Case study example

The case study example below is based on this (shortened) assignment question:

*Watch a film which features the impact of drug and/or alcohol abuse. Choose one of the characters from your chosen film who is using or abusing alcohol and/or other drugs as the basis for your client and case study. Provide an assessment and case formulation of the client, their psychosocial needs, and their use or abuse of alcohol and/or other drugs. Briefly describe the substance abuse counselling model you would draw on and its usefulness for the client. Identify ethical issues likely to be faced in counselling the client, referring to relevant codes of ethics.*

Note: Always use the current assignment question provided in your unit material, as the assignment question above has been altered for the purposes of this example.

The example below shows three sections of a case study written by Lynsey Ward, a Graduate Diploma of Counselling student at ACAP. Many thanks to Lynsey for sharing this work with us and contributing to the development of other academic writers.

**Introduction**

Every substance abuse case is individual and as such requires a unique assessment and intervention plan to best help a client. Different drugs require varying degrees of medical assistance, detox and long term planning in order to provide a client with an environment conducive to recovery. Heroin is an illicit drug with hasty addiction and many side effects. Here, a case study of a woman, Candy, from the film *Candy* (Armfield & Fink, 2006) is examined in order to create an appropriate intervention plan based on alcohol and other drug [AOD] use theory, research and Candy’s assessment. Candy’s social and behavioural influences are her major reason for taking heroine and as such, treatment plans are formed accordingly to provide a comprehensive treatment and relapse prevention plan based on empirically tested techniques.
Case Formulation and Assessment

Candy’s treatment needs to be sensitive to her needs as a woman and client. Candy has built a tolerance to heroin and subsequently has withdrawal symptoms if not using, and is unable to cut down on her own. As such, she fulfils the substance dependence criteria (Stevens & Smith, 2013). Heroin is an opiate whose repeated use causes tolerance and addiction “enhanced by intravenous administration” (Stevens & Smith, 2013, p. 7). During this film, Candy appears to go through the prodromal, crucial and chronic phases of her substance use (Stevens & Smith, 2013), paralleling the film’s heaven, earth and hell sections. This journey from “controlled use to being controlled by the use is the nature of addiction” (Stevens & Smith, 2013, p. 128). This dependence despite consequences is a “result of linking learned associations between drug effects and environmental cues” (Stevens & Smith, 2013, p. 70) and thus is a behaviourally influenced phenomenon. “The majority of … cohabiting female substance abusing patients who enter treatment are involved with substance abusing partners”, as is Candy’s case (Winters et al., 2002, p. 352).

Initially in therapy, the process of assessment and ethical considerations would be discussed, as well as building rapport with Candy. Assessment would be used to determine my fit with Candy, the relationship issues of the client, and Candy’s coping strategies and outside support resources. Later, assessment will be used again to evaluate progress and follow up with Candy’s outcomes. In order to determine if a behavioural approach to therapy is appropriate for Candy, a diagnostic interview would be used to discover her habits, family issues, readiness for change and the influences on her use with assistance from the DSM 5 (APA, 2013). I would also use an addiction survey index [ASI] to ensure I was receiving a comprehensive picture of Candy’s use, including any dual diagnosis required (Stevens & Smith, 2013). Candy’s relationship situations seem to be a large influence on her use. To ensure that these same relationships don’t create a potential relapse, her parents and partner should be involved in therapy. Additionally, any mental health issues concerning Candy will need to be addressed because in many substance using women, depression is a factor (Stevens & Smith, 2013). Candy does appear to have a co-
occurrence of depression and drug use, however this would need to be assessed to ensure it was not all drug use symptoms.

Once Candy’s addiction becomes full blown in the film, she is in a state of precontemplation (Stevens & Smith, 2013), meaning she has no real intention of undertaking any behaviour changes until later into the film. During her methadone maintenance program, Candy is in the action stage (Stevens & Smith, 2013), however this quickly has negative effects on her relationship and fails due to no other psychological supports being in place (Kouimtsidis et al., 2007). Candy has two potential intervention points in this film where her love of drugs no longer outweighs the pain they are causing her. The first is during her pharmacotherapy, the second is when Candy has a drug induced psychosis and ends up in hospital. Both will require a diagnostic basis for treatment with behavioural awareness, individual goal identification and treatment contracts (Stevens & Smith, 2013).

**Ethical Issues**

Throughout treatment a number of ethical considerations need to be addressed, particularly regarding Candy’s admission to the inpatient facility, and her family/Dan’s group treatments. “Each member of the couple should be adequately prepared, including individual consultation if needed, and free to promote informed consent” (Stevens & Smity, 2013, p. 230) to maintain best practice. It is my responsibility to be aware of ethical codes, laws and regulations in place for the treatment of clients (Welfel, 2013). The nature of the BCT with Dan or Candy’s parents, or potential multi-family therapy will need a comprehensive explanation of confidentiality limits and the group setting (Stevens & Smith, 2013). Often a dilemma may arise due to the illegal nature of drug use and related activities. Should this occur, I will reflect on the dilemma, apply the code of ethics and law I adhere to, generate a potential course of action, consider its consequences and discuss it with Candy before implementing it (Stevens & Smith, 2013). In the case of past crimes, unless still causing harm, I would not inform the authorities. If Candy was unable to make an informed decision to enter an inpatient facility due to her psychotic symptoms, I would seek her parent’s informed consent. Throughout treatment, I would ensure proper communication with Candy and her involved family members in order to create an ethical treatment environment.
References


