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# Case Study: Concepts Of Treatment Methods, Approaches, And Strategies To Treat Drug Addiction

## Overview

The case of Jennifer is a typical example of drug addiction that emanates from extreme exposure to marijuana and alcohol. The symptoms depicted by Jennifer include withdrawal, poor performance in school, unhealthy friendships, isolation, and poor judgment. The etiology of Jennifer situations were mainly triggered by bad exposure to wrong friends, family instability (family disputes), and other negative triggers such as peer pressure and irresponsible parenting. This paper is structured to highlight on preferential diagnosis for Jennifer, treatments approaches, methods, and treatments settings that are relevant. In an effort to explore the case, the paper relies on six-well research articles that include meta-analysis and in-depth surveys.

## Diagnoses

The diagnoses to give Jennifer include 291.89: F10.14 ("Alcohol-induced depressive disorder, with severe use disorder"), 291.89: F10.281 ("Alcohol-induced sexual dysfunction, with moderate disorder"), 291.9:F10.259 ("Alcohol-induced psychotic disorder, with moderate disorder"), and 292.89: F12.280 ("Cannabis-induced anxiety disorder, with moderate or severe use disorder"), 309.81:F43.10 (posttraumatic stress disorder), 308.3:F43.0 (acute stress disorder), and 304.30: F12.20 (Cannabis use disorder, Moderate) (Morrison, 2017). Jennifer meets F10.14 because she has depicted symptoms such as gravitation towards alcohol, extreme agitation, convulsions, and increasing drinking habits. Even though one may be tempted to use F10.26 to diagnose Jennifer, F10.26 does not fit because there are no symptoms of neurocognitive disorder depicted by Jennifer. Therefore, it is easier to rule out the possibility of F10.26.

Jennifer meets F10.281 because she has depicted symptoms such as negative urge towards sex and unstable relationship with her intimate lover (Morrison, 2017). Jennifer is not interested in sexual intimacy because her father had sexually assaulted her when she was young. The sexual assault always pops into the mind of Jennifer whenever she is with her lover. Even though one may be tempted to use F10.981 to diagnose Jennifer, F10.981 does not qualify because there is a disorder in the case of Jennifer. Therefore, it is easier to rule out the possibility of F10. 981.

Jennifer meets F10.259 because her condition is characterized by delusions of reality, confused thinking, loss of interests in personal activities, problems at school (drop in performance), and moods swings (Morrison, 2017). After long-term use of Alcohol, Jennifer seems delusions from reality and has significantly registered low performance in school. With continuous drinking of alcohol, her hygiene appears to be deteriorating with time. Even though one may confuse F10.959 with F10.259, it is easier to rule out F10.959 because the case of Jennifer has a disorder as clearly depicted by symptoms.

Jennifer also meets F12.20 because the use of marijuana mainly triggered her situations. Jennifer has depicted Cannabis symptoms such as sexual problems, distorted perceptions,

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impaired coordination, poor performance in school, and poor memory. Even though the symptoms of Jennifer are closely similar to those depicted by F12.222 patients, F12.222 do not qualify to be used because there is no intoxication depicted by Jennifer. Therefore, it is prudent to use F12.20 because the situation of Jennifer is more of a disorder than intoxication.

Jennifer also meets F12.280 because anxiety mainly triggered her situation as a result of induced marijuana as opposed to intoxication. Jennifer has depicted characteristics such as withdrawal, anxiety, and negative attitudes towards social settings (Morrison, 2017). Even though F12.280 has similar symptoms as F12.159, it is easier to rule out F12.159 because the use of cannabis by Jennifer has not distorted her mental thinking but has only affected how she relates with others in the social settings. Besides, F12.188 can easily be ruled out because the use of marijuana by Jennifer has not affected her sleeping habits. Jennifer is still experiencing similar sleeping habits compared to when she started using marijuana.

Jennifer also meets F43.10 because the sexual assault by her father has tormented her entirely to the extent of not feeling to be in a sexual indulgence with others. Jennifer also witnessed in person the torture her mother passes into the hands of her violent and abusive father. She also meets F43.0 because she has depicted huge trauma when exposed to triggers of the traumatic event. The past sexual assaults by her father (traumatic event) pop into the minds of Jennifer whenever she is with her boyfriend. This clearly depicts that she has acute stress disorder.

### Conceptualization

The past violence in the family, sexual assault/harassment by her father, the ultimate divorce between the parents, and prior drug use are etiological factors that have heightened her situation. As a result of physical, verbal, and sexual abuse between her parents, Jennifer left the house and decided to stay away with her friends. Peer-pressure changes her mental attitudes towards alcohol and marijuana. Even though violence in the family is the main trigger/cause of Jennifer indulgence in drugs, there are other surrounding factors that escalated the situations.

Jennifer sexual assault by her father also worsens her situation. As a result of sexual assault, Jennifer started feeling confused, angry, and uncomfortable of the situations. Sexual assault also triggers depression and anxiety (Morrison, 2017). As a result of the sexual assault, Jennifer started using alcohol, smoking marijuana in order to help her forget about the horrifying experience. The peer-pressure also heightened her situations. The perception that drinking was part of a general "counseling" session with her friends maneuvers her thinking into indulging in drugs.

### Outpatient behavioral treatment setting

Outpatient treatment involves a wide array of programs for patients (in this case Jennifer) visiting a behavioral counselor on a regular schedule. Outpatient setting is important for the case of Jennifer because it enables slow reintegration to the living environment. It also allows Jennifer to have access to social support that will contribute to social success (Hasin et al. 2016). Since getting back into swings of activities may leave Jennifer to become vulnerable to relapse, outpatient setting brings about a slow adjustment to the external environment away from drugs and alcohol. Cognitive-behavioral therapy and motivational incentives are used in the case of Jennifer.

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## Treatment goals and how to measure efficacy

The treatment goals for Jennifer include sustaining and enhancing reductions in marijuana use and alcohol, encourage behaviors and provide services that lead to improved social function, and improved personal health. Other goals include overcoming symptoms of anxiety, depression, aggression, and confusion. The efficacies of these goals are measured using client testimonials and providers' perceptions (Churchill, 2017). The client testimonials encompass client giving personal feedback on how she is fairing on with the counseling process. If the feedback is positive, it is important to leave the client to adapt slowly to the social life. Providers' perceptions involve using the attitudes and personal feeling of the counselor towards the entire counseling progress.

## Treatment methods/techniques and their benefits

The treatment methods that can be used include cognitive-behavioral therapy, motivational interviewing, and motivational incentives (Grant et al. 2016). The cognitive-behavioral therapy uses strategies such as visualization, brainstorming, and imagery based exposure to help the patient to recognize, avoid, and stay away from situations that usually triggers her to use drug and alcohol. Motivational interviewing involves face-to-face interaction with the patient in order to improve readiness to change. Motivational incentives use positive reinforcement to encourage abstinence from alcohol and drugs.

## Inpatient or residential treatment setting

Inpatient setting involves the patient (in this case Jennifer) living in a treatment facility until she recovers. The inpatient treatment setting that is relevant to the case of Jennifer includes recovery housing, short-term residential treatment, and therapeutic communities (Brewer et al. 2017). Recovery housing offers supervised and short-term housing for patients (in this case Jennifer) to make a gradual transition to an independent life. The inpatient treatment setting is important because it allows Jennifer to stay away from temptations and to focus on treatments.

## Treatment goals and how to measure efficacy

The treatment goals in inpatient setting include eliminating drug use and alcohol, reestablish healthy relationships, improve self-awareness, and restore positive relationships (Levy & Williams, 2016). The efficacy of these methods is measured using empirical research. Empirical research is important because it uses past experience to predict the effectiveness of the goals. In empirical research, relying on surveys, meta-analysis, and well-researched studies form part of the process.

## Treatment methods/techniques and their benefits

The treatment methods that are utilized include recovery housing, therapeutic communities, and short-term residential treatment. Recovery housing encompasses close supervision of the patient to ensure that he/she is slowly adapting to real-life situations (Lehman & Dixon, 2016). The benefits of recovery housing are that it is more cost-effective as well as helping the patient make the transition to an independent life. Therapeutic communities are highly structured programs where patients are retained in residence for a period of 6 to 12 months. Therapeutical communities are cost-effective.

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## Conclusion/Reflection

The etiology of the case of Jennifer can be linked to past violence in the family, sexual encounters/harassment by her father, the ultimate divorce between the parents, and past drug use. The treatment settings that are effective for Jennifer include outpatient setting and inpatient setting. Inpatient settings include recovery housing, therapeutic communities, and short-term residential treatment. Outpatient settings include cognitive-behavioral therapy, motivational interviewing, and motivational incentives.

From the case study, one can clearly apprehend the etiology, treatment approaches/techniques, settings, and treatment methods that can be applied in real life situations. With the etiology concepts learned in the case, one can understand how to pinpoint the causes of a situation and create a clear roadmap for dealing with the situations. The concepts of treatment methods, approaches, and strategies help one to identify the best setting for treatment.

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