

Gail Baker
Psychological Assessment Report
GCN 602.OA/OB
Measurement and Assessment
Alliance University
bakerg@allianceu.edu
Spring 2023

Professor: A'tasha M. Christian, Ed.D., LMHP

TA: Erin Coleman

Assessment Report

Patient Name: Elizabeth Ellen

Date of Evaluation: 03/26/2023

Date of Birth: 09/02/1997

Age: 26 Years

Education: Grad Student

Occupation: Unemployed

Current Medications: None

Handedness: Right

Evaluation Completed by: Gail Baker LPC., Student

Evaluation Time: 1-hour diagnostic interview, 7 hours test administration, interpretation, and report

Identified Client and Reason for Referral: Elizabeth Ellen was referred by Dr. A'tasha Christian for concerns about OCPD (Perfectionist).

The symptom and descriptions and history were obtained from an interview with Elizabeth and a review of her available medical records.

Interpretation of Assessment Information: Elizabeth is a 26-year-old Asian-Korean female seeking treatment for OCPD (Perfectionist) who reports that she is single gender. Elizabeth is from Queens, New York but relocated from Korea when she was a little girl. Elizabeth reports that she is a grad student and has no children but would love to conceive and be married one day. Elizabeth states she lives alone.

Elizabeth reported that she grew up in Korea as a little child and migrated to the United States in the 1980s and lived with her parents. Elizabeth's parents are loving hard-working individuals who are married and have a relationship with both of her parents. Elizabeth is the only child and is unemployed never been diagnosed with any physical injuries or mental health disorders or had to be counseled. Never had to take medication for any illness. Elizabeth states "As a child, she always was outgoing, outspoken, and had no worries, or issues that contribute to the way she's feeling. Always want things to be in order, everything must be perfect, clean room, proves to be ineffective in any challenge, and have high standards for herself and others." Elizabeth has no history of substance use or alcohol. Elizabeth has been feeling depressed, anxious for a period of time for a few years now and can't complete most of her tasks, and is usually in great distress. She has difficulty controlling the range and intensity inside of herself, but she doesn't show it to others unless it's too obvious to see and is her worst critic. She maintains relationships with others, but it can become difficult and burdensome at times because of her Perfectionist tendencies. At the initial interview, Elizabeth arrived at her appointment on time and presented herself appropriately, and well groomed, with white sneakers, blue jeans, and a jacket, her hair was done, tall and slender with a down look on her face with a facial expression of stress, pain,

anxiety. She carried a backpack (blue) and held a cell phone in her hand. Elizabeth was cooperative throughout her interview, had good communication skills well developed, and was able to express her self-awareness with insightful manners, and knowledge about her condition. Elizabeth has no history of mental health disorders, counseling, and psychiatric treatment in the family. Elizabeth states she needs to see a counselor for her perfectionist disorder. Elizabeth presenting problems and depression, anxiety, and perfectionist symptoms cause the further assessment to be possibly diagnosed with Obsessive Compulsive Personality Disorder (OCPD).

Past Medical, Neurological, Psychiatric, and Substance Use History:

No past history of illness or inpatient hospitalization. No implications for surgery, and she has regular menstruation. No previous psychiatric history is reported above.

Birth, Developmental, and Occupational History:

Elizabeth explains no problem with her birth or development. She comes from loving parents and always enjoys reading and school. She goes on to say she never had any learning disabilities and always focus on the bigger picture of life.

Family History:

No significant past family history was reported.

Psychosocial History and Current Adaptation:

Elizabeth lives with her parents. No children and single. She attends college student but has feelings of depression, and extreme anxiety that interferes with her daily life. which she has difficulty controlling the range and intensity inside of herself. She is a perfectionist and insistent that both her performances and the performance of others are of high standards. Always trying to prove to be ineffective, and very competitive with herself and the rules she makes for herself.

Counseling Goals:

The treatment goals for OCPD are to decrease the degree to which they value organization, accomplishment, and efficiency, and increase the degree to which they value fun, flexibility, relaxation, and spontaneity. To help the client understand their mental state. Identifying their thoughts, and emotions, help them to learn different ways of coping with things that trigger anxiety, and intensity to help them function in their task and their daily living. In addition, to include assertive communication, engage Elizabeth to include problem-solving strategies that can be done in different ways to learn how to do things differently changing her viewpoint, and preoccupation with details, organization, and order. Being persistent at long task after the behavior cease so she can be functional and effective in whatever she does with repeated failures. With the client accepting these techniques can implement change and new options to do things without difficulty which may feel uncomfortable sometimes to the client. In any

event, the prognosis for this client would be positive. The length of treatment is 30-45 minutes a session for 8 weeks.

Interventions:

Therapy options for OCPD can include:

Cognitive behavior therapy (CBT), focuses on helping you notice and, eventually, change the negative thought patterns associated with OCPD

Psychodynamic therapy is intended to help you understand your conscious and unconscious thoughts and emotions, so you can make healthier choices in your daily life

Medication helps control some Obsessive-Compulsive Personality Disorders (OCPD)

Possible Barriers to Treatment:

OCPD often has other diagnoses as well, including anxiety, depression, substance abuse, eating disorders, and hypochondriasis.

Mental Status Examination:

Elizabeth was alert and oriented appeared motivated to change her thoughts and expressed verbal compliance with little guidance to figure out her symptoms. However, she still seems reluctant to change her behaviors if she feels pressured to change them by others. Elizabeth intends to work on herself not being so preoccupied with details, flaws, and schedules that she would lose herself in her main task. Elizabeth denies any suicidal thoughts, or homicidal ideations she does not present with any indication that she poses a danger to herself or to others.

Clinical Summary:

The client reports a history of depression, anxiety, and perfectionism. Elizabeth presenting problems and depression, anxiety, and perfectionist symptoms cause the further assessment to be possibly diagnosed with Obsessive Compulsive Personality Disorder (OCPD). The Diagnostic and Statistical Manual of Mental Disorders 5th Edition DSM-5 American Psychiatric Association, 2013. Explains that three or more of the following four pathological personality traits, one of which must be rigid perfectionism.

Obsessive-Compulsive Personality Disorder

DSM-5 301.4 (F60.5)

The Diagnostic and Statistical Manual (5th ed., DSM-5, The American Psychiatric Association, 2013) defines personality disorders as an enduring pattern of experiences and behaviors that deviate significantly from the norms of the individual's culture, divided into Cluster A, Cluster B, and Cluster C disorders based on similar patterns of behavior. These differences must be pervasive, stable across time, and lead to distress or impairment.

Evidence of this deviation is often apparent by adolescence or early adulthood and persists over time (The American Psychiatric Association, 2013).

An obsessive-compulsive personality disorder is included in the Cluster C personality disorder category and is hallmarked by a consistent pattern of perfectionism, preoccupation with orderliness, and a pervasive need for mental and interpersonal control. This need for control and sameness often leads to a loss of flexibility and efficiency (The American Psychiatric Association, 2013).

Obsessive-compulsive personality disorder presents as a pattern of stubbornness and rigidity, and leads to a preoccupation with details, organization, schedules, lists, and rules, often to the extent that the original purpose of the task is forgotten, and often remains incomplete. The obsession with rules often overflows into inflexibility in matters of ethics and morality, much more so than can be accounted for by cultural or religious affiliation (The American Psychiatric Association, 2013).

Some forms of obsessive-compulsive personality disorder also present as an obsession with work and productivity to the point of complete exclusion of leisure activities and interpersonal relationships. Individuals presenting in this manner will often refuse to delegate tasks unless others will follow the same methods of doing things, despite being overwhelmed by their workload. It is important to note that this “workaholic” mindset is considered normal in some cultures, and in those instances should not be diagnosed as an obsessive-compulsive personality disorder (The American Psychiatric Association, 2013).

Additionally, individuals with obsessive-compulsive personality disorder demonstrate miserly spending habits, and are reluctant or unable to discard objects, even when they harbor no sentimental value, though these behaviors differentiate from the symptoms of pathological hoarding (The American Psychiatric Association, 2013).

Gail Baker, LPC., Student

Reference

American Psychiatric Association, DSM-5, (2013). *Diagnostic and statistical manual of mental disorders: DSM-5th* (5th ed.). American Psychiatric Publishing.
<https://doi.org/10.1176/appi.books.9780890425596>

Bateman AW, Gunderson J, Mulder R. *Treatment of personality disorder*. The Lancet. 2015;385(9969):735-743. doi:10.1016/S0140-6736(14)61394-

Diedrich, A., & Voderholzer, U. (1970, January 1). *Obsessive–compulsive personality disorder: A current review*: Semantic scholar. Current Psychiatry Reports. Retrieved March 28, 2023, from <https://www.semanticscholar.org/paper/Obsessive%E2%80%93Compulsive-Personality-Disorder%3A-a-Review-Diedrich-Voderholzer/6e94c7e6efc8b2c1b31d76248630b1650e00fceb>

Milton Spett (Ed.). (2014). *The New Jersey Association of Cognitive Behavioral Therapists. Obsessive-compulsive personality: The overlooked diagnosis*. Retrieved March 28, 2023, from <https://nj-act.org/ocpd.html>