

# [Case study: cognitive behavioral therapy (cbt) for drug addiction](https://assignbuster.com/case-study-cognitive-behavioral-therapy-cbt-for-drug-addiction/)

Individual Challenge

John is a client in his early twenties who was in a minor car accident three years ago at which time he was prescribed an opioid called oxycodone for pain relief.  John began to misuse the drugs and subsequently became addicted. The individual challenge that the client faces is drug addiction, which has resulted in several personal and social problems including being fired from his job and loss of friends. From a micro perspective John might have experienced this challenge due to the history of substance abuse in his family. This put John at higher risk for misuse and addiction to opioids.

A micro intervention for this type challenge is detoxification followed by Cognitive Behavioral Therapy (CBT), which is an evidence-based practice known to be effective in drug addition treatment. To get to this solution John would first need access to a rehabilitation facility for medically supervised detoxification. This would require that the client have health insurance or the financial means to pay for the very costly rehabilitation program as well as ongoing individual therapy. The client would also need transportation to and from the rehabilitation program and therapy.

Social Problem

John’s struggle with addiction is part of a larger social problem, commonly known as the opioid crisis in the United States. John had ongoing access to the oxycodone prescription from his doctors who continued to prescribe the drug long after the pain of the accident should have subsided. John fell victim to overprescribing of unnecessary opioids and poor oversight of medication management. John reports that he was not given enough information about the risks of opioid misuse and addiction before being prescribed the drugs by his doctor.

Opioids are highly addictive drugs that are often prescribed to treat pain. Doctors will prescribe opioids for things such as sports injuries, back pain, car accidents, chronic headaches, and many other reasons. According to the Mayo Clinic (2018) opioids trigger the release of neurotransmitters called endorphins, which enhance feelings of pleasure and reduce the perception of pain. When the effects of the drugs wear off it leaves individuals wanting more.

According to the Centers for Disease Control and Prevention (2018) since 1999 nearly 400, 000 individuals have died from an opioid overdose. The CDC has identified that in the 1990’s America began to see an increase in opioids being prescribed by doctors before it was clear that these medications could be highly addictive.  This was the beginning of the rise in opioid related deaths. The country then saw a spike in deaths caused by heroine overdoses in 2010 after there was a decrease in the amount of opioid prescriptions. Heroine became a cheaper and easily accessible alternative. More recently in 2013, there has been an increase in deaths caused by synthetic opioids such as fentanyl. Overdose Deaths in 2017 were six times higher than they were in 1999 when we saw the beginning of the increase in opioid prescriptions (CDC, 2018).

Lack of policies regulating the pharmaceutical companies that were promoting the use of opioids resulted in misinformation being spread and encouragement of opioid use to treat non-cancer related chronic pain (Meldrum, 2016). This played a huge role in creating the opioid crisis. The CDC has issued guidelines for prescribing opioids however this does not mean that individuals will not ever be prescribed opioids and be given the opportunity to misuse them and possibly become addicted. The opioid crisis was declared a public health emergency in 2017 and in 2018 the website The Crisis Next Door, was created in an effort to educate the public on opioid addiction and allow individuals across the country to share their own personal stories. Having the President addressing this issue has resulted in funding to combat the opioid crisis with efforts to ensure best practices when prescribing opioids, increase treatment and support for those struggling with addiction, and possible litigation against opioid manufacturers.

Community Asset

One community asset that can protect against and potentially reduce this particular social problem is having individuals in positions of power within communities supporting the efforts to address the opioid crisis on a smaller scale. A city Councilwoman has a large reach within the community and the ability to educate and empower community members while introducing measures such as Judicious Opioid prescribing to fight the opioid crisis within the given community. Having a councilwoman fight to require Judicious Opioid prescribing would help protect against overprescribing by doctors in the community as well as bring much needed attention to the issue.

The councilwoman is a strong community asset as she listens to the needs and concerns of the community and then helps to bring awareness to the issue and find solutions. Whether or not a councilmember will be a strong community asset depends on the community members voting in individuals whose values and priorities align with the community they are serving. Having multiple city councilmembers backing efforts to end the opioid crisis would create a louder voice and provided more resources towards supporting the efforts.

This asset could be expanded by community members encouraging current councilmembers to support measures such as Judicious Opioid Prescribing. If the councilmembers do not represent the needs and concerns of the community then the asset must be increased by voting for individuals that do. The first step towards increasing this particular asset would be talking with the councilmembers to communicate the communities concerns.

Model of Community Practice

One model of community practice that can be utilized to address the opioid crisis is community development. Hardina (2013) explains that community development is residents of a community coming together, reaching a consensus about an issue or concern, and then working collaboratively to solve those issues and improve their community. Community development helps bring people together to enhance social solidarity. Community development is known as a bottom-up process that is locally based (Harinda, 2013).

Wells et al. (2018) suggests forms of community development such as making prevention, treatment, and recovery an overarching community value as well as empowering individuals and families to take part in these efforts. The community development model can be used to address the social problem through community members encouraging partnerships between clinicians and patients to help with goals and expectations regarding opioid usage as well as patient disclosure of risk factors, including family history. Community based medication disposal programs would also be helpful for the community (Koh, 2017). Community development can be used to help humanize the opioid crisis in communities.

In order for this model to be successful one of the first steps that should be taken is to educate community members on the opioid crisis and how this effects their individual community. This can be done by holding community meetings and through the use of social media. Once there is an understanding and agreement of the social problem the next step would be to empower individuals so that they feel confident coming together to make meaningful change. This can be done by providing individuals with examples of success in other communities and providing praise and support for their involvement. Important next steps would include facilitating connections and participation among community members so they can take action.

The councilmember that has been identified as a community asset can be used to assist with the educational efforts as well as empowering individuals of the community. City Council meetings are a great place to share ideas and bring community members together. A challenge that may be encountered is one introduced by Sites (2007) who recognized the challenge of retaining community accountability once the community has reached the capacity to make meaningful change. With the involvement of the city council it is possible for the community members to loose their sense of accountability and place the responsibility on a councilmember. In order to decrease the likelihood of this happening the community members must maintain their solidarity and their ability to self govern without using the council member as a leader or sole responsible party. Instead the community must maintain their original goals of improving the quality of life for everyone in their community and ending the opioid crisis.

Reference Page

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