

Critical Thinking Exercise

A case study, available on Blackboard, will be used to encourage **critical thinking** about issues related to addiction.

While there are no definitive "right" answers, there are some responses that are more appropriate than others. The trick is to first use only the information given. Do not make up information that is not in the text of the case study. If the case says they are drinking alcohol, don't make up that they are also doing cocaine if it hasn't been mentioned anywhere in the case. Use only the given information. If you think a question wasn't asked, you can say, I would want to ask him or her this. Just don't fill in their answer.

Think of the person in the case as a real live client sitting in front of you and asking for help. Put on your best thinking cap and approach the case from several levels. Try not to view a case from just a medical pharmacology approach but use or think about other clinical issues that might be involved. Think about other resources you can connect this person to and think about important referrals you would make for this patient or client, e.g., medical referrals, psychological evaluations, urine or toxic screens, support groups etc. Your job is to pull information out of the case and use it to make a tentative assessment and develop a plan of action.

Your paper should be approximately **3 to 5 pages** in length, double-spaced, with 1-inch margins and in **APA** format (7th edition) for headings and style for referencing (in both the bibliography and body of the paper).

1. Use the DSM-5 definition of Substance Use Disorder and note the level of severity of use of substance/s: mild, moderate or severe. Identify which criteria are met and give examples from the vignette.
2. What referrals would you make for this client? Explain your answer for each referral.
3. Identify at least 3 strengths of this client and her situation.
4. What co-occurring disorder/s are present in this case? Explain your answer.
5. Identify 3 negative effects of substance use specific to females.
6. Assess for safety. Risk for self-harm or harm to others? Detox risks for use of noted substances? Continued use risks? Support your answers with information from the book or another credible/reliable source.

Case Study:

Kayla grew up in a lower middle-class neighborhood in a single-parent household. When she was 10 years old, her parents separated and she lived with her mother and older sister. Kayla's mother separated from her father due to his abusive behavior and alcohol addiction. Kayla said her mother experienced anxiety and was prescribed various medications for anxiety which did not seem to be effective. Kayla's mother had several boyfriends and no long-term relationship. Kayla described the household as disorganized and in chaos. The family moved several times. Kayla's older sister was perhaps addicted to pain medication, and had spent some time in jail for shoplifting.

Kayla started smoking cigarettes at age 12, and within a year she was addicted to nicotine. She began using cannabis recreationally at 14, and by age 16 she was smoking about 10 cigarettes and using cannabis daily. Kayla reported alcohol use on weekends, with 5+ drinks per day. She had a group of friends who, like her, felt school was a waste of time. Kayla did not feel like she fit in at school. When she was 17 years old, she became pregnant and had an abortion. She said it was harder to attend school after these experiences. She dropped out of school and received her high school diploma by finishing a GED.

When Kayla was 19, she was in a car accident and the car was totaled. She presented to the emergency department and was medically cleared. She was prescribed a 10-day supply of opioids and other medications for muscle spasms. She followed up with her primary care doctor, and reported continued back pain. Her doctor ordered x-rays and an MRI as well as an evaluation by orthopedics. All of these work-ups were negative and physical therapy was recommended. Kayla did not seek physical therapy and her primary care doctor continued to prescribe hydrocodone as well as Soma for her back pain.

During the past year Kayla had no access to a primary care physician. She started feeling nauseated on a consistent basis and sought treatment at the local community medicine clinic. During routine testing, the clinic found a positive urine drug screen for oxycodone, hydrocodone, and cannabis. Kayla reported taking her sister's pain medication for her back pain. She reported being under a lot of stress and says the cannabis keeps her from going "off the edge." She states she has been trying to treat her pain the best that she can and has found few strategies that actually help her. During this visit, Kayla is diagnosed as 11 weeks pregnant. Kayla states the pregnancy was not expected but that she wants to continue the pregnancy. Kayla expressed concern about her ongoing back pain and is worried that it will worsen as the pregnancy progresses. Kayla also feels she will need opioids to continue dealing with the pain.