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Patient with Substance Abuse: A Case Study

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Abstract: The client M.H was 23 years old male, referred by his psychologist for the management of his addiction that he sniff and injects heroin, aggressive behavior, restless and body pain. An assessment was done through Clinical interview, Behavioral observation, Subjective ratings, Anger scale and Mental Status Examination which results shows the client was orientated to person, place and time. Other subjective ratings like aggressive behavior of client which he rate on 10 scale and insight about addiction on 5. The client was diagnosed with "other (or Unknown) Substance Withdrawal". Different management techniques were used like, Distraction techniques, Psychoeducation and Disease concept were given to the client. The overall response toward therapeutic intervention was productive. Total number of 10 sessions was done with the client.

Keywords: psychologist, addiction, heroin, Mental Status.

Identifying Data

Client's name:	M.H
Age:	23 years
Gender:	Male
Education:	4th class
Number of siblings:	10
Birth order:	Last
Marital status:	Single
No of sessions:	10
Date seen:	28-10-14
Last date seen:	21-1-15

Reason for referral

The client was referred by the psychologist for the purpose of assessment and management of his current problems as he sniffs and injects injection of heroin, aggressive behavior, restless and body pain.

Presenting Complaints

Table-1.1: Presenting Complaints and Duration of Client's Problems According to Client

Presenting complaints	Duration
Sniff and injection of heroin	1 year
Restless	1 week
Body pain	1 week

Initial Observation

The client M.H was a 23 years old male and his weight was not appropriate to his age but his height was appropriate according to his age. The hygienic condition of client was not appropriate he was not dressed up in neat and clean clothes and his feet was untidy. It was observed that drooling continuously come out from his mouth. He was sitting on the center of chair and talking in a low voice tone. He seemed to be low because he said that he wanted to go home. His hand was shivering. He was maintaining eye contact. The client was also observed in group he was not participated the whole group. The client was anxious about his illness he said that why he started addiction. Somehow was having insight of his problems. Client was cooperative and rapport was built.

Developmental History of the Problem

The client M.H was 23 years old male. The information regarding client problems was gathered from client and psychologist. Client reported that he started addiction one year ago. Client reported that he liked his cousin and he wanted to marry her but the parents of client were not willed and they refused the proposal of that girl. Client was disturbed because of this decision of his parents. He started remaining stressed and spends more time out of home, at that time his friends introduced him drugs and gave him hope that by using this he will get relax and it will also help to forget bitter memories of life. So that's why client started using drug with his friends. He reported that first time he used heroine in powder form and sniffed it with less quantity after that he started injecting heroine. He said that when he started addiction he inject only half gram of heroin but within 1 week he started to take one

gram of heroin every day after getting free from his work he used to go with his friends in a park and inject heroin in group.

According to client when he took heroin first time he did not feel good due to which vomiting started and stomach got upset but when take on a regular basis he started feeling good and peaceful like he was in heaven. Client reported that he used to sniff and take 2-3 cigarettes of heroin in a week but he inject heroin regularly.

Client reported that he used to get angry with his parents when they refused to provide him money for drugs. Client yell and shout on them and also used abusive language with them. When client behavior got out of control his parents took him to rehabilitation center first time for his treatment for addiction.

Psychologist reported that when client was admitted he was very aggressive and at the 1st day of admission he broke the glass of scenery in addiction ward and cut his neck with glass. But now he was not showing such type of aggressive symptoms. Psychologist reported that now client was having withdrawal symptoms like nausea and he was under medication.

BACKGROUND INFORMATION

Personal history

The client reported that his birth was normal and he achieved all milestones in appropriate age. He wakeup early in the morning, take bath and then take breakfast and go for group where they recite Holey Quran and talk about one topic. He liked to listen music, playing cricket and he also liked rice.

Premorbid personality

The personality of client was passive before using drugs. He was friendly and have a lot of friends but when he started addiction he become aggressive.

Family History

The client's father was fifty years old and he run a fruit shop. The mother of client was forty- five years old and she was house wife. Client has also satisfactory relationship with his parents. Client had four sisters and three brothers and his birth order was last. Client's relationship with his siblings was satisfactory and he belongs to middle class family.

Educational history

The client started school at the age of 5 years. He completed his fourth class and he did not continue his studies because of his lack of interest in studies client reported that his father said him to work with him at fruit shop due to which he quit study

Occupational history

The client had a fruit shop he was satisfy with it and he reported that income of one day from morning to till 5 o clock was 500 rupees.

Sexual history

The client reached in puberty at the age of 14years. Information regarding this was given by his friends.

History of Psychiatry/ Medical Illness

There was no history of medical and psychiatric illness reported.

Provisional Formulation

Parents of client was not agree to accept the proposal of girl which he liked due to which client start using drug that precipitate his problem and other factor of client problem was his bad company. Client was motivated for his treatment which was protective factor of client.

Assessment

The assessment was completed with the help of following assessment modalities

- Behavioral Observation
- Clinical Interview
- Mental Status Examination
- Subjective Ratings
- Personal Hygiene Checklist
- Indigenous Anger Scale

Behavioral Observation

Behavioral observation is a technique which is used by clinicians and researchers to explain the behaviors of their clients during the course of an assessment. The purpose of behavioral observation is to facilitate and understand the client. The behavior of client was observed during session and group. During session he was participated actively, he maintains proper eye contact but talking in low voice tone but when he was observed during group he become silent and not participated.

Clinical Interview

Clinical interview was done to get detailed history of his illness which revealed that the client take heroin in the form of injection and cigarette. It helped us to know how the problems of client were started.

Subjective Ratings

Subjective ratings of the client's problems were taken in order to assess the intensity of the presenting complaints [1] like Insight, aggressive behavior which was reported by psychologist. Said to the client that he rated his aggression at 1-10 scale, where 0 indicated not at all and 10 indicated severe.

Table-1.2: Showing Problem and Rating of those Problems by the Client

Problems	Subjective Ratings
Addiction	5/10
Anger	10/10
Insight	5/10

Table-1.3: Showing Frequency, Intensity and Duration of Anger

Frequency	Intensity	Duration
Daily	100%	Half an hour

Behavior checklist

Behavior checklist was design to assess the current level of client's behaviors.

Personal hygiene

Personal hygiene is used to measure the current level of client's hygiene. The behavior of client was observed according to behavior checklist, changing clothes regularly, brushing teeth and nail cutting.

Table-1.4: Pre Assessment of the Areas according to Personal Hygiene Checklist

Area	Pre assessment
Changing clothes	0%
Brushing teeth	0 %
Nail cutting	0%

Mental Status Examination

It was done to assess the client's present level of mental and behavioral functioning**.**

Table-1.5: Indicating Summary of Different Areas of Mental Status Examination

Areas	Status
Appearance	Appropriate
Speech	Coherent
Orientation	Appropriate to person, place and time
Mood	Low
Insight	Client has insight
Memory	Appropriate
Attention/ concentration	Appropriate
Abstract thinking	Appropriate

Indigenous Anger Scale

Anger scale was use to measure the severity level of anger. It was administered because client reported that he was aggressive so that to check the level of anger it was administered [2].

Table-1.6: Showing Severity Level of Anger

Mean	Standard Deviation	Obtained score	Level
38.30	13.75	79.75	Severe

Qualitative interpretation

When it was administered the voice tone of client was high on response of some items like when asked client "due to anger I cannot progress in my life". The response of client on mostly item was shows that the anger of client was outward. For example in anger client started crying. SD 79.75 which shows that client has high level of anger.

Case Formulation

Client's case was formulated according to the biopsychosocial model in which according to the psychosocial factors client's precipitating factor for taking drugs was to get relieve from stress, as when his parents refused to accept the marriage proposal of his own choice for a girl, he became disappointed from life and hopeless. He took this incident too much serious that he became restless and emotional disturbed, so in that situation when his friends introduced him drugs he found relief from taking drugs. After that client started having pleasure from drugs and show withdrawal symptoms when he had not taken any drug this factor maintained the clients problem.

According to client when he realized about drugs, and wanted to get rid from them but his friends used to make him convinced about the taking drugs and its advantages, it is also supported by many researches that peer pressure put a great role in taking drug [3]. According to social theory that when a person had poor social support from family, they are more likely to develop mental and behavioral problems, as was happened in client's case that he had poor support from his parents and family which contributed in his problems development [4].

Many theories related to addiction have concluded that teen age or early adulthood are more vulnerable for developing addiction, as client was also 20 years old when he started taking drugs. Client was motivated for his treatment which was protective factor of client. He had well insight about his problem and he wanted to get rid of these drugs.

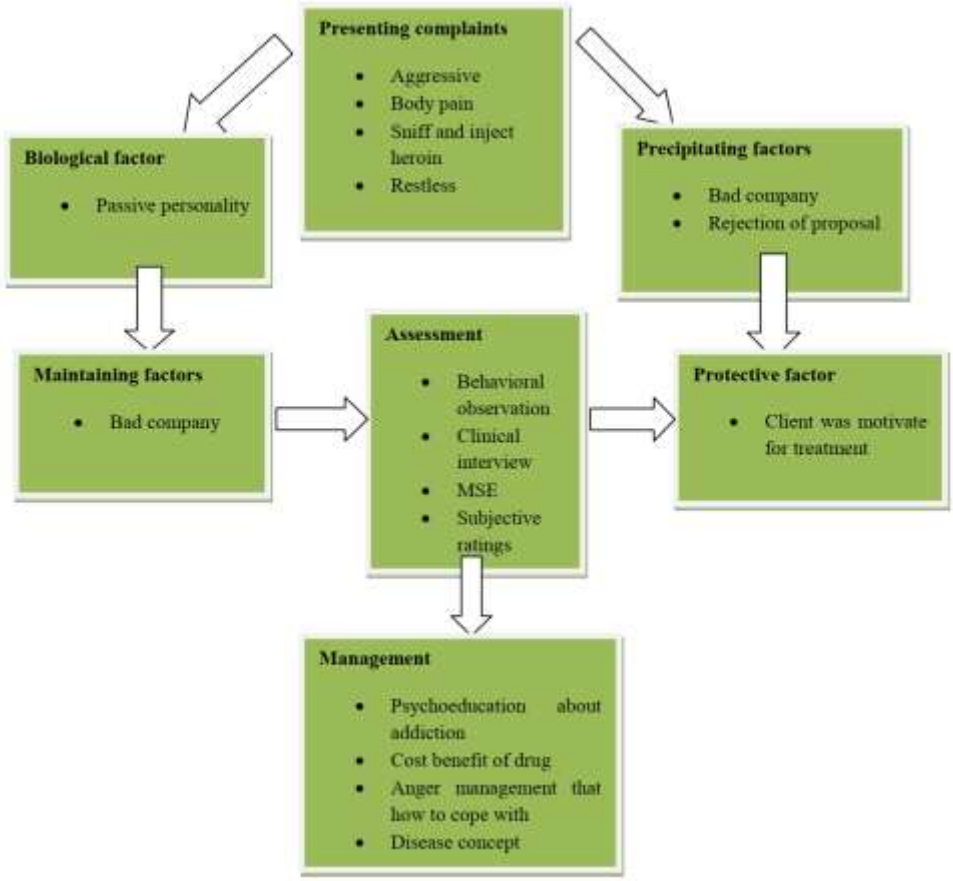

Fig-1.1: Summary of the Case Formulation

Diagnosis

292.0 (F19.239) Substance Withdrawal other V62.89 (Z60.0) Phase of Life Problem

Client's prognosis

The prognosis of client was guarded because client was motivated toward treatment.

Intervention Strategies

Rapport building

Rapport is a harmonious relationship in which the people understand each other's feelings and communicate well. In order to make the client comfortable and to have smooth process rapport was built with the client.

Psychoeducation

Psychoeducation is a way to educate individuals and their families about families to help empower them and deal with their condition in an optimal way [5]. Psychoeducate client about drug addiction. Told client that addiction is a disease, which is biological, psychological and socially effect him. It is dangerous for his health. It damage brain and other circulatory systems. It badly effect kidneys and it cause cancer.

Cost benefit analysis

Cost benefit analysis was used to know that how client feel that drug is beneficial for him or not. When asked about cost and benefit of drug use client told that no benefit of it all is disadvantages. Client reported that due to drug use good friends don't want to talk, family leave him.

Anger management

Anger can range in intensity from mild irritation to extreme range. Anger is not necessarily a "bad" emotion. Anger makes people feel strong and powerful which can motivate them to stand up for what they believe is right [6]. Client reported that he was aggressive when he start using drugs so that told client that how to cope with anger. Said to client that when he become aggressive leave that place for some time, avoid that situation and count 1 to 10, take deep breath which can help him to overcome anger.

Craving management

It is a technique used to asked from client that identify his triggers. Develop a comprehensive list of his own triggers. When asked from client to report his triggers then he report that his bad company, rejection from proposal and his peer pressure was his triggers. It was told to client he should avoid some cues like avoid situation in which he use drug and breaking ties or

reducing contact with friends who use or supply drugs. It was told him that how to cope with craving or distract from craving. When he feel craving then he stat walk or exercise and recalling the negative consequences of drug use.

Relaxation exercise

It was told to the client that when he feel pain in any parts of body than he do an exercise in which first of all he sit in relaxing posture in which he feels comfortable and then take a long breath [7]. In this relaxation technique, client focus on slowly tensing and then relaxing each muscle group in which he feel pain. This help client to focus on the difference between muscle tension and relaxation. In muscle relaxation said to client that he start tensing and relaxing the muscles of neck, head, arms and hand. Client was started with head and neck and work down to toes. It was told to client to tense muscles for at least five seconds and then relax for 30 seconds, and repeat it for 2 to three times. Client give positive response that after doing it he feel relax.

Post assessment

Post assessment of anger, insight and hygiene checklist was done.

Outcome

The response of client on overall outcome was productive. His anger problem was overcome and he has insight of his problems and his personal hygiene was also improved.

Pre and Post Assessment of Personal Hygiene

The pre assessment of personal hygiene of washing mouth, brushing teeth and nail cutting was 0% and post assessment was 100%.

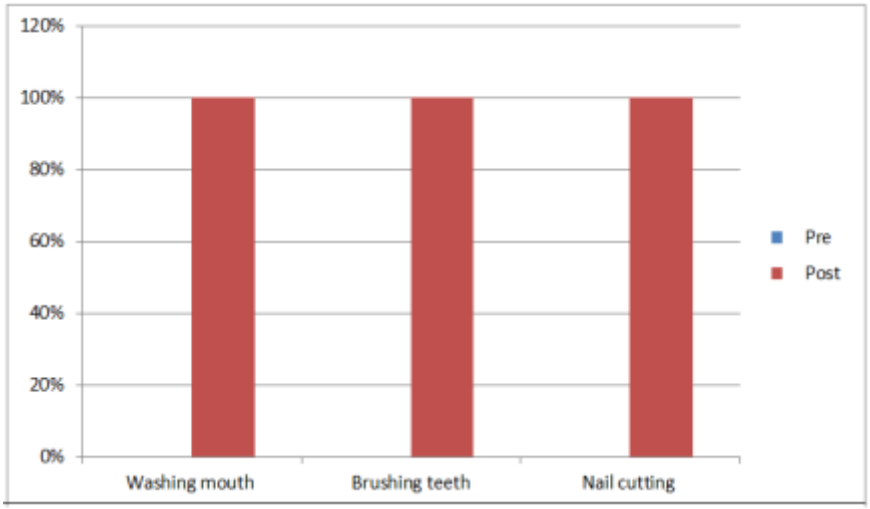

Fig-1.2: Histogram showing the pre and post assessment of personal hygiene

Pre and Post Assessment of Insight

The pre assessment of insight of about addiction was 5% and post assessment was 7%.

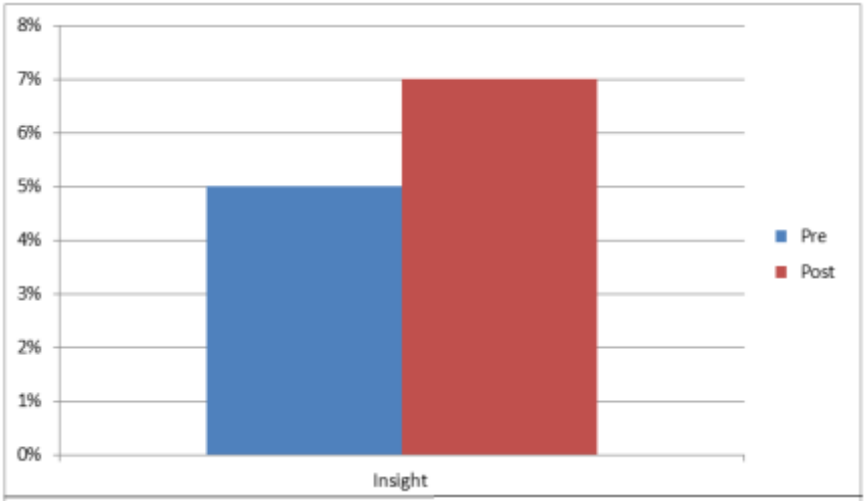

Fig-1.3: Histogram showing the pre and post assessment of insight

Pre and Post Assessment of Anger

The pre assessment of anger was 100% and post assessment of anger was 30%.

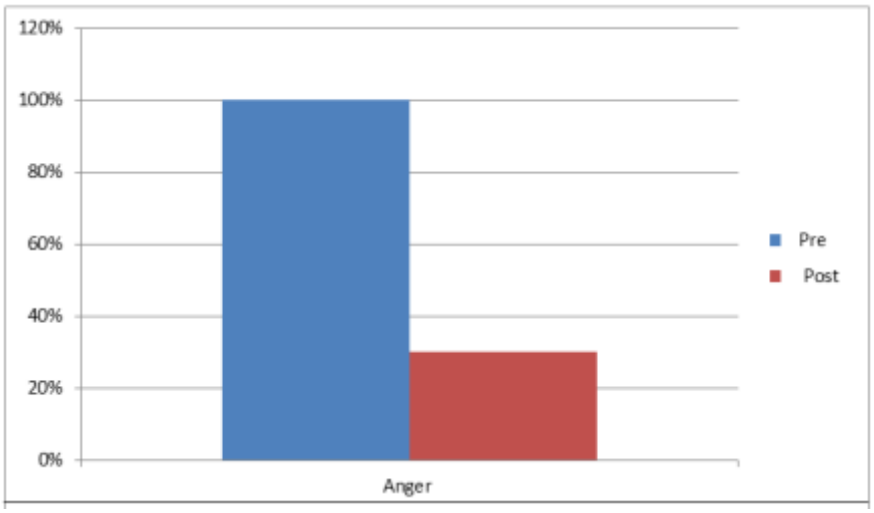

Fig-1.4: Histogram showing pre and post assessment of anger

Limitations

- There was no separate room for session
- Time periods of sessions was short because clients were indulge their own group activities

RECOMMENDATIONS

- Psychoeducate family
- Continue follow up sessions

REFERENCES

1. Spiegler, M., & Guevremont, D. (2003). *Contemporary Behavior Therapy.* (5th ed). Wadsworth USA.
2. Siddique, S., & Shah, S. A. A. (1997). Siddique Shah Depression Scale: Development and Validation. *Psychology & Developing Societies, 9(4),* 245-262**.**
3. Almazberhe, A. C., & Bayray, A. (2012). Assessment of Road Traffic Accidents among Children in Addis Ababa City, Ethiopia; A Retrospective Record.
4. Chassin, L., Presson, C. C., Rose, J. S., & Sherman, S. J. (1996). The natural history of cigarette smoking from adolescence to adulthood: demographic predictors of continuity and change. *Health Psychology*, *15*(6), 478.
5. Donley, J. E. (1911). Psychotherapy and re-education. *The Journal of Abnormal Psychology*, *6*(1), 1-10.
6. Lerner, J. S., & Keltner, D. (2001). Fear, anger, and risk. *Journal of personality and social psychology*, *81*(1), 146.
7. Jacobson, E. (1938). *Progressive relaxation. Chicago*: University of Chicago Press.