Case Report
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SUBSTANCE ABUSE AND OBSESSIVE-COMPULSIVE DISORDER IN A 30-YEAR-OLD MALE: A CASE REPORT ON PSYCHOLOGICAL ASSESSMENT AND INTERVENTIONS

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ABSTRACT

An individual with obsessive-compulsive disorder (OCD) may have recurrent, uncontrollable thoughts (called obsessions), repeated behaviors (called compulsions), or both. OCD is a chronic disorder while substance-used disorder (SUD) patients do the same by getting money and using substances Time-consuming symptoms that can significantly disrupt everyday living or cause great suffering are a hallmark of OCD. A new criterion for a substance use disorder in the DSM-V is craving. Symptoms of obsessive-compulsive disorder (OCD) most often include obsessions, compulsions, or both. Obsessions are mental patterns, desires, or visions that cause anxiety and are frequent and persistent Bender Gestalt Test (BGT) is a well-known and established neurological test designed to detect signs of perceptual distortions. The patient responses on the RISB indicated a generally adjusted behavior, with a total score of 118, below the cutoff score of 135. In this case study the patient was diagnosed with Substance abuse co-morbid with OCD. A multifaceted treatment strategy that includes social skills training, psychotherapy, and family support may help the patient restore stability in his social and personal life. A comprehensive plan that attends to his behavioral, emotional, and psychological requirements is essential to his long-term recovery.

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INTRODUCTION

Compulsions, obsessions, or most frequently both are hallmarks of obsessive-compulsive disorder (OCD). Anxiety-inducing, recurring, and persistent thoughts, urges, or visions are called obsessions (1). Compulsions are recurring actions or thoughts that a person feels obligated to perform because of an obsession or in strict accordance with regulations. A maladaptive pattern of drug use that results in clinically significant impairment or distress is the hallmark of substance use disorders (SUDs) according to DSM-III-R and DSM-IV (2). Craving is another symptom in ICD-10 that denotes a strong desire, an obsessive urge, or a sensation of compulsion to consume the drug. Another suggested new criterion for a substance use disorder in the DSM-V is craving (3).

Obsessive-compulsive disorder (OCD) patients reduce tension and anxiety through repetitive obsessive behaviors or mental activities. In contrast, substance-used disorder (SUD) patients do the same by getting money and using substances (4). More recently, obsessive drug-seeking has been used to describe the later stages of SUD. These compulsive behaviors (drug-taking) are frequently linked to obsession (craving) in SUD patients. They can either solve a negative mood state (relief craving leading to drug use as negative reinforcement) or directly provide pleasure (reward craving leading to drug use as positive reinforcement) (5). Although OCD sufferers may sometimes derive some pleasure (positive reward) from their routine behaviors, which regrettably lead to

compulsive behavior, compulsions typically constitute an attempt to alleviate anxiety (negative reinforcement) (6).

CASE PRESENTATION

The Patient was 30 years old and graduated in Engineering in 2010. He was married and had an urban background. He lived with his family. He had been admitted to the Fountain house for the last 5 months. The symptoms the patient described were overwhelming feelings about upcoming events of life, imagination away from reality, and low energy. The patient's father was alive and he had a good interpersonal relationship with his father he belonged to a joint family system the number sibling of his family was three and his birth order was first, being an adult child in the family. In that case, the informant was the patient, who informed the psychologist that he had a good relationship with his family. Bad company of friends was the cause of the problem; he had indulged in addiction since when he was in university. Moreover, he had a good bounding her his teacher in school. He was friendly and social in his childhood but very submissive in nature.

Mental status Examination

The psychologist found the client physically clean and in good clothing. The client's posture looked ripped and slightly tense. Facial Expression suggests the client seemed slightly anxious, fearful, and slightly depressive and he had slightly inappropriate facial expression. The client's general body movement is slightly rigid and slightly restless. The client is not submissive or suspicious. The client's feelings effect and mood looked slightly fearful slightly anxious and apprehensive. Thinking cognition & **Perception:** The client's pattern of thinking is not stereotype-controlled.

Rotter Incomplete Sentences Blank (RISB) Result

Quantitative scoring of RISB.

The patient responses on the RISB indicated a generally adjusted behavior, with a total score of 118, below the cutoff score of 135. By summing up the person's score it was judged that this person had adjusted behavior because its score was below the cutoff score.

Qualitative analysis of RISB

His answers revealed a positive attitude toward his family and others, though there was evidence of internal conflict regarding social and sexual matters. He expressed deep fear and regret about his father's death and reported suffering from depression. Its item reflects a person's inner feelings, desires, attitude fear, and suffering from depression (7).

House-Tree-Person (HTP) Test

Qualitative interpretation of HTP

The patient had a poor interpersonal relationship with the family. Indicate insecurity and social phobia and had insecurity. And he shows an unwillingness to reveal about self. The patient's house drawing, characterized by a separate room, closed door, and window, suggested poor interpersonal relationships and insecurity. The tree drawing, with an enlarged trunk, no roots, and missing branches, indicated a tendency toward egocentrism, obsessive-compulsive traits, and a lack of effort to pursue goals. The patient tree drawing reveals the person's egoistic and OCD patient. He was a hopeless person and did not want to achieve any goal (8).

Person drawing interpretation

The person drawing inappropriate drawings of the person indicates brain dysfunction and the person is verbally aggression and has no control or is impulsive and also has fear of punishment and was a suspicious patient [9].

BGT- BENDER GESTALT TEST SCORING SHEET

The patient's BGT results showed evidence of preservation and rotation, indicating difficulty in organizing thoughts and actions.

The total score of 24 reflected challenges with planning and connotation, but there were no signs of brain damage. The qualitative analysis suggested that the patient struggled with disorganization and showed a lack of clarity in his thinking patterns (10).

Diagnose according to DSM V

The patient was diagnosed with Substance abuse co-morbid with OCD.

Suggested Therapy

1. CBT for change in the thinking pattern of the patient and Token Economy for control over compulsive behavior
2. Social skills training
3. Behavior therapy
4. Family therapy

CONCLUSION

The patient's case reflects a complex interplay of substance abuse, obsessive-compulsive behaviors, and emotional distress. Through a multi-faceted treatment plan involving psychotherapy, social skills training, and family support, there is potential for the patient to regain stability in his personal and social life. A holistic approach addressing his psychological, emotional, and behavioral needs is crucial for his long-term recovery.

Conflict of Interest:

The authors have no conflict of interest.

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