherapy or MAT (Vorstenbosch & Lapose, 2015, p. 57).

Obsessions and compulsions can frequently interfere with the lives of all family members who live with someone who evidences Obsessive-Compulsive Disorder (Peris, Sugar, Bergman, Chang, Langley & Piacentini, 2012). The attitude and reaction of family members toward an individual with OCD can have a significant impact (positive or negative) with respect to the progression, severity and treatment effectiveness (Peris, et al., 2012). Previously, family-focused cognitive behavioral therapy (FCBT) has been shown to be quite successful in family environments that display cohesiveness, and are low in family conflict (Peris et al., 2012).

In order to determine if a client is experiencing symptoms from an anxiety, or obsessive compulsive disorder as opposed to a substance-induced disorder, the time frame of the symptoms must be linked to the substance use in regards to being displayed before, during or after the substance use (Schuckit, 2006, p. 76). A client with an independent anxiety or obsessive compulsive disorder would exhibit symptoms before the substance use, and these symptoms would last for a considerable length of time, such as one month, after the client abstained from using the substance and its withdrawal (APA, 2013, p. 226). A client developing the symptoms of anxiety and/or obsessive compulsive disorders shortly after the client is introduced to the substance and during its use would be diagnosed with substance-induced anxiety or substance-induced OCD (Schuckit, 2006, p. 76).

References

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