Case Presentation – COUC 998 Practicum

Jennifer Smith Ramey, LPC

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Client name: Amy (pseudo-name)

Demographic Information: Amy is a 36 year-old Caucasian female residing at Horizon Behavioral Health's Women's Recovery Residence in Central Virginia. Prior to her placement in January 2021, she was hospitalized due to an attempted overdose. Amy states that she was having suicidal ideation due to withdrawal from methamphetamines. Amy states that "I could not stop using." Amy reports that she was addicted to methamphetamines, benzodiazepines, opioids, and alcohol. Prior to her hospitalization and subsequent placement at the Women's Recovery Residence, she lived in Harrisonburg, Virginia. She has a 16 year-old daughter in the custody of family members. She is not married.

Amy has an extensive medical history. Amy states she was shot with a shot gun when she was 9. Amy reports she only has one kidney and has been treated for hepatitis. She reports having hypothyroidism and endometriosis. She noted: "about 20 bullets" were fired into her back. She is missing part of her liver, intestines, "and my appendix is gone." Amy experienced multiple surgeries due to the gunshot wounds.

Presenting Problem: Amy entered treatment voluntarily, citing her daughter as a major motivator to seek treatment for her substance use and mental health disorders. Amy states that after her last use almost two months ago, she walked six miles at night to see her daughter and states "I want to get better for my daughter". She reports that she has a lot of anxiety, and states that her whole body will start shaking when her anxiety is triggered. She states she over thinks everything, has poor concertation, and has difficulty in making decisions stating "I second guess everything". Amy reports she has felt anxiety since she was 15 or 16. She adds "that is why I was on benzodiazepines for so long". Amy reports that her sleep is poor, noting difficulty with maintenance and onset of sleep. She states that she is hungry all the time. She reports feeling depressed much of the day, including feelings of worthlessness and hopelessness. In addition to treatment for addiction, Amy recognizes that her co-occurring mental health disorders, PTSD and Bipolar I Disorder, will need to be addressed concurrently.

Behavioral Impressions/Mental Status Exam: Amy presented as casually and appropriately dressed and groomed. She was wearing make-up and jewelry. She was pleasant and cooperative. She appeared slightly younger than her stated age of 36. She was alert and oriented to person, place, and time. Her recent and remote memory appeared to be intact although she reported difficulty remembering appointments and items on her task list, consistent with her stage of early recovery. Her insight and judgment appeared to be fair. She appeared to be of average to above intellectual functioning. She maintained good eye contact throughout the session. Her mood was euthymic and congruent with her thought content. Amy's speech was

most of a normal pace and flow. She delivered her narrative in a goal directed manner. She denied suicidal or assaultive ideation and symptoms of psychosis and none were evidenced. No unusual mannerisms were noted.

Relevant Historical Information

History of the Presenting Problem: Amy is a 36 year-old single Caucasian female with a history of methamphetamine, opiate, benzodiazepine, and alcohol use. She is also diagnosed with PTSD and Bipolar I Disorder. Amy attempted suicide in January 2021 by drinking 3 bottles of methadone. She was hospitalized at Augusta Health for a week and was discharged 1/25/2021 to the recovery home at Horizon. Current symptoms she experiences include; irritability, fatigue, difficulty completing tasks, difficulty with focus/concentration, self-harm (cutting), depression, anxiety, and panic attacks. Amy has experienced significant trauma in her life. She witnessed her father shoot and kill her mother, then he shot her (over 9 times) and killed himself in front of her when she was only nine years old. She started using heroin at the age of 16 to mask MH symptoms: "When my parents died I did not know how to deal with it, and closed myself off from everything". Amy has used substances for over 20 years, lost custody of her daughter (age 16), and has been in and out of abusive relationships. Amy is currently homeless and reports a poor employment history due to her MH symptoms. Amy struggles to be in large groups of people due to her anxiety and reports that she would have panic attacks at work. The longest she has held a job was for a year and she reports "walking out on every job I have had".

***Biopsychosocial History*:**

Amy reported a history of between 8 and 10 psychiatric hospitalizations related to suicidal ideation. She reported that both biological parents had substance use and mental health disorders. As previously stated, her father shot and killed her mother, shot Amy, and killed himself when Amy was nine. She was raised by family members. She began using substances as a teen. She reported being raped at age 15. She earned her GED and has had difficulty maintaining employment. She has a 16 year-old daughter in the custody of her aunt. Amy is not married and is not in a steady relationship. She identifies as heterosexual. Amy has a legal history, including being on probation and 20 past incarcerations. Her convictions included possession, assault and battery, and disorderly conduct. She is not currently on probation. Amy's strengths include her creativity as she enjoys art and doing puzzles. She enjoys physical activity such as swimming and playing volleyball.

Addiction Screenings: Amy has a history of detoxification/withdrawal symptoms including nausea, sweaty, chills, headaches, flu-like symptoms, and feeling disoriented. Amy has been using opiates since she was a teen. Amy was referred to the Women's Residential Recovery program by Augusta Health where she was hospitalized for suicidal ideation and completed medical detoxification treatment. Amy reports using thoughts. She has a long history of substance use beginning at age 15 with opioids and alcohol. She has tested negative for all substance since being admitted into the Women's Recovery Residence in January 2021.

***Risk Assessment*:** Amy is at a significant risk for substance use relapse as evidenced by her past history of using and length of being sober (56 days). She is in early recovery and research

indicates that the first 45-60 days of sobriety are high-risk for relapse. She has a history of mental health and substance use without consistent treatment adherence. Amy reported awareness of her triggers, including anxiety and going to the methadone clinic for her medication-assisted treatment as two major triggers. Amy has a history of trauma, including being shot by her father at age nine, witnessing her father kill her mother and then himself. She denied suicidal or assaultive ideation; however, given her biological and environment history, she will need to be monitored for any changes in her mental status that may elevate her risk. The Columbia Depression Scale is a reliable and valid tool that can be used to asses Amy's level of risk with regard to suicide.

Client Impressions: Amy is quite talkative with her peers at the residence one-on-one. During treatment groups, she has been observed to fall asleep and come to group late; however, in the past couple of weeks she has been more engaged in group and arriving on time. She very easily shares with her peers and is open to offering and receiving feedback from her peers. She easily participates and engages in individual therapy sessions. She appears to have difficulty with taking steps to secure housing post discharge from the residence. She reports that she is looking for a job and cites her criminal record as a barrier. Amy appears to be quite bright. Her daughter is important to her and a motivator for her sobriety. She has challenges in engaging in healthy relationships as staff have observed inappropriate interactions with males in the community and some negative engagement with her peers at the residence. Her strengths include her intelligence and insight into her addiction and mental health problems. She has an extensive history of both MH and SUD; however, she believes that recovery is possible and reports that she likes herself better sober. Substance-free housing post discharge and ongoing mental health treatment will be important aspects of her treatment.

Conceptualization Summary: Amy's treatment will address both her substance use and mental health simultaneously. With Amy's co-occurring disorders, it is likely that these disorders are bidirectional and best practice in the addiction treatment field is conjunctive treatment. Amy has fair to good insight into how her problems relate to both her substance use and mental health. She has twenty years of history receiving MH/SUD treatment, with fair to poor compliance. Amy has seen the nurse practitioner for a psychiatric/medication evaluation. She is on psychotropic medication for her mood disorder as well as medication assisted treatment for her opioid use disorder. Amy will require ongoing psychiatric care, including medication management, to maintain stability. She is receiving trauma-based care through the Seeking Safety program delivered in group counseling. She attends intensive outpatient groups nine hours per week to assist with developing skills and strategies to maintain abstinence upon her discharge from the Recovery Residence. Amy receives individual counseling to assist with individualizing her stated goals and reinforcers for sobriety. Amy has recently been linked to a Peer Recovery Specialist to assist with modeling pro-social behaviors and linkage to community recovery supports. She will also benefit from engaging in community supports, including Narcotics Anonymous support meetings. Case management services will be required to ensure that Amy is linked to appropriate services and supports and to monitor compliance. An important feature of Amy's treatment is structure to address triggers for use such as anxiety.

Theory/Model: Cognitive-behavioral therapy is the overarching theoretical model that will most benefit Amy based on her presenting problem. Amy has a co-occurring mental health and substance use disorder and treatment will need to address both areas concurrently. More

specifically, Community Reinforcement Approach (CRA), is a CBT model designed to help clients like Amy replace substance use with healthy and rewarding behaviors and activities through a series of 19-21 procedures that the clinician can introduce during the course of treatment as clinically indicated. CRA is a client-centered and strength-based model that has been shown to be effective with mental health and substance use disorders. CRA is a complimentary model with adjunctive treatment, such as the Seeking Safety program for trauma and psychoeducation regarding Amy's PTSD and Bipolar Disorder. While at the Recovery Residence, Amy will receive CRA in individual and group counseling and Seeking Safety through a daily women's group.

Diagnoses:

(304.40 / F15.20) Amphetamine-type substance use disorder, Severe (primary)

(304.00 / F11.20) Opioid use disorder, Severe (secondary)

(303.90 / F10.20) Alcohol use disorder, Moderate

(296.52 / F31.32) Bipolar I disorder, Current or most recent episode depressed, Moderate (tertiary)

(F43.1) Post-traumatic stress disorder (PTSD)

Amy endorses the following diagnostic criteria - a problematic pattern of methamphetamine, opioid, and alcohol use occurring within a 12-month period including the following: substances are used in larger amounts or over a longer period of time than intended, a great deal of time is spent in activities necessary to obtain substances, inability to cut down or stop using, cravings to use substances, continued use despite social problems, continued use despite knowledge that her psychological and medical problems are exacerbated by substance use, a need for increased amounts of substances to achieve the desired effect, and use of substances to avoid having withdrawal symptoms. Acute intoxication was ruled out as a differential diagnosis as Amy received detoxification prior to placement at the Recovery Residence.

(309.81 / F43.10) Posttraumatic stress disorder

Amy endorses the following symptoms consistent with a diagnosis of PTSD – direct experience of physical violence (until age 9); presence of the following symptoms – recurrent memories of the traumatic event (being shot by her father, seeing her father shoot and kill her mother and them himself), distressing dreams by history of the traumatic event, rapid heartbeat, shallow breathing when experiencing internal or external cues of the incident; avoidance of distressing thoughts or memories of the abuse; negative mood alterations as evidenced by persistent negative beliefs about self; persistent negative emotional state, and persistent inability to experience positive emotions; reckless behavior (e.g., methamphetamine, opioid, alcohol use), problems with concentration, and sleep disturbance. The duration of the disturbance has lasted beyond one month and causes impairment in functioning. Acute stress disorder was considered as a differential diagnosis but ruled out due to the one month time limit on this diagnosis.

(296.52 / F31.32) Bipolar I disorder, Current or most recent episode depressed, Moderate (tertiary)

Amy meets criteria as evidenced by distinct periods of elevated or expansive mood including inflated self-esteem, decreased need for sleep, flight of ideas, and distractibility. She endorses a depressive episode as evidenced by a depressed mood most of the day and loss of pleasure in activities for over a two week period, including: diminished interested in activities, including grooming and hygiene, insomnia, fatigue and loss of energy, difficulty concentrating, and feelings of worthlessness.

V61.1 (Z51.9) Inadequate housing

995.54 Child physical abuse, confirmed

A differential diagnosis to consider is Panic Disorder. This diagnosis should be considered due to Amy's report of the following symptoms: surge of intense fear and discomfort, pounding heart, shaking, fear of losing control, and abdominal distress. This may better be explained by her PTSD and should be assessed further as a rule out diagnosis.

Treatment Planning: Amy's long-term goal is to maintain a sober and drug-free lifestyle, stabilize her mood disorder, anxiety and trauma symptoms, obtain stable housing and employment. Mid-range goals include learning skills to cope and manage trauma symptoms, psychoeducation regarding bipolar disorder and PTSD, taking her psychotropic medication as directed, and maintaining stable housing. Short-term goals include increasing pro-social behaviors, pro-recovery peers, and development and implementation of a relapse prevention plan. Please refer to Amy's treatment plan for further details.

Ethics Section: The treatment team obtained releases of information to request information from the hospital where Amy received treatment prior to placement at the Women's Recovery Residence. Previous treatment records are important to provide quality and ethical care. An ethical consideration that the treatment team has addressed is collateral reports that Amy has been engaging in relationships with men in the community that are reported to be negative influences on her sobriety. Furthermore, the treatment team received information that Amy has been sending nude pictures to men. This brings up an ethical consideration as Amy has self-determination to make these choices even if these choices may jeopardize her treatment and recovery. The team decided that these choices can be discussed in a therapy with Amy, if Amy is willing to discuss them, but the treatment providers cannot limit her from engaging in these relationships as long as she is following all rules of the recovery residence (e.g., curfew, meeting attendance, etc).

Multi-cultural Section: Amy stated that her religious beliefs were somewhat important to her and that she has attended faith-based recovery programming. She did not state a preference for faith-based recovery. She will be given options for recovery supports in the community that align with her stated beliefs, values, and preferences. Amy was raised in Harrisonburg, Virginia and speaks English as her primary language. She did not report any customs, rituals, values, or norms that would need to be considered in the treatment milieu. The counselor will continue to

assess for issues of culture or diversity that may impact treatment. If areas arise, the counselor will explore Amy's culture, cultural needs, and the counselor will engage with Amy in a manner that is respectful and congruent with her cultural needs.

Research/Evidence-based treatments Section: Research highlights that Community Reinforcement Approach (CRA) is an effective treatment to reduce substance use in adults and to increase healthy non-using behaviors (Hunt & Azrin, 1973). Numerous studies have found this treatment model to be effective across the continuum of substance use care from outpatient treatment to residential treatment, including homeless youth and young adults (Slesnick et al., 2007). The goal of CRA is for the client to replace substance using behavior with healthy and positive pro-social behaviors and activities that are more reinforcing than the substance use. CRA is a CBT model that focuses on teaching the client skills that they can generalize in their lives, including positive communication skills, problem solving skills, and drug refusal skills (Myers & Godley, 2001). CRA was selected as a treatment approach to work with Amy as it has been shown to reduce internalizing and externalizing mental health symptoms (Godley et al., 2014). CRA has been found to be equally effective when implemented in both rural and urban areas (McGarvey et al., 2012).

Assessment Section:

The assessment tool used to assess Amy's level of care and placement needs is the American Society of Addiction Medicine (ASAM) assessment. This is an evidence-based assessment and treatment planning tool required by the Department of Medical Assistance in Virginia for all individuals with Medicaid seeking treatment for a substance use disorder. This is a dimensional assessment that addresses client bio-psycho-social-cultural/diversity domains. The tool is used to assist with setting client-centered treatment goals. It is administered at baseline/entry into treatment and re-administered throughout the course of treatment. Other assessments will include random urine drug screens to serve as an adjunct measure of treatment progress. At baseline/entry into treatment Amy's drug screen was negative as she had transitioned from a medical unit to the Women's Recovery Residence.

Referral/Access:
Amy is expected to maintain residence at the Women's Recovery Residence for a period of up to 90 days. Following discharge from the program, she will be linked to ongoing treatment and supports including intensive outpatient, individual counseling to address trauma history, bipolar disorder, medication management, and case management. She will also be linked to community supports such as NA and Celebrate Recovery. Ongoing case management will be key in ensuring that Amy is linked to the necessary supports conducive for her recovery. She has also been linked to Horizon's Peer Recovery Specialist to assist in helping her access pro-recovery supports in the community. Additionally, ongoing medical and dental care will be monitored by Amy's case manager. Amy's prognosis with continued treatment and supports is fair to good. Without continued treatment and supports, it is likely that Amy's prognosis will be poor. Amy may need to consider placement at a longer-term recovery residence, such as a one or two year program in order to support longer-term sobriety.