Case Study: Counseling a Substance Abuse Treatment Client With AD/HD

John R., a 29-year-old African-American man, is seeking treatment. He has been in several treatment programs but always dropped out after the first 4 weeks. He tells the counselor he dropped out because he would get cravings and that he just could not concentrate in the treatment sessions. He mentions the difficulty of staying focused during 3-hour intensive group sessions. A contributing factor in his quitting treatment was that group leaders always seemed to scold him for talking to others. The clinician evaluating him asks how John R. did in school and finds that he had difficulty in his classwork years before he started using alcohol and drugs. He was restless and easily distracted. He had been evaluated for a learning disability and AD/HD and took Ritalin for about 2 years (in the 5th and 6th grades), then stopped. He was not sure why, but he did terribly in school, eventually dropping out about the time he started using drugs regularly in the 8th grade.

-Substance Abuse Treatment For Persons With Co-Occurring Disorders; A Treatment Improvement Protocol Tip 42
Case Study: Counseling a Substance Abuse Treatment Client Who Binge Drinks and Has PTSD

Caitlin P. is a 17-year-old American-Indian female who was admitted to an inpatient substance abuse treatment program after she tried to kill herself during a drunken episode. She has been binge drinking since age 12 and also has tried a wide variety of pills without caring what she is taking. She has a history of depression and burning her arms with cigarettes. She was date-raped at age 15 and did not tell anyone except a close friend. She was afraid to tell her family for fear that they would think less of her for not preventing or fighting off the attack. In treatment, she worked with staff to try to gain control over her repeated self-destructive behavior. Together they worked on developing compassion for herself, created a safety plan to encourage her to reach out for help when in distress, and began a log to help her identify her PTSD symptoms so that she could recognize them more clearly. When she had the urge to drink, drug, or burn herself, she was guided to try to “bring down” the feelings through grounding, rethink the situation, and reassure herself that she could get through it. She began to see that her substance use had been a way to numb the pain.

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Case Study: Counseling a Substance Abuse Treatment Client With Borderline Personality Disorder

Ming L., an Asian female, was 32 years old when she was taken by ambulance to the local hospital’s emergency room. Ming L. had taken 80 Tylenol capsules and an unknown amount of Ativan in a suicide attempt. Once medically stable, Ming L. was evaluated by the hospital’s social worker to determine her clinical needs. The social worker asked Ming L. about her family of origin. Ming L. gave a cold stare and said, “I don’t talk about that.” Asked if she had ever been sexually abused, Ming L. replied, “I don’t remember.” Ming L. acknowledged previous suicide attempts as well as a history of cutting her arm with a razor blade during stressful episodes. She reported that the cutting “helps the pain.” Ming L. denied having “a problem” with substances but admitted taking “medication” and “drinking socially.” A review of Ming L.’s medications revealed the use of Ativan “when I need it.” It soon became clear that Ming L. was using a variety of benzodiazepines (anti-anxiety medications) prescribed by several doctors and probably was taking a daily dose indicative of serious dependence. She reported using alcohol “on weekends with friends” but was vague about the amount. Ming L. did acknowledge that before her suicide attempts, she drank alone in her apartment. This last suicide attempt was a response to a breakup with her boyfriend. Ming L.’s insurance company is pushing for immediate discharge and has referred her to the substance abuse treatment counselor to “address the addictions problem.” The counselor reads through notes from an evaluating psychiatrist and reviews the social worker’s report of his interview with Ming. She notes that the psychiatrist describes the client as having a severe borderline personality disorder, major recurrent depression, and dependence on both benzodiazepines and alcohol. The counselor advises the insurance company that unless the client’s co-occurring disorders also are addressed, there is little that substance abuse treatment counseling will be able to accomplish.