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A Case Study of Psychological Counseling for Obsessive-Compulsive Disorder under the Integrative Model

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Abstract: Taking a Chinese college student with obsessive-compulsive disorder as the object, this paper analyzes and explains the occurrence, development and maintenance mechanism of the obsessive-compulsive symptoms from three theoretical models of cognitive behavior, psychoanalysis and human-centered. A total of 13 consulting practices were carried out. Building working alliances with human-centered idea, using relaxation training, mindfulness meditation, and rational emotional therapy to intervene, supplemented by explanations from a psychoanalytic perspective. The results showed that the client's obsessive-compulsive symptoms were relieved, the emotional distress level decreased, the self-satisfaction level increased, and the social function recovered. The results suggest that a variety of theoretical orientation integration models can effectively guide OCD case conceptualization and counseling practice.

1. Introduction

Demographic information: W (pseudonym), female, 21 years old, she was a junior when she came for consultation, she had good academic performance and identified with her major.

Main complaint: 3 months before the consultation, she couldn't help thinking about some impossible questions. For example, will I pour boiled water on my roommates, even though they are nice to me; will I eat my mobile phone? Do I suddenly stand up and yell in class. But she knew she wouldn't do that. Then she blamed herself for thinking about that. She was worried that she would become a patient with a mental disorder. But the harder she tried to suppress it, the easier those inexplicable thoughts appeared. Poor sleep and diet. When studying, she couldn't concentrate on her study and the efficiency was extremely low. She was unwilling to socialize and preferred to be alone. She was anxiety and depression.

Motivation for help: She hoped she could study, live and communicate normally, and reduced the level of emotional distress.

Process of seeking help: W came to the mental health education center of the school.13 consultations in total.

Initial impression: She was about 1.55 meters tall, with normal appearance and clothes. She was reserved and depressed. Her voice was very low, and she spoke carefully and slowly. She didn't have much expression and movement. But she had a strong motivation to ask for help. She was cooperative with psychological counseling.

Family status: W lived with her father and mother since childhood. Her parents always taught

her to be kind to others and to be patient. She was not very close to her parents and has less communication. However, she had a closer relationship with her uncle and aunt. The family's economic situation was average and can afford W's medical expenses. There was no family history of mental illness and related diseases in immediate family members.

2. Assessment and Analysis

2.1 Assessment

The assessment uses the interview method.

Assessment of mood: In the first 2 months of coming to the consultation, W's mood continued to be depressed and anxious, and her mood fluctuated greatly. Obsessive thoughts can lead to feelings of panic, anxiety, and self-blame. Suicidal ideation occurred, but gave up because of concern for parents. Self-rated 8 points for pain (10-point scale, 0 is not at all painful, 10 is extremely painful)

Assessment of self: W's self-esteem is low, self-worth is low, self-acceptance is difficult, and she is pessimistic. Self-rating of self-satisfaction is 2 points (10-point scale, 0 is completely dissatisfied, 10 is extremely satisfied).

Assessment of thinking: Recurrent obsessions, these urges repeatedly enter W's mind in a stereotyped form, involuntary and repellent, inappropriate and unnecessary in the situation. At the same time there is anti-compulsive thinking. There are some unreasonable beliefs.

Assessment of behavior: sleep and eating are affected badly, frequent crying, interpersonal withdrawal, and no longer willing to communicate with good friends.

Evaluation results: According to the DSM-5 diagnostic criteria of obsessive-compulsive disorder [1], the patient is suspected of obsessive-compulsive disorder and needs to be diagnosed by specialist psychiatry.

2.2 Diagnosis

After the first consultation, W received the diagnosis and treatment of a psychiatrist on the advice of the consultant. Doctors diagnosed obsessive-compulsive disorder. Since then, W has been taking antidepressant and anti-anxiety drugs as prescribed by the doctor. Check back regularly.

2.3 Case Conceptualization

2.3.1 Explanation Based on Cognitive Behavioral Model

Most people, including non-OCD sufferers, have occasional negative, intrusive thoughts, including hurting others or doing things that violate a moral code [2]. They ignore or dismiss such thoughts because they cause pain and annoyance. Over time, these thoughts subsided and subsided [3]. The cognitive-behavioral theory of obsessive-compulsive disorder states that the difference between obsessive-compulsive and non-compulsive patients is the ability to terminate these negative intrusive thoughts [4].

A study by the Obsessive Compulsive Cognitions Working Group (Obsessive Compulsive Cognitions Working Group) pointed out that people with OCD have the following unreasonable beliefs [5]:

(1) Over-responsibility: If the individual can control negative events, then she has a responsibility to prevent them from happening. W thought about whether she would yell and wait in class, so she had to stop himself from doing such a thing.

(2) Excessive worry about controlling thoughts: W believes that her sudden thoughts are

catastrophic, so she needs to control those inexplicable thoughts to reduce harm.

(3) Overestimation of threats: Individuals overestimate the possible probability and consequences of negative events. W remembered that her scarf had been licked by a cat, so she worried that she would be infected with rabies.

(4) Unable to endure uncertainty: W is not sure whether her thoughts will become reality, whether she will do something out of the ordinary, and whether he will lose control, so she is extremely anxious.

(5) Perfectionism: W thinks she has a problem when she can't recall the details of her childhood and can't understand when she watches TV.

These unreasonable automatic thoughts come from W's core beliefs: "I am incompetent" - "I am not getting better", "I am a psychopath"; "I am not lovable" - "I am nothing", "I am an evil person".

2.3.2 Explanation Based on Psychoanalytic Models

All psychodynamic theories hold that obsessive-compulsive disorder reflects a struggle between aggressive impulses and self-repression [6]. W's obsessive thinking themes are "aggression" and "sex". The aggressive impulse of the id and the self-repression of the superego form a fierce conflict. Fearing that those instincts related to "aggression" and "sex" will get out of control, W developed neurotic anxiety. To drive these dangerous, painful thoughts out, W employs a self-defense mechanism of "repression" that prevents bad thoughts or behaviors from appearing. Compulsive and anti-compulsive intentions are in sharp conflict.

2.3.3 Interpretation Based on a Human-Centric Model

W has accepted the value conditions of her parents in the process of growing up: to be tolerant and obedient, that is, to meet the needs of others, take care of their feelings, and gain the love and approval of others. However, the experiences of anger, sadness, loss, and frustration caused by the obstruction of the satisfaction of one's own needs are not regarded as one's own experience in the process of perception. When she wanted to yell in class, pour water on her roommate, pull down a female classmate's skirt...experiences like these seriously threatened her sense of self-worth. Therefore, it directly manifests as anxiety.

3. Goals and Plans

3.1 Consulting Objectives

At the beginning of the consultation, it is mutually agreed that the goal of the consultation is to reduce obsessive thoughts and reduce distress levels. However, after the counseling goal was achieved and the case was closed, the client came to the counseling again after 8 months to conduct self-exploration, so the goal was set to improve the level of self-esteem.

3.2 Consultation Methods

According to the American Psychological Association (APA) for the optimal treatment of obsessive-compulsive disorder, it is generally recommended that drug therapy combined with cognitive behavioral counseling is better [7]. Therefore, it is required to combine clinical treatment and psychological counseling in W psychiatry.

Build good working alliances through a people-centred approach. Communicate with the client in three attitudes: Consistency (sincere), unconditional positive attention (acceptance and concern), and empathy (empathy) to help her make meaningful self-awareness.

Muscle relaxation and mindfulness meditation can help clients pay more attention to the full physical and mental experience of the here and now, accept all the present moment without evaluation, and thus better cope with the stress in life.

Rational Emotion Therapy is based on Ellis's ABC theory of emotions, enabling clients to identify and debate unreasonable beliefs, learn how to replace those ineffective ways of thinking with reasonable cognitions, and thereby change uncomfortable emotional responses.

4. The Consultation Process

4.1 Pre-consultation

1st to 3rd consultation. This stage mainly adopts sincerity, empathy, listening, unconditional positive attention, encouragement, etc., to establish an effective working alliance with W. Co-define W's counseling goals during the meeting. Use relaxation training and other methods to reduce their anxiety levels.

4.2 Mid-term Consultation

4th to 9th consultation. Since W has been hospitalized in the mental health center for a week and then went home to recuperate, her emotional state after returning to school is relatively good, she feels good about himself, she is in a good mood when interacting with people, no obsessive thinking occurs, she can concentrate on her own while studying, and she sleeps and eats well, self-evaluation increased (2 points for self-evaluation at the beginning of consultation, 6 points for current self-evaluation, 10-point scale).

This phase continues to create a free and open mental space for W in counseling through a person-centred philosophy and approach. Using Rational Emotion Therapy, explore their irrational beliefs, try to debate them, and assign homework to reinforce them. Using psychoanalytic theory of personality, these symptoms are a conflict between intrinsic instinctual powers (id) and childhood education (superego).

For the 9th time, W expressed that she was very satisfied with the current state and no further consultation was needed.

4.3 After Consultation

10th to 13th consultations. Eight months later, W felt symptoms reappear, and would be unreasonably worried about being infected with rabies. So continue to consult.

Since W is about to graduate, she needs to help her develop her self-help potential to cope with the new social life at this stage. The counselor used unconditional positive attention to make her have a good self-experience.

End the consulting relationship. With the graduation of W, the consultation ends. The consultant summed up and fed back all the resources W owns to her, and gave her confidence and blessings for W's future.

4.4 Consultation Effect

The consulting generally achieved the consulting objectives. W's self-rating of emotional distress decreased significantly, and self-rating of self-satisfaction increased significantly. From the perspective of social function, W sleeps and eats normally, her learning efficiency is restored, and she graduates on schedule and successfully finds employment.

5. Conclusion

There are some factors for the success of the consultation. Firstly, the client has strong motivation to seek help. Secondly, she has the ability to accept the mental health knowledge.Thirdly, the client has a good social support system. The most important is the counselling relationship and the integrative mode.

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