

Case study mental illness and addiction



**ASSIGN
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Describe substance abuse and how it differs from substance dependence.

Substance abuse is when an individual “ Overindulges in an addictive substance” (New Oxford American Dictionary. According to the Neurobiological Causes of Addiction, substance abuse is a “ Maladaptive pattern of drug use leading to impairment or distress presenting as one or more of the following in a 12 month period of time (Erickson & Wilcox 2001):

Recurrent use leading to failure to fulfill major obligations

Recurrent use which is physically hazardous

Recurrent drug-related legal problems

Continued use despite social or interpersonal problems

and the person has never met the criteria for substance dependence” (Erickson & Wilcox 2001). A person that has a substance dependence is when an individual uses a substance despite the negative affects that may occur, such as: withdrawal, and compulsive behavior. According to Erickson, “ Drug dependence is a maladaptive pattern of drug use, leading to impairment or distress, presenting as three or more of the following in a 12 month period (Erickson & Wilcox 2001):

Tolerance to the drug’s actions

Withdrawal

Drug is used more then intended

Inability to control drug use

Effort is expended to obtain the drug

Important activities are replaced by drug use

Drug use continues in spite of negative consequences

When an individual has a dependence to a substance the individual has a psychological and physical attachment with the substance. It is this link between the drug and the body / mind that can have devastating and lasting effects on the individual who has the dependence.

5 pts

Some recovery/treatment programs stress total “ abstinence” as a goal, while other advocate “ harm reduction.” What are the advantages/disadvantages of each approach?

Abstinence is like to what it sounds the individual is not allowed to partake in the substance that they are addicted to, and these types of programs are effective, but the individual has to be willing to devote themselves to the program.

Some of the advantages of abstinence can include getting the individual healthy physically and mentally. The positive side of abstinence is that the individual is no longer destroying personal property and committing crimes to finance their addiction. Therefore, abstinence keeps people out of the legal system including serving time for criminal crimes and dealing with the court system for loosing custody of their children. “ 12 step recovery groups such as AA and NA advocate for abstinence to give people what they call, ‘

Recovery’ and a change for a better life that is free from active addiction” (Personal communication, Wright. J, 2010) Abstinence provides a support group that allows the addiction to be “ normalized,” and allow the individual to link up with other people who are slaves to a dependency. The individual is able to have an sense of empowerment by being surrounded by others, who are able to keep the individual in check on their addiction and personal goals.

The disadvantages of abstinences, “ Are most disturbing is the way abstinence can segregate mentally ill persons from being able to engage in treatment. This is because many people have diagnoses that require Benzodiazepines, Amphetamines and even Methadone which treatment providers believe to be highly addictive. There is a theory that a person in treatment can engage in services if they are high on prescriptions” (Personal communication Wright. J. 2010) The main program for abstinence is AA or NA and they are based on spirituality, this could be a conflict for some of the individuals who are in treatment, because there religion may contradict that of the programs. It is also important to remember that the individual has to want to change their life for this program to work. AA and NA also tell the individual that they have no power over their addiction, it does not allow the individual to have a feeling and since of empowerment. It seems to take the power away for the individual and puts all the focus on the addiction. Also AA and NA preaches the idea that you have to go to the meetings every day and that you will always be an addict and that you can never be without the addiction and that you can never over come the addiction. Also they have to be willing to alter their lives and commit themselves to the program: fully.

Harm reduction is a good alternative to abstinence for individuals who cannot stop their use because they are psychologically dependent on the substance. Harm reductions can include such ideas and concepts like, using the substance less, using the drug every Wednesday or even changing out their needles for clean ones. Some of the following are advantages and disadvantages according to the 2007 Journal of Drug Issues in English and American Drug Clients (K. Phillips, H. Rosenberg & A. Sanikop).

Harm Reduction Advantages and Disadvantages

Interventions

Advantages

Disadvantages

Methadone

Reduces/eliminates/stabilizes illicit drug use facilitates detox/relieves withdrawal

More addictive and worse withdrawal than heroin, Substituting one addiction for another.

Substitute Amphetamines

Known potency, Content. Decrease need for street drugs. Crime reduction

Could encourage to use more on top and OD Diversion to black markets.

Needle Exchange

Disease Prevention, Removes temptation to share or reuse (needles)

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Disease Prevention

Lower rates of AIDS and STI

Community harm/inappropriate disposal, Makes it easier to inject.

Encourages use

Drop in Centers

Safer environment NOS, OD prevention/ Prevents harm treatment facilitation

Encourages drug use/Risk compensation.

Place where drugs can be sold.

Lofexidine

Eases pain of withdrawal non-opiate alternative

Encourages detox/eases withdrawal

Doesn't help enough with the withdrawal symptoms

Drug has specific side effects

Naltrexone

Temptation resistance

Relapse prevention because use is waste of money

Relapse Prevention/ helps user quit, blocks the effects of Heroin

Can be used as a weapon, Clients wont take it

In the states, Harm Reduction therapy has a stigma attached to it that some clinical practices and professionals have attached to it, detouring individuals with substance abuse issues to use Harm Reduction. This type of therapy also does not assist with co-occurring dependancies that the individual may have. It tends to focus on the chemical that the individual is addicted to and not the cause of the dependancy. It does not allow for the individual to isolate and get to the “ root” of the problem, however, it does save money in the medical and prison systems. The needle exchange, was started after the out break of HIV and AIDS and the number of individuals who were diagnosed with HIV and AIDS has gone down since the needle exchange was influenced. As well as the number of individuals who are in prison for substance abuse has gone down because there are treatment programs that include methadone that can help the individual come off their addiction to an opiate.

5 pts

Alcoholism has been described as a “ bio-psycho-social” disorder. If you were performing an assessment of a defendant what factors would you look for in the client history?

Bio-psycho-social is broken down into the following:

Biological Addiction: is addiction that runs in the families and there maybe genetic involved in the process of addictions, but some of the individuals have a biological predisposition to addiction

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Psychological Addiction: That addiction is a learned behavior. This can include, domestic violence and learning how to use a drug. One becomes obsessed by the PLEASURE that the substance can provide.

Social Aspect: Environments that individuals grow up in and that environment may reinforce addictive behaviors.

It is these concepts that create the bio-psycho-social theory, it is an idea that is steeped in the theory of person in environment. It takes in account the individuals biology, psychological health and social wellbeing and support to fully understand the “ root” of the persons addiction. According to the Handbook of Forensic Mental Health (D. Springer & A. Roberts 2007 p. 350-352) the following are questions and information that you have to gather in order to be able to fully complete an assessment:

“ Presenting Problems: Record current problems as reported by the youth, family, referral source and any pertinent others, Include the history and development of the problem, circumstances surrounding the problem and the previous attempts to solve the problem. Development (birth to current age): describe prenatal care, birth, achievements of developmental milestones, delays and birth defects.

Family Background: describe the family constellation, family functioning and communication. Include socioeconomic, educational and occupational information. Describe family childrearing and parenting tactics.

Academic History: Describe previous diagnoses and the history of psychological problems and services. Include medication history and any history of self-injurious behaviors and or suicide attempts.

Psychological History: Describe previous diagnoses and the history of psychological problems and services include medication history and any history of self-injurious behaviors and or suicide attempts.

Substance Abuse History: Describe the youth's use and abuse of all substances; include the length, method, and location of use and the families history of substance use.

Juvenile Justice or Legal History: Describe previous encounters with the juvenile justice system and the history of illegal behaviors and status offense. include timeline, type, and circumstances of offense as well as the family history of legal problems.

Violence and Abuse History: Detail psychological, verbal, physical, and sexual abuse of the youth and include a timeline. Identify perpetrators and describe whether the abuse occurred in or outside of the family. Describe any family or dating violence that the youth perpetrated. include any other traumas that the youth was exposed to.

Medical History: Describe the history of medical conditions diseases and medication of youth Include the family history.

Cultural History: Identify the ethnicity and rase of the youth and family include any issues noted regarding bicultural identity, immigration status, language barriers, acculturation and discrimination.

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Lethality: Clearly identify any concerns with lethality of the youth either towards him or herself or others and describe the plan for addressing this lethality.”

Bio-psycho-social is a holistic approach when dealing with an individual's addictive behavior. It is based on a continuum approach, that is supported by a sense of empowerment. It allows the individual to understand why they may have started to be addicted to a substance that is plaguing them, and gives them the tools that are needed to understand their addiction and how to prevent themselves from relapsing.

5 pts

Historically, a number of theories or models of alcoholism have evolved. What are these models and what is their relevance for today?

These models give a guideline and help create an understanding in why people become addicted to specific substances. These models range from biological reasoning to environmental, but they are all linked in trying to discover why people become addicted to substances: they all strive to create a public understanding of addiction. They do not try to make excuses for those who are addicted, but they try to understand why addiction occurs.

Theoretical Models of Alcohol/Drug Abuse

From the Concepts of Chemical Dependency by: H. Doweiko

Moral Model

Temperance Model

Spiritual Model

Dispositional Disease Model

Core Element

The individual is viewed as choosing to use alcohol in problematic manner

This model advocates the use of alcohol in moderate manner

Drunkenness is a sight that the individual has slipped from his or her intended path in life.

The person who becomes addicted to alcohol is somehow different from the nonalcoholic. The alcoholic might be said to allergic to alcohol

Educational Model

Characterological Model

General Systems Model

Medical Model

Core Element

Alcohol problems are caused by a lack of adequate knowledge about harmful effects of this chemical

Problems with alcohol use are based on abnormalities in the personality structure of the individual

Personal behavior must be viewed within context of social system in which they live

The individual use of alcohol is based on biological predispositions such as his or her genetic heritage brain physiology and so on.

(Harold Doweiko. 2009. pp. 30)

The models that have the most relevance for today has to be the medical model and the general systems model. Because by looking at the person in a holistic way we can understand that the individual is affect by addiction in three ways: biologically, psychologically, and socially and those two theories envelop those ideals. I think that when you understand the individuals biological and social characteristics, you will understand there addiction.

5 pts

In describing the neurobiology of addiction, the term neuroplasticity is used to describe what brain process?

Neuroplasticity is when the brain is altered due to chemicals, and it is forced to change in order to adapt to the chemical. When the chemical has been removed from the individual withdrawal starts to occur, because the brain has a difficult time functioning without the substance it has been forced to adapt to. Because the brain is good at making adjustments the body is capable of adapting to the toxic chemical, and the body learns how to function with the additive. Without the chemical the body has to alter itself to relearn how to function without the chemical.

5 pts

Dr. Eugene Prochaska has developed a treatment approach based on “ Stages of Change.” What is the thinking behind this model and how it is used in treating substance abusers?

The purpose of this model is to understand how the cognitive and behavioral approaches affect the individual who is addicted to chemicals. According to Prochaska the, “ Purpose (of) the transtheoretical model (TTM) of health behavior seeks to bridge the cognitive and the behaviorist approaches by positing a series of stages in modifying behavior; in only some of these are cognitive processes pertinent” and “ The model includes four main constructs: the sequential stages of change; processes which people typically use to facilitate change; decisional balance, which predicts whether change will occur; and self- efficacy, the person’s confidence they can make changes” (Prochaska. 1985. pp. 1).

Stages of Change

Stages of Change and the Transtheoretical Model By: E. Prochaska

Stages

Description

Pre-contemplation

The person has no intent in changing the behavior, usually within the next six months. This maybe due to lack of information or confidence. The person is unmotivated and will resist discussing or thinking about making the change. They are not ready for interventions.

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Contemplation

The person expresses an intention to take action within six months. They are aware of the benefits and cost of making the change and this balance may keep them in the phase for a long time. They are not ready for an intervention that expects immediate action.

Preparation

The person intends to take action in the immediate future. They typically have a plan of action and they have taken some preparatory action. They are ready for traditional action interventions

Action

The person has specific changes to their lifestyle

Maintenance

The person works to prevent relapse; during this phase their confidence increases as they continue with their new lifestyle.

Termination

In principle the maintenance stage will lead to a phase in which the person is no longer tempted to revert to their former behavior and the change is complete.

This model suggests that in order to overcome an addiction you have to go through a linear model. I do not think that the individual with the substance abuse has to go through all these steps in order to “kick the habit.” I also believe that this model places all the blame on the individual because it does not take into account the individual biology and or the environment that the

individual is surrounded by. The thinking behind this model is that these are the stages that an individual who has a substance abuse dependency must go through in order to become “ clean” and if they are able to follow this model they will finally be able to “ kick the habit.”

5 pts

How is crystal meth different from other stimulants such as cocaine? What are some of the long-term effects associated with meth use?

According to the Powerpoint provided by the Department of Health and Human Services (SHMHSA) the differences between methamphetamine and cocaine are:

-Cocaine effects: 1 to 2 hours.

-Methamphetamine effects: 8 to 12 hours.

More intense “ rush” or initial pleasure (I would add.)

-Withdrawal from methamphetamine can cause more intense symptoms and last longer.

The Long term psychological effects of using meth are:

-Confusion

-Loss of ability to concentrate and organize information

-Loss of ability to feel pleasure without the drug

-Paranoia

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-Insomnia and fatigue

-Mood swings

-Irritability and anger

-Depression

-Anxiety and panic disorder

-Reckless, unprotected sexual behavior

The more severe psychological effects can include:

Hallucinations

Severe depression that can lead to suicidal thoughts or attempts

Episodes of sudden, violent behavior

Severe memory loss that may be permanent

The chronic physical effects are:

Tremor

Weakness

Dry mouth

Weight loss/malnutrition

Increased sweating

Oily skin

Sores

Headaches

Severe problems with teeth and gums Sever Physical:

Seizures

Damaged blood vessels in the brain/stroke

Damaged brain cells

Irregular heartbeat/sudden death

Heart attack or chronic heart problems

Kidney failure

Liver failure

“ Tweaking”

Infected skin sores

5 pts

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Citations

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