

Substance and Behavioral Addictions: Case Study and Intervention Report

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At age seventeen, Lauren picked up an extreme alcohol and cocaine addiction that lasted for fifteen years. As she recalls, it was very hard to admit this addiction, but it was either die or get help (My Strange Addiction, “Thumb Sucker/Bodybuilder”); Lauren reports going through a program to get clean. After getting clean, Lauren talks about getting into body building, an activity that was beneficial to her. Now, at age forty-eight, Lauren has become addicted to body building. She works out six days a week for six hours a day, and in the past nine years, Lauren has won thirty body building titles. Lauren describes her morning ritual, starting with her daily injection of Human Growth Hormone (HGH), followed by a series of protein powders and supplements. Lauren’s HGH is prescribed by her doctor to help her maintain lean body mass while burning body fat. In a conversation with her mother, Lauren reports that she is happy with her body building, but her mother seems worried about Lauren’s health and well-being. A doctor being interviewed for My Strange Addiction reports that Lauren is actually breaking muscle down in the process of working out, and that releases proteins into the body. When Lauren follows her workouts with a protein supplement, her kidneys are being attacked and this could cause the kidneys to shut down (My Strange Addiction, “Thumb Sucker/Bodybuilder”).

Throughout the episode of My Strange Addiction, Lauren never seemed to be upset by what the doctors said and she never wanted to entertain the idea of cutting back on body building. That is, until Lauren got a visit from a friend that she met in her rehab program. Lauren’s friend asked her when she had time for herself, and that question seemed to hit home; Lauren realized that she did not have any time for herself during the day. She reported that she had given up having a family because of that, and admitting that seemed to make her upset (My Strange Addiction, “Thumb Sucker/Bodybuilder”). After that conversation, Lauren decided it was time to go see a therapist to see what they thought of her addiction.

Lauren's case seems to be one of trading an extremely harmful addiction for a seemingly beneficial addiction. Lauren had mentioned in her interview that her whole life, she has done everything to the fullest she can, trying to be the best at everything. As a case manager, I believe that this behavior might have been caused by a feeling of inadequacy as a child, and as a result she has pushed herself to the limits of what her body can handle. This mindset of needing to be the best at whatever she is doing has caused Lauren to become consumed by the activity, falling into an addiction for it. As Lauren's case manager, I would support her in finding a therapist to talk to about her addictions. I think this would be beneficial to Lauren because the therapist could help her find the reason for her strong addictive personality. Lauren should also be encouraged to go to a health professional specializing in bodybuilding to talk about the pros and cons of her dedicated time to bodybuilding and her diet; I am not sure Lauren is aware of the danger that she could face by being so consumed by this activity. Following these visits and pending what Lauren feels is necessary to do next, I would like to see her dedicate more time to herself and find a healthy balance between working out and her personal life. A personal trainer and diet coach may be necessary to help keep Lauren from going overboard with working out and dieting.

Addiction, in general terms, has been understood to mean an uncontrollable habit; this can be a habit of using drugs, or as in Lauren's case, a habit to a behavior or certain lifestyle. Symptoms vary wildly between addictions, but there are two general symptoms that all addictions have in common. An addictive behavior is counter-productive to the individual; it does not help the individual adapt or overcome, but undermines these abilities. Addictive behavior is also persistent; when an individual is addicted, to either a substance or a behavior, they will continue to engage in it despite the trouble it is causing them. In an article about

addictive personalities and behaviors published in 1988, Peter Nathan wrote that there is a correlation between antisocial behavior as a child and addictive behavior as an adult. This correlation between addictive behaviors and antisocial tendencies is likely due to the lack of support received as an antisocial individual, causing them to be filled with negative behaviors in the form of addictions which elicit a positive response in the addict. It is hard to find a link between this correlation and response to treatment for addiction, but a study done in 1986 showed that addicts with a personality disorder (such as antisocial behavior) showed a decrease in addictive behavior for the first six months of follow-up, but then fell back into those behaviors by the end of the follow-up period (Nace, 1986).

Individuals with addictions can be vulnerable at times, especially when confronted about the addiction or in the midst of treatment. Case managers are faced with ethical dilemmas quite often, and it is important to abide by the ethical standards to ensure not only confidence of the client, but also protection of both the client and every organization involved in their treatment. Conflict of interest, cultural competence, disclosure, and confidentiality are just a few of the ethical issues that could arise while working with this population. While working with an addict, a case manager should remember to keep these issues in mind, however, I believe that conflict of interest is the most important for this demographic. Conflict of interest can be an issue while working with any population, but I think it is especially prevalent while working with an addict. From what I have seen of the peers and professionals around me, a challenge for a lot of case managers is separating their personal feelings from that of the client. When a case manager has a difficult time with this, it can be hard to agree on a plan of service because the case manager could be worried about a different issue than the client is. If a case manager is focused on a different issue than the one the client came in seeking help for, it could result in a lack of trust

between client and case manager. Once the trust is broken between two individuals, it can be very hard to build it back up; it is likely that the client will no longer want to seek help from their case manager, or anyone, and not receive the help they need.

Most intervention models used for this population include a form of direct approach, being based off of the Johnson Model (produced in the 1960's by Dr. Vernon Johnson). From the Johnson Model, two major models for intervention stemmed. The Systemic Family Model utilizes a very direct approach while the ARISE Model predominantly utilizes an invitational approach (Garrett, J., 1998). For intervention purposes, I think any of these models can work well; which model works best will depend on the addict and their situation. In my client's case, I believe it would benefit Lauren to have a direct intervention. It seems that her family and friends have tried the gentle and invitational approach, but because Lauren has no drive to change her life, it is not working the way they would like it to. Lauren has a very strong, motivated personality, and I think in order for her to be convinced of something, she needs people to be very direct with her.

Once the intervention is successful and the client agrees to seek treatment, there are many other models that can be followed throughout the client's treatment process. The Learning Theory Model and the Family Theory model are two that I think would work really well with an addict, whether they are abusing hard drugs or a behavior. The Learning Theory model focuses on the thoughts and actions of addicted individuals (SCHC, 2005). This theory states that addictive behaviors are a response to the individual's environment. The Family Theory model believes that "an individual (or his addiction) cannot be understood without considering his/her relationship with his family" (SCHC, 2005). These models go hand-in-hand. If a client wants to overcome their addiction, it is necessary to understand it; in order to understand the addiction, it

is necessary to understand your surroundings. I think that if a client were to understand what in their environment caused them to become addicted to their substance or behavior, it would be easier for them to be able to remove themselves from the cause and become clean. In Lauren's case, I think knowing more about her family and the surroundings she grew up in, she could understand her actions and behaviors.

In the *Journal of Clinical Psychology*, Sydell Weiner wrote about a self-help group treatment model. This model is one society thinks of a lot when hearing the term "rehab". A self-help group is a support group for addicts. This model has pros and cons, I think it all depends on who the addict is and what they are addicted to. In the article, Weiner is talking about an addiction in overeating and talks about Overeaters Anonymous and Weight Watchers International. For an individual with an addiction such as this, I believe that this model would work quite well. However, in some circumstances I believe that a support group would not be as effective. Some individuals who are highly dependent on hard drugs might not be able to get the level of support and help needed through a self-help group. In a case such as that, I would see a self-help group effective as a last step to help the client stay on track.

In any case and with any client, I believe that the Psychoanalytic Theory Model would be particularly ineffective for long term treatment. This theory, made famous by Sigmund Freud, focuses on treating an addictive behavior as a symptom rather than a central problem (SCHC, 2005). Although the other models can lead to a deeper issue, they don't exclude personal accountability, which I believe is important in treatment. The Psychoanalytic Theory Model also attempts to get the client to recall past trauma in order to find a reason for this addiction. In doing this, it may lead to the client falling into relapse.

Here in Bellingham, there are many options for addicts to get treatments, whether an individual is addicted to a substance and needs rehab, or has a behavior addiction and needs counseling. Bellingham has many opportunities for overcoming addictions. Out of the twenty-five or so rehab clinics in the area, there are three that seem to provide a wide range of treatment plans to many different patient types. Bridges Treatment and Recovery provides a wide range of treatment options from DUI Treatment all the way down to Intensive Outpatient up to twenty four months. BelAir Clinic provides services not only for substance abusers and dependents, but also substance users looking for counseling. The PeaceHealth Center for Rehabilitation has both outpatient and inpatient services that stretch from physical and occupational therapy to a children's neurodevelopmental program. Bellingham also has a wide variety of counseling and therapy clinics. Whatcom Counseling and Psychiatric Clinic not only provide services for those with behavioral addictions, but also individuals seeking drug and alcohol counseling. For younger adults, there is a place right downtown called Northwest Youth Services that provides resources and housing for at-risk and homeless youth. No matter what your addiction is, years in the making or just beginning, there is certainly a place in Bellingham that will get you the treatment you need.

There are many different ways to receive these various forms of treatment. Individuals can seek out a Counselor on their own, or with the help of a family member or friend. From there, they can be referred to different treatment facilities as their counselor sees fit. Of course, it is up to the individual whether they will go or not. Individuals seeking rehabilitation have a couple ways of going about it. If the individual knows right away that rehab is what they want, they are able to admit themselves into to program. However, if they are not sure what they need

or want as far as help goes, they can start at a counselor who can refer them to a rehab clinic that fits the individual's needs.

Funding for these services can vary depending on what services they provide and what area they are in. In low income areas, or in clinics that provide referral work, the clinic can be state funded and run with volunteer work. However, most of these rehab clinics and counseling centers are funded by client billings. Services like these are costly, and all costs go through the client and their insurance company.

With all of these treatment centers and resources available, there can also be a lot in the way of helping individuals get the help they need. I believe the biggest policy that could affect the ability or inability for an individual to get treatment is health insurance. Different insurance companies have different policies about where you can and can't go, and they even have policies about how you can get referred somewhere. For example, I recently got a referral from my doctor to go to physical therapy for my back. I made an appointment to go see my physical therapist, but a few days before I went I got a letter from my insurance company saying that my referral wasn't from my primary care manager and they wouldn't cover the bill. That prevented me from getting the treatment I need, and now I have to jump through hoops to get needed treatment. Although I believe this is the most frustrating policy people have to deal with in order to obtain help, the policies of the treatment facilities can also be a hassle. Some counseling centers require patients to be clean, and some facilities require time commitments that may or may not fit into an individual's schedule. Ultimately, these policies are in place to help an individual receive all they can from the help being given to them, but it is important to know what policies are in place before you start treatment to make the process easier.

There are many different kinds of addictions and every addiction affects each individual differently. With all of these differences come many challenges and needs that are to be met with every client. It is important for the case manager to be aware of where the client is at and understand the different ethical concerns and intervention and treatment models that go along with every case. I also believe it is important for both the client and the case manager to be aware of the policies that will come along with whatever treatment plan that is put into place for the client. It can be difficult working with such a broad group of people, but as long as clients are able to trust their case workers and case workers are able to help their clients to the best of their abilities, they can work well together to achieve whatever their end goal may be.

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