

client assessment

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March 1, 2020

I decided to do case study one. I’ve seen situations where young individuals get addicted to controlled substances just because it was offered to them freely by a friend.  Children as young as 12 or 13 are addicted to some type of drug because access to them are getting easier by the day. It’s an epidemic and more parents need to be more aware that this can happen to one of their children. It’s easy to say no to drugs but how many actually want to try them just to fit in with crowd.

Heroin ½ bag to 5 bags daily

Lortabs: 1-2 pills to 40-50 mg day

Jen

19 yea- old Caucasian female

History of drug abuse overview:

 After thoroughly going over Jen complete history from the age of 17 its evident that the client meets the criteria of having Moderate Substance Use disorder. With that being said she has meet 4 of the criteria needed for her diagnosis. When she was taking Lortabs, her use went from intaking 1-2 pills on the weekend. Her occasional use of Lortabs started at up to two pills on the weekend quickly changed to 10 to 40 mg a day. But it also showed how quickly she became addicted to heroin after her first use. Her intake went from ½ bag to 5 bags daily over a 6-month time period.

 While heroin was easy to obtain, her tolerance came with consequences that lead her to getting arrested for possession of a controlled substance. Her statement during her assessment she expressed that she wasn’t happy with her outcome but was yet grateful that it happened. So, I believe that deep down she wanted help because her addiction was taking her down a dark path. Taking something that serious to happen can become a wake- up call for client. I suggest further assessments is needed to get a full accurate diagnosis. With hopes of finding her the right treatment plan that bests suits her needs and to make sure there is no mental health issues present. A complete psych evaluation is needed to rule all other causes.

weekends to daily use of up to 40mgs daily. Her tolerance went up drastically. My second finding was the time she spent looking to purchase for the drug. Which was hours. Which shows the dependency she had for Lortabs. But when it became difficult to get access in obtaining Lortabs, she experienced withdrawal symptoms which were nausea, vomiting, sweating and diarrhea. Which made it easier for her to transition over to heroin because it stopped her withdrawal symptoms. The last meeting criteria was her change in her activities. She no longer hikes, swims, play basketball, or participates in her favorite hobbies. She completely withdrew herself from friends because her addiction was starting to take over that caused her to start using while she was at work. It’s evident that she meets the Alcohol Withdrawal Criteria of experiencing autonomic symptoms of sweating plus the nausea and vomiting. Over time her tolerance for

 The organization that will be suits my clients need would be District 19 Community Services Board. They offer a wide variety of services with those of mental health and drug abuse association. It services all the surroundings areas within an 100 mile radius of headquarters. They specialize in dealing with adults with alcohol and drug use, children, and they offer crisis and emergency services those in need. Treatment is based on assessments from intake, case management, and therapeutic services if needed. This association goal is to aid clients in achieving the highest level of functioning when getting off drugs. In this case this client will need the following services: Screenings, substance abuse evaluations, intake assessments, individual counseling, and relapse prevention treatment. If done correctly and if the client of compliant to services there is no reason why she shouldn’t succeed in the future. In her case, out-patient services might be recommended. That consists of 4 phases which totals 20 weeks of treatment. Which focuses on early recovery skills, social support from friends and family, and relapse prevention. They also offer weekly NA and AA to those suffering from addictions and wants to get help. Most education classes there are held by former addicts. Who in return guide them on the road to recovery. While sharing the path of how they got clean. It helps most addicts along the way. This program is a great way to meet other’s in the same position so they can guide each other through the process of staying clean. Therapies that will help would be Individual, group, family, detox, and inpatient treatments.

 Individual therapy otherwise known as talk therapy will help my client figure out what she wants her outcome to be. It can also help her figure out why it was so easy for her to accept pills from a friend just because it was offered freely. She had the option of saying no but chose to proceed. I have high hopes of finding out what previous events played a part in her decision making. Was school, problems at home etc. This type of therapy will help focus on everything to could’ve played a part.

 I would also recommend group therapy. It should help give her a clear view of what her outcome could be, if she stay on the right path. Speaking with other addicts on their road to recovery could influence her to want to stay clean. Sometimes former addicts have the ability to get through to teens that want change but don’t want to talk to anyone about it. This would be a great way for her to reach out if she feels she is about to relapse.

Next up would be family therapy. This would be a great way for both parties to state how they feel without interruption. If there are issues present then this is where to start. Parent input is always important to the client with an addiction. Maybe she was ignored at home, maybe they fought a lot, maybe he started just so they can notice her. And most off she’s going to need the support from them while she’s in recovery. Along with her detox services. The process won’t be easy but it needs to be done the right way. However, I don’t recommend any type of medication therapy. Since her addiction started with pills. Even though it could be needed with her case, I would want her withdrawals to be completely managed before prescribing her anything.

And lastly inpatient treatment would her in her treatment process. She needs to closely monitored until she meets the criteria of being independent from withdrawals. With each therapy I have high hopes that it could lower her percentage of relapsing. If each treatment is done correctly.