

Research case study: personal interviewed - alcohol abuse

Psychology



RESEARCH CASE STUDY: PERSONAL INTERVIEWED - ALCOHOL ABUSE

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December 6, 2012 Introduction The purpose of this paper is to create a case study based on a specific theory of personality development. Kelly (1969) stated that personality theory presents a positive view of human nature (Schultz, & Schultz, 2009). The combination of cognitive and behavioral, together forms the infrastructure of the individual's personality; in addition, sometimes used as a mechanism to recognized a person's distinctive way of managing challenges and determine whether the outcomes will negatively or positively impact the individual (Schultz, & Schultz, 2009). Given the consensus in the field, based on Cognitive behavior therapy (CBT) Albert Ellis describes the term CBT as the psychotherapeutic approach implemented to treat persons who are affected with mental conditions, such as, depression, anxiety, and addiction (Fox, 2006). Moreover, this theory is the modality of choice which addresses maladaptive behaviors, dysfunctional emotions, and cognitive processes (Fox, 2006). This approach appears to be the most suitable for the theory of this case study. As cited in Fox, (2006), " CBT was primarily developed through an integration of behavior therapy with cognitive psychology research, first by Donald Meichenbaum and several other authors with the label of cognitive-behavior modification in the late 1970s (p. 68)". CBT is often highly recommended and implemented when identified treatment goals are acknowledged and outcomes are easily measured; this theory was later combined with previous work of other researchers, such as, Aaron Beck who developed Cognitive Therapy (CT), along with Albert Ellis who created Rational Emotional Therapy (RET) (Glass,

C. R. 1993). Understanding of human thoughts and behaviors has emerged through various psychological theories (Glass, C. R. (1993). Interpreting behaviors and events, cognitive theories focused on several attributes, mainly internal states, motivation, problem solving, decision-making, thinking, and attention (Dingle, Gleadhill, & Baker, 2008). By being more knowledgeable about these theories one can achieve a deeper and richer understanding of psychology's past, present and future (Dingle, Gleadhill, & Baker, 2008). Based on research cognitive behavioral therapy (CBT) for substance use disorders has been shown to be effective in multiple trials, using statistical techniques to demonstrate mediation (Kiluk, 2011).

Individuals may be taught to understand the relationship between behaviors, and feelings in order to develop cognitive coping strategies such as positive affirmation (Fox, 2006). Personal Interviewed: Case study In my personal interview with Josh Knocklebury conducted on November 26, 2012, topics surrounding his addiction to alcoholism were investigated. Josh was referred to the psychologist by his family who expressed concern about his frequent consumption of alcohol. This case study will adhere to clients confidentiality, therefore, the name and personal information have been altered. Josh is a forty-three years old Caucasian male who stated that he grew up in a middle class family in northern New Jersey. He provided personal and family history including graduating from a four-year college in 1988. with a Bachelors degree in finance. He later served four years in the British Air Force as a Captain. In 1992 Josh was honorably discharged from active duty. In 1996, he married Nancy, his college sweetheart and four years later their first child was born, and the second child two years after. Josh worked for the same

Financial firm for fourteen years and was laid off last spring due to economic recession. Despite searching for a job for the past nine months, he has still been unable to find employment. Prior to being unemployed, he had little time for hobbies or leisure activities because of work and family responsibilities. During this period of unemployment, Josh's self-esteem has been negatively affected and his stress levels elevated. He reports feeling of sadness, hopelessness, and almost every week he experienced several occurrences of depressed mood. Josh currently lives in an affluent community in New Jersey. He stated going through mild depression, suffers from mood disorder, high blood pressure and was recently diagnosed with type 11 diabetes and was prescribed hypertensive and diabetic medications. In 2005 his friend died suddenly of drug overdose and Josh has been distraught over the fact that he did not get a chance to say good bye. Josh further shared that his father was an alcoholic for sixteen years, however he was able to quit this behavior at age fifty four. Description of the Presenting Problem Josh an alcoholic, although he felt uncomfortable about seeking treatment for his addiction problem, eventually made the decision to sought treatment with the encouragement from his family. He thought of himself as being weak and that if he had strong will power he could overcome his own affliction for alcohol abuse. Due to his alcohol abuse, Josh has recently received a ticket for driving under the influence (DUI). He began drinking alcohol while in his junior year of high school. Although it was never more than a couple of beers once or twice a month, this habit continued in college, in the Air Force, and after he got married. Josh disclosed that he was only intoxicated a few times during those years, however, in the last six to nine

months, became more discouraged pertaining to his unemployment situation. He found that a mixed drink, such as gin and tonic or several beers would relax him, making him feel less anxious and depressed. As his dependency on alcohol increased, Josh found that it would take drinking several more beers to reach the same level of comfort and relaxation that he sought. His drinking escalated leading to frequent intoxication, hangovers, and still drove while intoxicated. Eventually, as the frequency of his beer drinking increased as well as the amount of alcohol consumed his family was affected and his life became unmanageable. During an argument with his wife about his drinking, Josh stormed out of the house and while driving to a friend's place he was stopped by the police for DUI. At this point Josh could no longer ignore the problem his drinking was causing and is seeking help. He mentioned that this was probably not his first time he drove a motor vehicle while intoxicated but it was the first time he was caught. Diagnosis of the disorder Josh expresses a wide range of symptoms, and as a result, it can be difficult to determine a diagnosis. The important point is that the writer has carefully reviewed all of the clinical information as to why his particular diagnosis of alcoholic is appropriate. " According to the Diagnostic and Statistical Manual of Mental Disorders (2000), mental disorders affect different age groups and genders." At pretreatment, Josh met DSM-IV diagnostic criteria for one or more diagnoses for this case; including in both the Axis I and Axis II in the DSM-IV (American Psychiatric Association 2000). Per diagnostician's report, Josh had a moderately severe case of Axis 1: major depressive disorder and psychotic features such as alcohol abuse, Axis II: dependent personality disorder associated with his frequent use of denial,

and Axis 1V: his unemployment status (American Psychiatric Association, 2000). Axis III which pertaining to medical or neurological conditions may influence Josh's psychiatric problem; as well as his diabetic condition could cause extreme fatigue leading to depressive episodes (American Psychiatric Association, 2000). Axis IV identifies his recent psychosocial stressors, such as the death of his friend, marital problems, and losing his job (American Psychiatric Association, 2000). The combination of these conditions may affect the diagnosis, treatment, and prognosis of mental disorders (American Psychiatric Association, 2000). Etiology This Case Study has given the writer a better overview of the nature of addiction, supporting the theory that anyone can become an addict. As in this case, Josh used alcohol to compensate for his depressed mood and to cope with the difficulties of being unemployed. He has continued to abuse alcohol because of his addictive personality and finds it difficult in controlling his response to stimulus. As a result his judgment and impulse control are inadequate as shown by his DUI and his abuse of alcohol to relieve stress. Josh reported significant emotional distress which is obviously evidenced by signs of agitation, body posture, lack in eye contact, glances away frequently, and especially his anxiety . Josh, suffered with feelings of worthlessness, then berated himself for his inability to connect with his family. Although he was recently diagnosed with typed 11 diabetes, this could trigger his depression as well as his lack of confidence, low self-esteem, and the grief that surrounds his friends death. His job loss is also a major factor attributing to him being depressed.

Treatment Plan: Objective Studies show that cognitive-behavior interventions are considered to be evidence-based treatment approach for alcohol

dependency and other psychiatric disorders. Although, a majority of persons drop out or prematurely terminated treatment, psychologists are encouraged to think creatively about how to apply these principles, in an effort to strengthen the appropriateness of CBT protocols (Hides, Elkins, Catania, Mathias, Kay-Lambkin, & Lubman, 2007). The therapist aims to apply cognitive-behavioral coping-skills therapy that would be beneficial when treating Josh to improve his cognitive and behavioral skills. (Hayes, 2000). For continuous care, Josh would benefit from weekly therapy sessions to discuss behavioral issues and negative consequences of his drinking. Josh would learn more if he attended group counseling to develop coping skills to counter the triggers that lead him to drink alcohol and demonstrate that he is able to stop drinking. According to Yalom & Leszcz, (2005), "cognitive approach to therapy has several goals, such as providing rational explanation of the therapy process; to describe what types of behavior is expected of the client; and to raise expectation of the effects of the meetings (p. 303)". The nature of Josh's behavioral difficulties is captured comprehensively in the DSM-IV-TR diagnostic criteria for the personality disorder. Summary: Clinician Observations: In summary, people with personality disorders rely on Psychologist for guidance and assistance in dealing with their conditions. According to Kelly, (1969) as cited in Schultz & Schultz (2009) he defined personality in the form of cognitive processes. Clinicians are competent of interpreting behaviors and occurrences, with this understanding clinicians can guide their behaviors, predict other people behavioral patterns and therefore have strong influence on people's responses (Schultz & Schultz, 2009). There are possible limitations to this

case study, as it may be influenced by the writer's own subjective feelings. In addition, the heavy reliance on memory when reconstructing the case history, the information about past experiences and events may be subject to distortion. References American Psychiatric Association. (2000).

Diagnostic and statistical manual of mental disorders (4th ed., text rev.). doi:

"doi number" Dingle, G. A., Gleadhill, L., & Baker, F. A. (2008). Can music therapy engage patients in group cognitive behavior therapy for substance abuse treatment? *Drug & Alcohol Review*, 27(2), 190-196. doi: 10.1080/09595230701829371

Fox, D. (2006). CBT in practice. *Update*, 72(4), 67-70. Glass, C. R. (1993). A Little More About Cognitive Assessment. *Journal Of Counseling & Development*, 71(5), 546-548. Hayes, N. (2000) *Doing Psychological Research. Gathering and analysing data*. Buckingham: Open University Press. p. 133.

Hides, L., Elkins, K., Catania, L. S., Mathias, S., Kay-Lambkin, F., & Lubman, D. I. (2007). Feasibility and outcomes of an innovative cognitive-behavioral skill training programme for co-occurring disorders in the youth alcohol and other drug (AOD) sector. *Drug & Alcohol Review*, 26(5), 517-523. doi: 10.1080/09595230701499134

Kiluk, B. D. (2011). It's got to be the skills: Importance of coping skills training in CBT for SUDs. *DATA: The Brown University Digest Of Addiction Theory & Application*, 30(3), 8. Schultz, D. P. & Schultz, S. E. (2009): *Theories of Personality*, Nine Edition Yalom, I. D., Leszcz, M., (2005). *The Theory and Practice of Group Psychotherapy*, 5th Edition