

A Rehabilitation Plan for Drug Addiction Clients with Psychological Disorders

Farhana Sabri^{1*}, Khairon Zainee Basiron²

1. Speciality Program for Alcohol and Drug Abuse, Universiti Sains Islam Malaysia
2. The Royal Malaysia Police

***Correspondence:**

Farhana Sabri

Email: farhanasabri@usim.edu.my

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Abstract:

This article conceptualizes a case of a client with opioid use disorder from psychosocial framework. Often misconception among addiction counselors is that they do not provide official diagnoses for drug addict clients believing that is the “work” of clinical providers (i.e., psychiatrist and clinical psychologists). The client’s behavior was addressed in the treatment plan in addition to symptomatic and emotion regulation components.

Key words: Drug Addiction, Affect, behavior and mental status

Presenting Problem

The client is being referred by a rehabilitation officer from the National Anti-Drugs Agency after being arrested for an offense under Section 3(1) of the Drug Dependents (Treatment and Rehabilitation) Act 1983 in 2020. He was sent to Drugs Rehabilitation Centre in Sepang for one year and upon his release he was ordered to undergo supervision where he has to report to a rehabilitation officer every month for a period of two years, being one of the conditions as a supervised person apart from undergoing counseling sessions. Based on records, he has been present as scheduled for all his counseling sessions without fail.

Background Information

The client was present for his counseling session neatly

dressed as he should, looking energetic, speaking coherently, and with an overall good mood and tone. He was sitting comfortably and unpretentious and was also highly motivated to undergo his treatment. He appeared normal based on the Mental Status Exam. These conditions have been consistent throughout the various sessions scheduled for him.

History of presenting problems

The client started smoking at the age of fourteen years due to a friend’s influence. However, he felt it was not enough and the client actually described it as ‘*smoking feels nothing*’. Thus, at the age of sixteen, he started taking cannabis, also due to friends’ influence who were already involved in taking cannabis. He took the drugs three times a week. He stopped schooling then due to a lack of interest in going to school. At the age of twenty-three he was married to his wife but they remained childless until they separated after four years due to his drug problem as he was also jobless.

According to him, even after three years of the divorce from his wife, he was still unable to forget her and continue with his life. After the divorce, he stopped taking Cannabis and started taking another type of drug, Heroin. According to him, *“the effects of heroin is powerful than marijuana.. if you were on heroin, you won’t go for marijuana anymore”*. He had a sense of satisfaction from Heroin consumption compared to that of Cannabis. After four years, he was arrested by the National Anti-Drugs Agency and is currently undergoing his supervision. At first, he reported symptoms such as sleepiness, anxious, muscle tension, laziness, nausea, fever, and a sense of addiction. However, at present he feels better and more energetic and motivated and the drug addiction he felt has decreased tremendously.

Family history

The client’s father was a hard laborer and the client described him as strict and fierce. His relationship with his father was rather strange as they were not close as his father was always out for work and he claimed that his father never bothered to spend time with him at home as a normal father would. His father would come home late every single day. His mother, on the other hand was an assistant working in a restaurant. His mother too did not get enough attention, love and care from the client’s father. The client loved his mother, but they were also not on good terms. His parents died due to car accident when he was seventeen. The client has two other siblings, a sister and brother. His elder brother is also a drug addict, and they always argue with each other as they are of extreme opposites in terms of personality. The client is closer to his sister than his brother although they hardly communicate as the client is not always home as he would rather spend his time outside with his friends.

Social relationship history

The client has had many friends which have been influential in his decision to get involved in drugs. His circle of friends are mostly Malays from his residential area who also went to school with him and most have also dropped out of school for the same reasons as the client. As an adult, his friends would also include those from his teenage years apart from those he met while working but who are also into drugs and are from low-income families.

Academic and work history

The client dropped off secondary school when he was in form four at the age of sixteen. He started working then, but each job never lasted long, and he was always in between jobs. He has worked as a security guard and a dispatcher previously. He was always sacked from work because he would always be absent or late for work and he failed to show good job ethics and attitude wherever he worked.

Medical history

The client has once been sent to a hospital due to sudden epilepsy which lasted more than five minutes. He also suffered from weight problems as his weight would decrease rapidly when he was on Heroin. He would also experience repetitious muscle cramps since taking the drugs. According to the client, he is never received official diagnoses pertaining to his mental health and drug addiction problems.

Counselling History

The client reported he has never attended any counseling sessions prior to his arrest.

Case Formulation

The client was 33 years old male was referred with complaints of feeling down and self-dislike, particularly regarding his trouble in searching for suitable job due to his drug recovery. The background information of client indicated that his parents were not on “good term” (as the client stated), his brother was also a drug addict and he dropped off school at early age. These factors of biology and environmental proved to be the predisposing factors of client’s drug abuse problems. According to Reed and Kreek (2020), opioid addiction, like another addictive disease, is profoundly influenced by genetics.

Assessment and Diagnosis

During his addiction period, he would experience Heroin withdrawal symptoms at worst after two to three days from his last dose and it lasted for almost a week. After that, he was tempted to take the drug with an increased dose in order to get rid of the addictive feeling he would experience and also so that he would

feel even more ‘drifted’ from his reality. Whenever he started feeling high, he would feel drowsy and fall asleep. Due to this routine, he would lose his appetite, and this had caused him to lose a lot of weight rapidly. The client took the drug by sniffing the Heroin smoke two times a day, early in the morning and one at midnight. He would feel restless and fall into sleep. This constant state of drowsiness has worsened his work progress as he would always feel restless, and he would be sleeping the whole day causing him to miss daily work. At the age of 29 years old, he attempted to quit from the drug twice, but it only lasted for two months. He had to opt to return to taking the drug as his withdrawal symptoms got worsen from the feeling of addiction. He continued to take the drugs, and this had affected his physical condition greatly as he suffered constant vomiting, diarrhea and subsequently led him to seizures and epilepsy.

Drug Abuse Screening Test (DAST) was used as a formal assessment for client’s drug use severity. It consists of 28 items asking assessing if the client has used any drug other than prescribed by the medical doctor or had any problem at his workplace or family because of drug abuse. It took 15-20 to administer the test.

The client’s symptoms meet the criteria of opioid use disorder (F11.20) and as the client is currently undergoing supervision, the specifier should be in a controlled environment. The opioid use disorder served as a primary diagnosis and a secondary diagnosis was not developed in the session (American Psychiatric Association, 2013). Client’s drug addiction timeline is illustrated in figure 1.

1. Treatment Plan / Recommendation

This is important to create a self-concept and to allow him to achieve an actual self within him. Based on Roger’s theory, a human being is rational, strong, and able to solve problems. Negative emotions originated from frustrated basic drive and the problem faced by him needs to be looked at from moral support point of view (Rogers, 1995).

a. Short term goals:

i. Increase client’s positive emotional states. It is assessed using the Depression, Anxiety and Stress

- ii. Scale (DASS). Lower score in DASS would indicate improved emotional states.
- iii. Increase client readiness of change from ambivalence to pre-contemplation. It can be measured by Stages of Change Scale.
- iv. Guide client in preparing for a matrix decision in visualizing his positive and negative change that have to be made which will be compared to his previous attitude he was still taking drugs.

Long term goal:

Encourage self-efficacy and support for remaining obstacles. It can be measured by General Self-Efficacy Scale (GSE).

b. Relapse prevention technique

This technique is important in overcoming risky situations which may cause relapse to the client. In this technique, it is pertinent to explore situations, events and trigger points which may have caused a relapse in the past for the client. It is advisable that the client has his own goal so that he will be even more motivated and inspired to change himself and transform to his better self. This is because when a client is able to identify the trigger point then he should be able to avoid relapse from happening again.

c. Relaxation technique

This technique is also important in overcoming stress experienced by the client. It can give a sense of relief and make him feel relaxed and stay calm. Client will be required to rest by taking a deep breath and holding it for four to five seconds followed by exhaling it to the air. This has to be repeated for at least four to five times. The stretching technique is also essential in order to ease muscle cramps experienced by the client.

d. Peer to Peer support

Peer-to-peer support group is important for the client as it may help him in providing emotional support and by boosting his confidence to become better. A peer would be able to lend an ear and listen to his problems and concerns faced by the client in which it has been shown that he lacks attention and love around him. This step will ensure that the client will not return to his old friends and acquaintances who have been influencing him to do drugs all this while.

e. Ethical and legal consideration

Although this is a part of the court’s sentences towards him for committing an offense stated above, every treatment given to him was explained in detail about its importance and benefits as well as implications from each treatment based on the autonomy principle. Counselors involved have been trying hard to help and guide him to meet the aims set for him based on the available skills and specialties of those who are involved. Every matter and information shared by the client throughout this period will continue to remain private and confidential. Treatments undergone by him will be beneficial without any attachment of stigma or any differences in terms of age, skin color and religious beliefs. The client’s rights are reserved and protected by the operation of law for the interest of the client.

f. Prognosis

The client has got the motivation to change for the better. Throughout his supervision, he has not failed to turn up for his counseling sessions. He has shown a great interest in wanting to change himself and doing away with the drugs. He has strongly reflected on his want for life goals and returned to his old self which was happier and at peace with those around him. He has also stopped taking drugs throughout the supervision period and this has been proven based on urine tests conducted on him by the National Anti-Drugs Agency each time he is present to report himself to the rehabilitation officer in charge. The client has given his full support and cooperation in making sure his recovery process is a smooth-sailing success.

g. Assessment

DAST was conducted during the last session and a total of 28 questions were answered by the client. The result is reflected below.

Table 1. DAST score

Raw score	Range	Severity
18	16 >	evere level of problem

The client’s score suggested that his marked decline in functioning, relationship problems and lack of self-control affecting his employment. The client’s

background information also supports the test results above.

Summary

The client demonstrated sufficient motivation level to sustain in recovery. The client’s rehabilitation officer reported that the client joins other recovery activities organized by the office.

References:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

Reed, B., & Kreek, M. J. (2020). Genetic vulnerability to opioid addiction. *Cold Spring Harbor Perspectives in Medicine*, a039735.

Figure 1. Client's drug addiction timeline:

