

case study:

SUBSTANCE ABUSE

Robert Baral
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I. PRESENTATION OF THE PATIENT

This case study presents a currently sober mid-thirties male with a history of lifelong alcohol use and a family history of alcoholism. Therapy was initiated for the patient by the wife, who was concerned with secondly the patient's frequent late arrivals at home intoxicated and firstly with an unidentified woman from a local bar often delivering the patient in that state to the wife. The patient is a functional drunkard, in that in spite of his alcohol abuse, he still holds a job, supports his family and even serves weekly in his local Church. The patient has been attending Alcoholics Anonymous for 2 weeks and had one prior short unsuccessful exposure to AA a decade plus before.

The patient had previously withdrawn from this disappointing marriage into alcoholism, but now is reconnecting with his wife and child via family fun and activities. The wife had previously withdrawn from this disappointing marriage into distancing from her husband, nagging re the alcohol abuse, loss of her feminine self esteem and total control over & focus on the couple's sole child. She is now relearning to love her husband and reconnect with him within their small family unit. Such was the case the case until the couple terminated therapy 3 months later, allegedly due to the cost of counseling.

II. ASSESSMENT OF THE PATIENT

Therapy should identify past patterns of gaining approval or receiving disapproval from the patient's childhood family setting. The patient may be dealing with depression associated with a failing marital relationship by seeking approval and acceptance during his drinking of alcohol in a local bar. The patient's wife clearly is open to depression associated with a flawed marital relationship from her husband's alcohol abuse by focusing totally on their only child to the exclusion of her spouse. Barring a successful course of intervention for the patient and the family, the alienation between husband and wife is likely to escalate, with the potential for destruction of the family unit.

III. THERAPY FOR THE PATIENT

Abstinence from alcohol should not be the sole parameter in judging the

effectiveness of therapy in this case. This given the patient's lifelong habit of drinking, the patient's family history of alcoholism, and the deep previous alienation between the patient and his wife. Using such an absolute all-or-nothing parameter will only heighten a sense of failure, as it seems quite likely the patient will suffer alcoholic relapses. Rather, progressively longer periods of abstinence, shorter times of relapse, lessening use of quantities of alcohol and lessening use of hard liquors should be utilized to measure therapy's success in this case. Such a system will also offer reinforcing encouragement when successive small steps of increasing abstinence are accomplish.

IV. PLAN OF CARE

An evaluation of the patient by a physician should be obtained in light of his alcoholism. Such a lifelong history of alcohol use and the family history of the same should alert the therapist to be realistic about the prospects of the patient reaching complete & lasting immediate abstinence. Indeed, one would expect there to be a physical - as well as emotional and spiritual - addiction to alcohol in this patient. The patient may well require in-hospital and/or outpatient alcohol detox with prescribed medications as needed under appropriate medical and nursing supervision.

It should be anticipated that any sudden total abstinence from alcohol in this case without supervised medical support might well lead to serious and even life-threatening alcohol withdrawal reactions. The deeply unmet mutual needs for support evident in this case in both the patient and his wife are key to the patient's retreat into alcohol abuse and the wife's retreat into enabling her husband's alcoholism. Thus, support groups for both spouses should be sought - Alcoholics Anonymous or more purely Christian recovery groups for the both parties is a must.

As noted, this family discontinued their therapy after 3 months of progress, citing concerns with the cost of therapy. An immediate referral to Social Services should be made for the family to obtain health insurance coverage if possible. Arrangements should be made to reduce the family's out-of-pocket fees and past bill based on their income. The family is apparently integrated into a local Church. Regularly scheduled

spiritual counseling with the couples' Church Clergy should be sought in conjunction with a resumption of therapy - both individually and as a couple. Signed consent should be obtained from the patient and his wife for the therapist to collaborate with the family's Clergy.

V. BIBLICAL FOUNDATIONS FOR INTERVENTION

Unless these patterns are corrected, they are likely to escalate in direct proportion to the sense of alienation of the husband and wife towards each other. "The heart is deceitful above all things, and desperately wicked: who can know it? I The LORD search the heart, I try the reins." [JEREMIAH 17:9-10a] Therapy should encourage both spouses to reflect honesty and responsibly for their own feelings and actions towards each other and towards their child. Each spouse needs to recognize their failed & unrealistic attempts to find happiness and peace in their own lives by controlling and projecting onto one another. Instead, they need to see first that a close relationship with GOD must be established for each of them. "He hath shewed thee, O man, what is good; and what doth The LORD require of thee, but to do justly, and to love mercy, and to walk humbly with thy GOD." [MICAHAH 6:8]

The patient and the spouse need to recognize that GOD loves each of them and forgives us of our errors when we confess them because of His True Love. "For GOD so loved the world, that He gave His only begotten Son, that Whosoever believeth in Him should not perish, but have everlasting life." [JOHN 3:16] Having been reconnected with The one Source of Perfect Love - The Creator - each will be better able to forgive and love one another and their sole child. It is not in the province of men to offer unconditional love to those that have hurt us; only JESUS CHRIST is capable of offering Unconditional Love in the form of grace to men when they confess and repent of their sins. Thus our Lord teaches us in the Our Father Prayer, "And forgive us our debts (sin), as we forgive our debtors." [MATTHEW 6:12]

Biblical patterns for thinking based on GOD's Grace must be laid as the foundation for therapy: All men are sinners before GOD Almighty. "For all have sinned,

and come short of the glory of GOD.” [ROMANS 3:23] Our Lord JESUS CHRIST offers us new life and forgiveness of our sins. “Being justified freely by His grace through the redemption that is in CHRIST JESUS. Whom GOD hath set forth to be a propitiation (substitute sacrifice) through faith in His blood, to declare His righteousness for the remission of sins that are past, through the forbearance of GOD.” [ROMANS 3:24-25] Confess one to another. “Confess your faults one to another, and pray one for another, that ye may be healed.” [JAMES 5:16a]

Thus new healthy behaviors within this family unit will emerge because of GOD’s grace: Husbands are to love their wives. “Husbands, love your wives, even as CHRIST also loved The Church, and gave Himself for It.” [EPHESIANS 5:25] Wives are to then submit in love to their husbands. “Wives, submit yourselves unto your own husbands, as unto The Lord.” [EPHESIANS 5:22] When both parents then love their children, so are the children also blessed. “Children, obey your parents in all things: for this is well pleasing unto The Lord.” [COLOSSIANS 3:20]

VI. FINAL OBSERVATIONS

Thus is Divine Love the source of all healing. “Love suffereth long, and is kind: love envieth not; love vaunted not itself, is not puffed up. Doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil; Rejoiceth not in iniquity, but rejoiceth in the truth; Beareth all things, believeth all things, helpeth all things, endureth all things.” [1 CORINTHIANS 13:4-8] The patient and the spouse, as well as all other family members, need to be counseled and guided in and towards the forgiveness of GOD, that they may be better able to forgive one another.

Given all the above issues, unless the patient returns to therapy and with the noted network of support for himself and his family, it is highly likely the patient will quickly end any abstinence from alcohol. The therapist should make urgent and aggressive efforts to contact the patient and his support network as allowed to immediately reestablish therapy as suggested.