Name: Hannah Glanzer Box_____Score: /15

David Whitehorn - OCD

You are a nurse at a Community Mental Health Center. You are interviewing a new client, David Whitehorn, who has voluntarily come for help.

David says, "No matter how hard I try, my life is just not working out."

David tells you that he has alienated his coworkers, his girlfriend has just about "given up" on him, and that his personal life is "a mess." He also comments that discussing his personal problems is difficult for him.
David avoids eye contact, and speaks in a soft, gentle, halting voice.
Your interview proceeds smoothly, although David is reluctant to share a lot of information.
You are able to obtain a brief psychosocial history, and discover that David is a Lakota Indian.

Psychosocial History
Thirty year old and unmarried David, an American Lakota Indian, lives alone. He has been dating a 25 year-old woman for one year. Relationship is serious but couple is experiencing conflict. Employed as a computer programmer for the past 8 years. Grew up on Indian reservation. He was raised by grandparents, who he has not visited in the recent year.

You are also able to obtain a brief history of David's presenting problems.
You learn that David has "funny thoughts and habits" that make him feel uncomfortable and anxious.

Presenting Problem
David admits, with some embarrassment, to having “funny habits” that are distressing to both him and the people around him. He says that he feels anxious about the way he sometimes thinks and acts.

Before making any judgments about David and his problems, more data must be collected. You continue your interview with David, advising him that you would like to spend thirty minutes talking with him.

1. To help David, which of the following are important to determine?
Select all that apply (4 correct answers)

- ☐ **What David means by "My life is a mess."**
- ☐ **Whether or not David thinks he is obsessive-compulsive**
- ☐ **Stressors David has in his life**
- ☐ **Medications David takes, if any**
- ☐ **More specific descriptions of David's problems**

David denies taking any medications or drugs, including alcohol. He says, "I've seen too much of that."
When asked what he has "seen," David does not respond.

You ask David what he means by "My life is a mess." He responds, "Nothing has turned out the way it was supposed to." When asked what he wanted to turn out differently, David just shakes his head.

David maintains an unreadable facial expression, is vague about most things he says, and continues to avoid eye

contact. You know that you need more information about David's "habits" to help him.

The fact that David feels uncomfortable and anxious about his "habits" and behaviors indicates that they do not fit with his self-concept. Feelings or behaviors that cause discomfort to a person are said to be ego dystonic or ego alien.

Feelings or behaviors that are a good fit with a person's self-concept are ego syntonic or ego compatible.

2. Which of the following approaches is best in trying to find out more about David's "habits"?

- ○ **Ask David, "Are you sure your problems are "habits"?"**
- ○ **Confront David about being secretive, then wait for him to volunteer information about his "habits"**
- ○ **Say to David, "It would be helpful to know more about what your habits are."**

3. Despite gentle questioning, David still is not able to be specific about his "habits." What other approaches could be used to elicit this information?
Select all that apply (4 correct answers)

- ☐ **Talk with David about factual aspects of his life, such as where he was born, where he grew up, and what he does at work**
- ☐ **Say to David, "I notice you don't want to talk about your "habits."**
- ☐ **Say to David, "Whenever you're ready to talk about your "habits," let me know. In the mean time, what would you like to talk about?"**
- ☐ **Talk to David about possible feelings of frustration, guilt, and anger**
- ☐ **Ask David, "What do you think is making it difficult for you to talk about your personal problems?"**
- ☐ **Discuss with David what it means to him to be a Lakota Indian**

David gradually settles into your session with him, and talks about being a Lakota Indian.

David tells you that he grew up on a Reservation, where his grandparents raised him. While growing up, he loved the Reservation and learned to hunt, fish, sing, and dance in the Lakota tradition.

As he got older, David noticed that many of the adults were unemployed and got into trouble because of drinking. Despite these observations, David, whose Indian name is Strong Bear, wanted to stay on the Reservation and work.

By the time David graduated from high school, however, he realized that to be successful, he would need to leave the Reservation and go to college. Since the computer industry was growing, David chose to become a programmer.

Following graduation from college, David made a conscious decision not to return to the Reservation, in spite of his pride in being a Lakota.

Eventually, David goes on and tells you about his "habits." He says he repeatedly counts things, such as the

number of papers on his desk, the number of steps from his car into his office, and the number of shirts in his closet.

David also tells you that he has periodic, repetitive thoughts of danger and disaster, and that counting temporarily makes him feel better.

4. Given the information that David has shared about his "habits," which of the following would be best to ask next?

- **"How did you decide not to return to the Reservation?"**
- **"When and how often do these thoughts and behaviors take place?"**
- **"When did these thoughts and behaviors begin?"**
- **"How much do you miss the hunting, fishing, and singing?"**

5. Data suggests that David has obsessive-compulsive disorder. Obsessions are uncontrollable _____ that are consciously apparent to the person experiencing them.

- **thoughts**
- **behaviors**

Obsessive-compulsive symptoms characterize both obsessive-compulsive personality disorder and obsessive-compulsive disorder.

With obsessive-compulsive personality disorder, a person has enduring obsessive-compulsive character traits, such as inflexible thinking, perfectionism, over-conscientiousness, preoccupation with rules, and hoarding.

When obsessive-compulsive symptoms are not enduring features of a person"s personality, the person is said to have obsessive-compulsive disorder. Symptoms require treatment when they are time-consuming, cause distress, or interfere with everyday functioning.

David elaborates on his thoughts and habits. He says they occur more often over the weekend, although they do occur on other days of the week as well. He is not able to identify any triggering situations. The danger and disaster that David worries about enter his thoughts as "This is not right. You'd better watch out or you'll be in trouble." As soon as David begins to count something, he feels better.

Suicide assessment is a routine part of all mental health assessments. Your session with David includes a suicide assessment. When asked if he has had thoughts or feelings of harming himself, or life not being worth living, David responds, "No. I have many things I love and would not hurt myself. I just want my "habits" to go away."

There is a high comorbidity of obsessive-compulsive disorders with depressive disorders. After Caucasians, Native Americans are at highest risk for suicide.

6. Your scheduled time with David is almost over. David has just begun to talk about his "habits" and thoughts. What should you do?

- ○ **Extend the session time, with David's permission, until he is finished telling you about his problems**
- ○ **Avoid interrupting David and allow him to talk as long as he needs to**
- ○ **Let David know that although he is sharing important information, you only have five more minutes together before you need to stop for the day**
- ○ **Invite David to tell you more about his habits and thoughts at your next meeting together**

Before David leaves, you contract with him for eight weekly sessions. He agrees to come back next week, and to call if he needs help in the mean time.

Before David leaves, he agrees to keep a log of each time he has a repetitive thought or needs to count. He will list the date, time, and situation in which the thought or behavior occurs, the degree of stress (on a scale of 0-100) he feels before and after the thought or behavior, and any other stressful worries that occur at the same time.

David comments, "That's a lot to do. But, if it will help, I'll do it. I really want to get over this."

Your goal for your next meeting with David is to continue with a situational assessment.

You will gather more data about David's behaviors and specific situations that elicit his obsessions and compulsions. You will try to identify more clearly the "ritual" David uses to decrease his anxiety. You will also try to identify the situations or thoughts he is trying to avoid.

Before your next session with David, you read about the Lakota Indians and their culture.

You discover that Lakota Indians respect the earth and nature, and put little value on material goods. Silence and deference are used as signs of respect. Individual problems are taken seriously and felt to have an effect on the entire tribe. The Lakota Indians tend to socialize primarily with their tribesman.

You also formulate a list of nursing diagnoses that apply to David, and develop a tentative treatment plan.

Nursing Care Plan
Date
Problem/Nursing Diagnosis
Goal/Expected Outcomes
Target Date
Nursing Order/ Actions

7. Which of the following nursing diagnoses are appropriate for David?
Select all that apply (2 correct answers)

- ☐ **Spiritual Distress related to inability to practice spiritual rituals of the Lakota Indians**
- ☐ **Anxiety related to inability to control thoughts and behaviors**

- ☐ **Ineffective Coping related to unknown etiology**
- ☐ **Ineffective Sexuality Patterns related to conflicts with girlfriend**

As you plan to meet with David again, you recall your knowledge of obsessive-compulsive disorders (OCD).

8. Which of the following is TRUE with regard to obsessive-compulsive disorders (OCD)?

- ○ **When obsessions and compulsions are resisted, they become less powerful and intrusive**
- ○ **Most people with OCD have traumatic childhood histories**
- ○ **Control is a major issue for people with OCD**
- ○ **People with OCD tend to seek experiences that intensify their feelings and symptoms**

9. You know that the defense mechanism, _____, is being used when a person with obsessive-convulsive disorder (OCD) carries out compulsive acts.

- ○ **somatization**
- ○ **passive aggression**
- ○ **undoing**
- ○ **sublimation**

David returns for his next meeting eager to talk. He says he learned a lot through keeping a log.

David confides that his recurrent thoughts are much more specific than he thought. He has images of his tribe and the Reservation being destroyed by floods and high winds. He pictures everyone being swept away. His counting takes place when these images occur.

David also tells you that these images occur near and on the weekend, when he spends the most time with his girlfriend, Eileen. In fact, the disastrous images and counting started when David first began thinking about marrying Eileen, about six months ago.

10. As you listen to David you also observe his behavior, and determine that he is moderately anxious. Which of the following reflect moderate anxiety?

- ○ **Focus on exaggerated detail, difficulty speaking and breathing, sweating, pale/cold skin, trembling**
- ○ **Focus on the past and scattered detail, rapid breathing high in the chest, and inability to concentrate**
- ○ **Focus on the immediate situation, inattention to detail, ability to concentrate, high-pitched voice**
- ○ **Focus on tasks at hand, ability to concentrate, normal (usual) vital signs**

When mildly anxious, a person tends to ask questions, seek information, and accurately relate one piece of information to another.

Ability to focus on tasks at hand and concentrate with little change in skin tone, skin temperature, or breathing,

characterizes mild anxiety. Mild anxiety is considered helpful to learning and problem-solving. Attention, concentration, and the ability to process information are heightened.

The severely anxious person has great difficulty learning, trouble communicating clearly, and difficulty understanding what is happening in the present. Sympathetic nervous system stimulation characterizes severe anxiety.

Focus on the past and on scattered detail, rapid breathing high in the chest, and inability to concentrate are symptoms of severe anxiety. Other signs and symptoms of severe anxiety include an increased heart rate and temperature, headache, nausea, and light-headedness.

Focus on details, difficulty speaking and breathing, and cool, pale, diaphoretic skin characterize panic.

Other signs and symptoms of panic include inability to learn, illusions, hallucinations, blocking of thoughts, and an impending feeling of doom. Physical activity may be purposeless and increased, or the person may be motionless.

You comment to David that he appears anxious. He confirms this when you ask him, but adds "I can deal with it."

11. David has not exhibited his counting "habit" during your sessions with him. How do you best account for the lack of David's obsessive-compulsive symptoms during your sessions?

- **David's Lakota heritage is helping him exert an enormous amount of self-control**
- **David is respectful of your position and does not want to embarrass you**
- **David's anxiety has not been at the panic level**
- **David has not been exposed to the trigger that precipitates his obsessive-compulsive cycle**

As you wonder what David's trigger might be, he becomes immobile and looks as if he is watching something you can't see. This behavior lasts for just a minute, after which David shakes his head, grimaces, and apologizes for the "lapse."

Almost immediately, David becomes tense again. He then carefully and methodically begins to count the papers on your desk, beginning at the left and moving to the right.

12. David counts all the papers on your desk and then starts recounting the papers. How should you intervene?

- **Stop David by saying, "David, those are my papers. Please stop."**
- **Sit and do nothing, waiting for David to finish**
- **Reach over and touch David's hand, getting his attention**
- **Ask David, "Are you experiencing one of your "habits"?"**

Within about ten minutes, David completes his ritual. He tells you that he had one of his images, followed by the counting habit.

When asked how he is feeling, David says, "Better." His nonverbal behavior confirms that he is less tense than he was before he started counting.

David goes on to say, "It was talking about Eileen and getting married that made me feel tense ... I was alright until then."

As your session with David continues, it becomes clear that he feels guilt about leaving his people on the Reservation and having a non-Indian girlfriend.

As your session with David finishes, you encourage him to continue keeping a log, and to think about the relationship between his images and counting.

David's log reveals that his compulsions take more than an hour each day and cause him great distress.

After your session with David, you meet with your supervisor and plan strategies that might be useful for David.

It is determined that cognitive behavioral therapy (CBT) would be useful with David. You are certified to use this treatment modality.

Nursing Care Plan
Date
Problem/Nursing Diagnosis
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Components of cognitive behavioral therapy (CBT) include exposure and response prevention.

With exposure, a person faces his fears. With repeated exposure to a feared stimulus, over time, the person experiences less anxiety in response to the stimulus.

With response prevention, the person is guided in techniques that help him refrain from engaging in compulsive behaviors. You will use response prevention with David.

In your next meeting with David, as part of response prevention, you teach David about delaying tactics designed to postpone the onset his compulsive actions. You also encourage him to decrease the amount of time spent on his compulsions.

You also suggest to David that he distract himself with a favorite activity when he feels tense. Alternately, progressive relaxation can be used to reduce anxiety and tension or delay the onset of obsessive thoughts or compulsive acts.

You also suggest to David that he set aside specific times during the day to focus on his problems.

You encourage David to accept his obsessions and compulsions, rather than resist them. This should leave more

energy to deal with his problems in a constructive way.

13. Anafranil (clomipramine) is sometimes used for treatment of obsessive-compulsive disorder. This tricyclic antidepressant is also used to treat anxiety disorders. Common side effects of Anafranil (clomipramine) include:
Select all that apply (5 correct answers)

- ☐ **hypotension**
- ☐ **drooling**
- ☐ **headache**
- ☐ **constipation**
- ☐ **fatigue**
- ☐ **sexual dysfunction**

In your next session with David, you talk with him about his relationship with Eileen. He shares his ambivalence about her. He loves her very much, but is concerned that she is not an Indian.

14. How can you best help David resolve his dilemma?

- ○ **Gently suggest to David that he would be better off without Eileen, since she is causing him a lot of stress**
- ○ **Ask David how Eileen's not being an Indian is causing him so much distress**
- ○ **Tell David that his love for Eileen takes priority over his concerns about her not being an Indian**
- ○ **Use an accepting therapeutic response, such as "Um-hum" or nodding your head, to encourage David to continue**

Over the next few weeks, David works hard in your sessions to reduce his anxiety, images, and counting. He is pleased with his progress, and feels he is almost ready to stop seeing you, even though it has only been six weeks.
David has also done research on obsessive-compulsive disorder (OCD) on his own, and has started attending an OCD support group.
David has learned about and practiced the technique of habituation. He listens to a lengthy, specific description of his image (which he recorded) every day.
And, David has forced himself to think of Eileen and be with her as much as possible. At these times, he has been able to delay the urge to count by using relaxation techniques.
David has learned to confront the things he was previously attempting to avoid.
David started seeing you because of tension, images, and counting. Resolution of these problems indicates that he is ready to stop seeing you.

15. In helping David move through the termination phase of your relationship, what resources and activities are appropriate to discuss?
Select all that apply (4 correct answers)

- ☐ **Continuation of therapy with someone skilled in psychoanalytic techniques**
- ☐ **A return visit to evaluate his condition**
- ☐ **Initiation of contact with family and friends on the Reservation**
- ☐ **Participation in local Indian activities**
- ☐ **Couples therapy with his girlfriend**
- ☐ **Review of your relationship and what he has learned**

It is agreed that David will see you for one more session. Although his images and counting have not completely stopped, he feels he has enough control over them to "try his life without your help."

David believes his problems will soon stop entirely, as he plans to continue using the techniques he has learned. And, while he still feels some tension, the breathing and relaxation techniques he has learned help to alleviate his tense feelings rather quickly.

David has talked to some Indian friends and family members on the telephone, and plans to visit his Reservation in the next few months. Since work keeps him busy, he has decided not to get involved in local Indian activities for now.

At the end of your last session, David gives you a book on Indian art and thanks you for all he has learned from you. You too, have learned a lot from David.