Obsessive-Compulsive Personality Disorder

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Obsessive-Compulsive Personality Disorder (OCPD) is a mental health condition whereby an individual exhibits repeated obsessions, compulsions, or both. The need for complete perfectionism, orderliness, and mental control characterize OCPD. OCPD is divided into clusters A, B, or C depending on the similarity in behavioral patterns. OCPD can significantly interfere with the lives of men, women, and children who have the disease. Symptoms of OCPD can appear in puberty but are more likely to begin during early adulthood. Deviations in patterns of behavior become more visible during adolescence and continue to prevail over long periods. The Diagnostic and Statistical Manual of Mental Disorders (DSM) categorizes OCPD as part of the cluster C of personality disorders.

The long-term treatment of OCPD is largely based on the stubborn nature of the disorder. The mental anguish and stress associated with OCPD require a lengthy recovery process (Gulin et al., 2021). Cognitive or behavioral therapies should be the treatment option for OCPD to ensure the identification of stress areas and help the patient gain coping skills. In the treatment of OCPD, the use of Dynamic Psychotherapy (DP) would be an appropriate therapy to be administered to an individual. DP was initiated to cover the shortcomings of the long-established use of psychoanalysis. DP creates a connection between fantasies patients have and reality. DP as a form of treatment allows the patient to communicate and understand the reasons for their reactions and inclinations to behave the way they do (Becker et al., 2019). The main aim of DP is to ensure patients have a thorough understanding of their previous experiences and present feelings.

DP therapy would be most appropriate for the treatment of OCPD because patients exhibit a need for control and this could be attributed to having unavailable parents. Offering the patient an opportunity to make the connection between their past and present thoughts could create the change required for the patient's treatment progression. For an individual's condition to improve, they require insight into the mental aspect of their behaviors.

A therapeutic relationship in psychiatry is one perceived by the patient as being supportive, non-judgmental, caring, and professional. The development of a therapeutic relationship plays an important role in clinical outcomes, rates of hospitalization, and satisfaction levels (Bolsinger et al., 2020). A poor therapeutic relationship will lead to bad therapy outcomes and other potentially risky outcomes including ending treatment prematurely or violence. A stable therapeutic relationship in a psychiatric setting allows for the better handling of psychiatric related emergencies. The main aim of a therapeutic relationship in psychiatry is to effect positive change for the client after receiving the necessary tools to do so from the therapist.

Given the psychological OCPD symptoms, patients should be treated in a delicate way to ensure they remain open to receive treatment and retain a positive relationship with the therapist after their diagnosis. When informing a patient of their diagnosis, it is important to accompany the information with examples of increased symptom severity to ensure the therapeutic relationship is maintained. Further, verbal and nonverbal communication has to be positive during the conversation of diagnosis with the patient to ensure the creation and maintenance of a positive therapeutic relationship.

The discussion of OCPD diagnosis with an individual will require focusing the conversation on the ways their behavior is detrimental to their own life. While sharing the OCPD diagnosis with family members I would offer the family strategies on how they can assist the patient cope with their new reality. The family will require information on how to set appropriate boundaries with the patient and how to deal with any negative reactions. In a group session, the

diagnosis will be given in a way informing the individuals to think of the way their behavior has influenced people in their lives. Discussing the diagnosis with a group of people will require the use of language not aimed at raising defenses. If one group member raises their defense, this could lead to a negative reaction from anyone.

All the three sources used are scholarly since they are either academic or peer reviewed or refereed. All the sources have the authors' names, credentials provided. All three sources have been published by the professional organizations National Centre for Biotechnology Information (NCBI) and frontiers in psychiatry. The publication dates for all three sources are well documented and are within the last three years. References of the content are stated in all three sources.

References

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