

**Client Profile: Paul**

Paul is 38 yrs old, married, with two children (6yrs and 8yrs) and he works as a secondary school maths teacher.

Paul is presenting with low moods and anxiety. Due to his anxiety, he is spending a lot of time every day checking things; locks and appliances – both at home and at work, his car (is it locked? Is the handbrake on?). Lately, Paul has also been checking – more and more – the roads (for fear that he has knocked down a pedestrian).

Paul reports having some problems with excessive worrying – and checking – since his early teens. The last couple of years have been very stressful for him - due to financial worries and managing a busy life with work and family. Paul says that he doesn't really have a good relationship with his family of origin (parents and three older sisters) – he says that they have always been very critical of him and that he often feels like a failure when he is around them.

His GP has suggested an anti-depressant, but Paul (and his wife) thinks he should really try to tackle the anxiety and excessive checking through psychotherapy.

MEASURES:      phq9/gad7 = 14/17 (r 0).      WSAS = 24.      Y-BOCS = 17.

MEDICATIONS:      None – wants to try therapy first.

**Client Profile: Anne**

Anne is 42 years old, single, no siblings. Her father is deceased, and she lives with her elderly mother. Her job is in administration, for her local County Council.

Anne is presenting with acute anxiety. She is not sleeping very well and has developed quite a severe skin irritation on her hands - due to excessive hand washing.

As a child, and growing up, Anne says that she was (apparently) always an anxious child. She recalls how difficult it was when her father got ill and passed away when she was only 12 years old. Anne thinks that she probably became really obsessed with hygiene and cleanliness from around that time. Anne says that, over the years, the problem comes and goes. At present it has flared up and, while she's not sure why, she notes that she has recently moved to a new department in work and has been finding the change quite stressful.

Anne's GP has talked to her about her hands and, when Anne admitted to the amount of washing and cleaning that she does, her GP suggested she talk to a professional about OCD.

MEASURES:      phq9/gad7 = 8/16 (r 0).      WSAS = 30.      Y-BOCS = 15.

MEDICATIONS:      None.

**Client Profile: Jean**

Jean is 31 years old and living with her partner and their son (aged seven years). She is not working outside the home and does not drive.

Jean says that her relationship with her partner has become very strained. She is unhappy with his lack of emotional support and the fact that he spends more time with his friends than with her and their son. When she complains, he gets angry and verbally abusive. She is very dependent on him. Her reason for coming to therapy is that her partner has threatened to end their relationship if she doesn't 'get herself sorted'. He is referring to her very time-consuming rituals.

Jean says that she experienced a miscarriage four years ago and that, since then, she has 'certainly gotten worse'. From the time she wakes in the morning, she feels compelled to do things in a very precise order; the exact time that she gets out of bed, which foot she puts on the floor first, the order of actions in which she gets dressed, how she leaves a room and how she enters a room... Jean says that her rituals have increased to the point that she is often late getting her son out to school.

For the sake of her relationship, Jean says that she needs to stop all the rituals. However, she is frightened to do so and is unsure about therapy and what it will demand of her.

MEASURESS:      phq9/gad7 = 12/16 (r 1).      WSAS = 29.      Y-BOCS = 19.

MEDICATIONS:      None.

OTHER TREATMENTS: None

**Client Profile: Jack**

Jack is 23 years old and single. He lives at home with his parents and works on the family farm. He is the youngest of four boys.

Presenting with low moods and anxiety, Jack says that he is quite down and doesn't socialise much – with family or friends. He says he has horrible thoughts which really distress him – thoughts and images of him harming children (physically and/or sexually). Because of these recurring and distressing thoughts, Jack now refuses to babysit his nieces and nephews and he tries to avoid all situations where he might come in to any contact with children. He also doesn't like going anywhere alone as he will later doubt whether, or not, he did something 'bad' to a child.

As a child, Jack says that he recalls being questioned about a friend's father – if anything inappropriate had ever happened. When Jack was only ten or eleven, and visiting in his friend's house, his friend's father had let them watch some porn on TV. Jack told one of his older brothers and, when his parents found out, they were furious. While Jack believes that nothing else did happen that day, his parents' reactions made Jack start to question and doubt his memory of events.

Jack's family have urged him to 'talk to someone' as they are concerned about him. Jack wants to be able to spend time with his nieces and nephews and to 'be a good uncle'. He says that he would also like to be able to 'get off the farm' once-in-a-while and to 'have a normal life'.

MEASURES:      phq9/gad7 = 16/16 (r 1).      WSAS = 34.      Y-BOCS = 21.

MEDICATIONS:      Recently prescribed an SSRI by his GP.