

Diagnosis and treatment recommendations

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Running Head: DIAGNOSIS AND TREATMENT RECOMMENDATIONS With respect to the case study report, the male client in named Blackwell is experiencing a substance abuse related problem in his life. He is a separated father with three children, who are currently living with their mother. The reason for separation derives its roots from Blackwell's habitual substance abuse problem within the household setting. Apart from the family breakup, Blackwell has lost employment contracts on several occasions because of drinking related behavior. Consequently, the client is going through a tough journey on social and psychological complications associated with excessive substance abuse. From information contained in the case study report, Blackwell reported regular consumption of approximately 1 liter of vodka on a daily basis. Apparently, Blackwell also takes other drugs on several occasions together with alcohol. According to Korinek and Mulsow (2012), these additional drugs identified in the case study include cocaine and marijuana, which are both under control by federal and state regulations. In this context, it is objective to assume that the client has developed a profound alcohol and substance abuse dependency, both at physical and psychological levels. Consequently, this addiction issue presents numerous health and life problems on the client's life; hence these issues needs attention from careful diagnosis and recommendation measures. In order to objectively evaluate this client's problem from a clinical perspective, it would be appropriate to conduct a diagnosis. Frances and Avram (2010) say that in this context, the most suitable diagnostic method is CAGE assessment, since it is specifically designed for alcohol and substance abuse related problems. Based on the case, the client has a significant dependency in alcoholic drinks. His answer on the first CAGE assessment question was affirmative.

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He responded that he had committed substantial efforts in the past while trying to cut down his alcohol consumption problem. Blackwell also admitted that he was annoyed by other people, especially his wife regarding his alcohol abuse behavior within their household. He affirms that constant annoyance from his wife remains the main reason for the family separation. On the third CAGE assessment question, the client answered that he was “ kind of sort of...” guilty about his drinking habit. Despite the ambiguity of his response, it is intuitional to conclude that Blackwell experiences significant degree of guilt feelings about the problem in subject. Finally, the client admitted of his regular drinking habits in the morning. He convinces the assessment administrator by justifying his “ eye opener” habits by suggesting that everyone does drink a little alcohol in the morning. The CAGE diagnosis yielded three affirmative answers from the standard questions. According to Frances and Avram (2010), standard clinical procedures require that more than two affirmative answers suggest identification of alcohol abuse problem within a client. In this case, diagnosis confirms substantial alcohol abuse in the Blackwell’s life. Based on the case history information, the client reports that there are incidences of medical administration in an effort to combat alcoholism in his daily life. Medical records show that Blackwell was given both Lithium and Seroquel medications in the past couple of months in order to enhance development of calm and collected emotions during basic undertakings. In August 2010, the client was admitted in a hospital’s emergency room after collapse from heavy drug consumption. Analysis on blood samples indicated presence of alcohol, cocaine and marijuana components in the blood stream. On March 2011, Blackwell reported to a psychiatric center with beer stained clothes

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and tattered pants. Upon completion of a psychological evaluation, results indicated that the client experienced constant psychological troubles, which lead to development of suicidal ideation. In this context, these indications from the case study information prove presence of alcoholic related complications in the client's life. The client, who is a 49 year Christian from a Caucasian racial background depicted notable physical appearances during one clinical evaluation exercise. In March 2011, Blackwell attended a psychiatric session wearing food stained shirt with beer odor. In addition, his hair appeared tangled and his pants had tattered patches and holes. In this case, the client depicted lack of attention to conventional hygiene and grooming patterns. In the process of assessment, Blackwell would restlessly move around in his sitting position. Based in the insight provided by Frances and Avram (2010), he would constantly demonstrate lack of basic coordination functioning evidenced by his intentional movements and restlessness throughout the assessment exercise. With respect to the client's manner and conversational approach, the report information says that Blackwell avoided eye contact with his examiner. His responses had notable degree of defensive and hostile approach as it could be identified in his loud tone, which seemed inappropriate for the assessment context. With respect to the client's thought process and general orientation in alertness, Blackwell could constantly comment on contents irrelevant from the topic under consideration. In one occasion, he started talking about his preferred food and desired shoes during the substance abuse related assessment. Based on the insight provided by Martin (2013), the client depicted affected intellectual ability in time sense when he unknowingly stated that March 2011 was Tuesday 2010. With respect to moods and emotional effects, the <https://assignbuster.com/diagnosis-and-treatment-recommendations/>

client demonstrated fluctuations of moods from despondency to euphoric feelings within similar contexts. Towards the end of the report, Blackwell admits that he occasionally develops suicidal ideation. He has tried taking away his life by taking non-therapeutic pain medication. Based on information from the case study, the client received emotional and financial support from his family members. Therefore, family psychotherapy modality may not seem as the most appropriate recommendation for Blackwell's problem. He admits of receiving money from his mother, which he uses in purchase of drugs and alcoholic drinks. On the other hand, the client broke up with his wife, who used to disapprove of his drinking habits. In this case, absence of an appropriate family setting for the client means individual psychotherapy will be the best modality the treatment. Blackwell's mental status examination reveals of the client's weakness in cognitive ability. In addition, his variation on moods and emotional effects could be the main reason for inability to withdraw from alcohol abuse. Schuckit (2006) agrees that in this case, individual therapy between a psychiatrist and the client will facilitate development of appropriate moods and cognitive functionality. In the long run, Blackwell will learn to maintain a strong self-driven attitude of embrace in sobriety. Upon thorough analysis of Blackwell's case, I can assert that the client qualifies as a candidate for outpatient treatment program. Blackwell is a middle aged adult who is supposed to be at his most productive age in life. He is currently jobless and depends on handouts from his mother. In this case, keeping him within an inpatient facility will result in emotional as well as economic hitches in his life. In the outpatient program, the client will conform to periodic counseling sessions scheduled by his therapist in the individual therapy modality. According to Schuckit (2006), <https://assignbuster.com/diagnosis-and-treatment-recommendations/>

one advantage of inpatient program for the client is that he can flexibly meet his parenting responsibilities with ease. In addition, outpatient program is cheap; hence suits his economic status since he is currently jobless.

However, this type of treatment increases the distance between therapists and patients. In the process, the client may develop strong temptations to use alcohol and drugs. Reference List Frances, J. R. & Avram, H. (2010).

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