

Case study of drug addict

Volume 9 Issue 1 - 2018

Rabia Karim

Department of Clinical Psychology, Government College University, Pakistan

Correspondence: Rabia Karim, Department of Clinical Psychology, Government College University Pakistan, Email rabiak_11@yahoo.com

Received: January 08, 2018 | **Published:** January 19, 2018

Summary of case

W.R is a 30 years old man. Client was referred by psychiatrist, from Drug Rehabilitation Center, Fountain House Lahore, Pakistan for psychological assessment and management of the problem of client. The client was presented with the complaints of stealing habit, drug addiction, poor problem solving, poor abstract reasoning, and poor communication skills. Assessment was done on both the informal and formal levels. For informal assessment, clinical interview was conducted; mental status examination was done, and subjective rating of symptoms was taken, and life event chart was used, and for the purpose of formal assessment Drug Abuse Screening Test was used, the score of it suggests that the client have severe level of problem. For the purpose of management rapport building, supportive psychotherapy, psychoeducation, relaxation techniques, ABC model, cost-benefit analysis, addiction cycle, break-up cycle, written ventilation, assertiveness training, and trust circle, written ventilation, road map technique and relapse prevention technique was used. The overall outcome of process was improvement in the desirable behaviour. The overall improvement rate of client was 49 %.

Identifying information

Name: W. R

Age: 30 Years

Gender: Male

Education: Inter-mediate

Marital Status: Single

Sources and reason for referral

Client was referred by psychiatrist, from Drug Rehabilitation Center, Fountain House Lahore for psychological assessment and management of the problem of client.

Presenting complaints

Presenting Complaints and Duration of the Problem of Client as Reported by the Client (Table 1)

Duration	Presenting Complaints
18 years	Stealing habit
9 years	Drug Addiction
3 years	Low mood
3 years	Self-dislike
20 years	Poor problem solving
20 years	Poor decision making
20 years	Discrimination by parents
20 years	Attention seeker
20 years	Passive communication
20 years	Somatic complaints

Initial observation

The client was an educated heighted man with average weight. His personal hygiene was good and was wearing neat and tidy clothes. He appears active, energetic, and was in good mood. He was maintaining good eye contact. His sitting posture was much relaxed. The client seems quiet motivated to seek treatment.

History of present problems

According to the client he started stealing for about 18 years ago. At the start he just use to steal the things that were client's needs, as according to him he belongs to a lower middle class family and his parents cannot fulfill his expenditures. With time stealing become more like a habit of the client than the need and he habitually started stealing as according to him he was so much use to of it, and was unable to get rid of his stealing habit. According to client his home atmosphere was very distant, and was not communicative. Other than his parents were very neglecting, and no attention was provided to the children, so the client started to make friendships outside home, soon he made a group of friends and to make adjustment in it he started following their rituals. Client really started enjoying their company. He uses to go to snooker club and internet café with his friends and spend hours there. According to the client he seeks pleasure and excitement in everything that he does with his friends. He had

realized that his company is not good and appreciated by society, but he don't want to leave then as he was getting all the emotional and social support from them, and don't wanted to lose the support and break the circle at any cost. Client's friends were already involved in several unethical acts that were stealing, trafficking goods, and In order to please his friends, he did whatever was asked to him to do. He started smoking cigarette in 2003 under the influence of his company, as once client's father scolded him when he came to know about his bad company, client got very dishearten, and to gain some emotional support he went to his friends, who offered him cigarette, and client accepted it. With time as his tolerance developed with smoking, he moved a step forward and stopped smoking as for him it was not the source of relief, and pleasure for him. In 2005, he started taking Hash, he use to take it in friend's gathering, as he was already vulnerable of it. Client reported that he used hash for about 3- 4 years. In this time, the client established a relationship with a girl. According to the client, that was the best time of his life when he got emotionally attached with a girl to whom he decided that he will marry in the future, but unfortunately the relationship lasted for 4 years, and they had a break-up. Now it's been 3 years of client's breakup but he is unable to forget her, and also is unable to move forward in life. After the break up in 2012, he stopped taking hash and started taking heroine that provided him more relief than hash, as he reported. He took heroine for 2 years than shifted to chemical addiction in 2014, in which he use to inject anti- depressive and anti- histamine, medicines in his body, that made his condition worst. Keeping in view client's day by day progressing problem he was taken to Fountain House by his father, where he may not get access to any kind of drug. In the starting time of client in Fountain House, he reported the symptoms of experience drowsiness, restlessness, muscle tension, somatic pains, laziness, nausea, fever, and have severe craving for drug but currently the client seems energetic, motivated, and a little craving of drug is reported by him.

Background information

Personal history

Client's premorbid personality was social, active, energetic, outgoing, and nature was loving and caring. His company was not good, he said that most of the friends that he made to support him were selfish, who only extract their own benefit from him. Other friends were involved in theft, trafficking, and addiction, who motivated him to involve in those acts too. Client reported that in his whole life he had never fought with anyone, and not even used harsh tone or abusive words. He use to help everyone, he thought is in trouble, even many time he stole just to help his friend or any other person. Client likes to play video games, reading books, spends time with others, and is fond of eating. Client reported that he is a knowledgeable person, he gain knowledge, implement it, and use to convey his knowledge to others, especially the people who are illiterate. For the last one months, client's activities includes saying prayer at least 3 times a day, recite Quran in morning, walk around the floor, exercise, and reading books. Clint also reported a present guilt feeling about all the bad things that he had done or does, especially on the kind of relationship he had with his girlfriend. Client has undergone his finger surgery, as his finger was burned completely.

Family history

The client belongs to a lower middle class family. He lives in a nuclear family system. Client's father is a government servant, and is by nature a strict person and the authoritarian figure of the family. Client don't have satisfactory relations with his father, because

according to him he never gave a quality time to him like all fathers gave to their children. He said that his father loves his work more than his family. Even in his childhood he said that there is not a single day or event to remember in which he experienced the sense of security, warmth, love and attention from his father. Actually client's father was the only earner of his family, he has the burden of 7 people including him, so he has to work whole day long for several hours in a day, that is why he was unable to attend his family hence the family was neglected. Contrary, client's mother is an uneducated woman. She is a house wife, and by nature calm and quiet person. All the responsibility of the children was solely on his mother she has to work whole day long at home, and remain much busy in household chores that is why she also was unable to pay proper attention to each children, the reason behind that can also be that she was uneducated and was unaware of the world outside. Client's love his mother, but don't have a satisfactory relationship with her. Client has 3 brothers and 1 sister. He had conflicting relationship with his elder brother, he is drug addict too. Both the client and his brother have frequent fights on the matter of drug like if one picks the cigarette of the other. They don't have a positive relationship like brothers normally have. Client has satisfactory relationship with his younger brother, but they don't interact much, as his brother don't like to spend much time with him because of his habit of theft. Client have very good and pleasant relationship with his sister, they share a good communication pattern, and have friendly relation. Client also has positive relationship with his youngest brother, and shares a good interaction pattern. Client's parents have conflicting relationship with each other; they do have frequent fights, on the matter of their children. Client's siblings also have unsatisfactory relationship with their parents because all of them were also the victims of attention deficit problem and lack of parental warmth and affection like the client was. Whereas client's sister have good relations with parents and siblings as she was the only daughter.

Over all the family environment was restrictive, and there were so much gaps present in family communicative system.

Educational history

Throughout the period, client's schooling was of a government school. He was a good student, and always got good grades. He likes reading and exploring different books. His education was till intermediate, he was unable to continue his studies because the family cannot afford the further expenditures. The client's relationship with his teachers, fellows and friends were good, and he uses to respect everyone. He had never gone through any kind of adjustment difficulties as he was a social person, and was good in making adjustments.

Occupational history

The client has a long occupational history. He had worked in up to 15 organizations. The posts on which he worked were accountant, cashier, receptionist, computer operator, data enterer, and assistant web developer. The reason for several job shifts was that he was caught several times when performing the theft. Several times he was hired on warning, but he continued the same act, that is why he was fired from several organizations, and some were left by him by choice as the pay was too low and work load was great.

Sexual history

The client's age of puberty was 12 years. He got knowledge about puberty signs through his friends, and internet videos. His reaction towards the hormonal changes was excited. His attitude towards sex was positive. He was much interested in prone videos. He liked to talk

about prone videos, considering it as a source of enjoyment. Client himself indulged in the sexual activity when he was 23 years old. He had a proper sexual relationship with his girlfriend. The relationship last for 4 years, but ended up in break-up. After that, the client lost interest in sex, and even in watching prone videos. According to the client, after the breakup he had even lost interest in marriage too. Now the client is engaged, but had never met or talked to the girl, to whom he is engaged to. Currently the client reported that he had a strong feeling of guilt associated with his past love affair, he stated that whenever he got in sexual activity with his girlfriend, he got message in his mind that “I have done wrong”, “This relationship is illegal”, “Now I should make a marry”.

History of family psychiatry/ medical illness

There is a family history of psychiatry and medical illness as client's elder brother is also a substance abuse, his mother is hypertensive and is sugar patient while his father has hepatitis - C.

Provisional formulation

It is provisionally hypothesized that the client has Cannabis withdrawal and inhalant intoxication effect, as he was using multiple addictive substances, and after leaving drugs he had showed withdrawal symptoms for a month.

Psychological assessment

In order to assess client's problem two types of assessment was carried out that is:

1. Informal Assessment

Informal assessment comprised of:

- I. Clinical Interview
- II. Mental Status Examination
- III. Life event chart
- IV. Subjective Rating of Symptoms.

2. Formal Assessment

The formal assessment comprised of:

- I. Drug abuse screening test.

Clinical interview

It is a face to face encounter in which clinician asks questions of clients' problems, their responses and reactions. Clinician collects the detailed information about the person's problem, feelings, life styles, relationships and other personal history (Comer, 2004). Clinical interview was conducted with the client to get detailed information about his family, personal and the history of psychiatric problem. The client had proper insight about his problem, and he was motivated to seek treatment. During the complete interview session the client was very complaint, and was attentive.

Mental state examination

MSE is done with patient at first presentation to the clinical psychologist to assess about his/her verbal & nonverbal symptoms of illness. It provides basis for psychiatric diagnosis and clinical assessment (Goldman, 1988). The client was wearing Pant Shirt. He was neat and tidy heighted man of average weight. His appearance was consistent with his reported age. He was a well-mannered person. His personal hygiene was good. His gait was active and energetic. He

had some scars on his arm; his finger had swelling, and had a burn mark. The client was much compliant, and was maintaining a good eye contact. He seems to be much cooperative, attentive, interested in session. He was vigilant and alert, and was actively listening. His orientation was good as he responded accurately when asked about the place, season, year, date, month, time and city. His rate of speech was normal, and tone was soft. The quality of speech was emotional. Client's mood was appropriate with his affect; he was in good mood and was energetic. His thought process was logical, goal directed, appropriate, and was relevant with the situation. His thought content involves the messages to self about the “right” and “wrong”. He had a proper insight about his problem and was motivated to seek treatment. His judgment was good and appropriate. Client's attention and concentration was proper as he performed correctly in digit span, spelling backward, and calculations. His memory, intellect and vocabulary were good. He was able to recall the event from in past easily. His information and vocabulary was proper as he correctly stated the name of president of Pakistan, prime minister and the capital city. He was good in abstractions too as he clearly stated the difference between two objects, and commonly used proverbs.

Subjective ratings of symptoms

The Ratings of symptoms of the Client were taken from the client himself as he had proper insight about his problem. The Ratings of symptoms of client's problem were taken from the with the purpose of obtaining the severity of client's problematic behavior, and also to see that how much the client perceives his problem. Ratings were taken through 0-10 scale, in which “0” means “no problem at all”, and “10” means “severe problem” (Table 2). The ratings of client suggests that the client, had least craving of drug, and his other symptoms are more prominent.

Table 2 The table showing client's Symptoms and rating from 0-10

Symptoms	Client's Ratings
Stealing Habit	10
Carving of Drug	4
Sadness	9
Worthlessness	10
Self-dislike	10
Passivity	10
Muscle pains	9

Life event chart

Life event chart was provided to the client in which he was asked to write at least 5 events of his life in which he enjoyed a lot in the last 5 years. The chart was used with the client to make him enable to recall the events from his life that he had forget, and what are the things that he had done wrong in the past, and if he gets another chance than how will he change the events to make them more pleasurable, and joyful.

Formal assessment

I. Drug Abuse Screening Test (DAST)

DAST consists of 28 questions such as whether or not the client has used any drug other than prescribed by the doctor, or had any problem at his work place or family because of drug abuse. It can be very helpful in assessing the severity of the problem. The test questions were asked in the form of interview from the client. It took 15-20 to administer the test. The client seems motivated for the test. Proper instructions were provided to him before the test was started.

Results

Table Showing Scores, Range and Severity of Client on Drug Abuse Screening Test (Table 3)

Raw Score	Range	Severity
22	16 and above	Severe level of problem

Qualitative analysis

The DAST was administered to know the previous severity level of the problem of the client when he was involved in substance abuse. Client's score on DAST is 22, that falls in the maximum category of range. The score suggests that the client was in severe level of problem before the withdrawal occurs. Client's score suggest his marked decline in functioning, relationship problems, lack of self-control, and involvement in illegal activities like stealing. Client's background information is also supporting the test results.

Case Formulation

The client was 30 years old male was referred with the complaints of stealing habit, carving of drug, sadness, worthlessness, and self-dislike passivity and muscle pains. The history of client suggests that his childhood was not good and he didn't have attention, love and affection from his parents, and was a neglected child. He also belongs to a lower middle class family where his needs and desires were not fulfilled. These factors proved to be the predisposing factors of client's problem. The background information of client showed that the client doesn't take the responsibility of anything or issue to himself, as he continuously blame his parents and external environment for his problem. The client is not ready to accept his fault, and for social approval he wanted people to feel sorry about him. According to Redmond (2005), behavior that is too familiar in addicts is laying blame on someone or something else. Many addicts claim multiple reasons for their addiction. Those reasons rarely place the blame on themselves for the choices they made to experiment with a substance or behavior. The person may claim that the addiction would never have started in the first place if not for someone else's influence or certain circumstances beyond his control. The goal of placing blame elsewhere is the same as getting defensive; it is to avoid talking about or taking responsibility for the addiction that has developed. Client's expectations always remained high from other but he himself never tried to put an effort. It seems that the client might want to escape from his responsibilities that are why he shifts the blame of his responsibilities onto others. According to Nicholson (2011), young people take drugs to escape their reality. Maybe their home life is not very happy, or maybe they are just not happy with their life. For many people, drugs are a way to escape that unhappy reality. They can feel a little braver, stronger, a little smarter, more beautiful or more important. Of course this doesn't last long, but that doesn't matter. For the brief time that the drugs are taking affect, the user can forget about the problems, responsibilities and limitations of everyday life and escape to a fantasy world. It is no secret that drugs change the way you feel; this is why they are so attractive to young people despite their dangers.

Client's elder brother was also an addict, and the client gets inspired by his personality and learned his behavior. According to social learning theory, people use to learn the behavior from the environment, and this modeling behavior is very common in addiction (Comer, 2002). As the client was much neglected at home so in order to gain some emotional support and unconditional positive regard, client started to spend more time outside of home and try to make friends. Unfortunately, the people he found were already involved in

illegal acts like stealing, trafficking, and drug addiction. The client didn't understand the difference between right and wrong that time, and started to adopt the norms of the group to adjust in it. That is why he did whatever was asked to him to do, and remaining in the company friends he started smoking at first and moved to hash. As according to Lapidus and his colleagues (1980) the peer pressure was found to be important reason for drug use. So in the present case the above mentioned factors were considered as precipitating factors. For the first time in client's life he got involved in a girl, and became emotionally attached with her. They share a perfect bonding of love and care but unfortunately, the relationship lasted for 4 years and ended. Now it's been 3 years of client's break-up but is still unable to forget the girl, because she was the only person in his life who provided him with attention. This is consistent with a study that suggested that the basic to many views of abuse and dependence is the premise that substance use becomes a way for users to cope with the unpleasant feelings. That goes along with life circumstances. (Cooper, Russell, & Gerorge 1988). So in this case client's nature of blaming others for his faults, bad company, and relationship break-up proved to be the maintaining factors in this case. Currently, the client had proper insight about his problem, and is much motivated to seek treatment, other than this client's family is also supporting him to get him out of his problem. So these factors proved to be the protective factors in client's case (Figure 1).

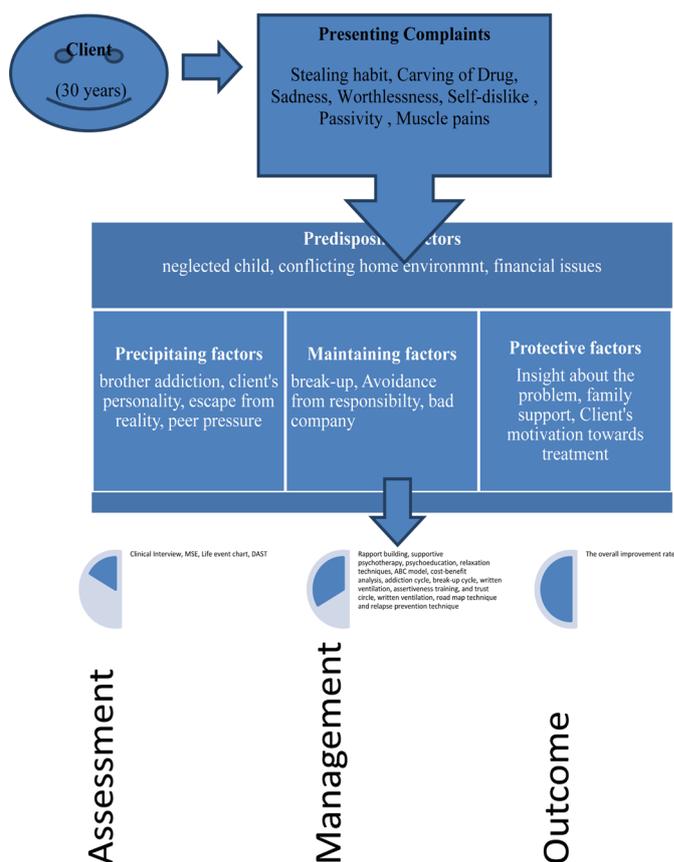


Figure 1 Summary of case formulation.

Diagnosis

It is diagnosed that the client has and Stimulant withdrawal among the code of 292.0 (F15.23) and Cannabis withdrawal among the code of 292.0 (F12.288).

Client's prognosis

The prognosis of the client is positive as the client insight about the problem was also intact and the motivation level of the client was also high. Marked improvement in his behaviours, and social interaction was also seen as it was observed by ward attendants, and other internees. Positive observable changes were also seen in client's mood.

Intervention plan

Intervention plan was designed to help the client to resolve problem he is facing and to aid the natural process of adjustment, to develop a positive self-concept and to save him, and to learn to interact with others.

Short-term goals

By using supportive therapy build a level of trust with the client and create a supportive environment that will facilitate the client to share his problems.

- I. Psycho educates the client about the harmful effects of the substance use.
- II. Asking the relevant questions to probe the underlying factors of her problems.
- III. Explore experiences from the client's early life that contributes to develop the problem.
- IV. Active listening, positive reinforcement, reassurance and unconditional acceptance to facilitate his sharing and catharsis.
- V. Implement appropriate relaxation techniques to enable him manage his stress, and to get relax in anxiety provoking situations and thoughts.
- VI. Explore experiences from the client's early life that contributes to his addictive behavior.
- VII. Assist the client to become aware of the unresolved conflicts and to look at different options to resolve them.
- VIII. Ask him to complete the Cost Benefit Analysis and to write down the advantages and disadvantages of his addictive behavior and present living style.
- IX. Help him to learn better coping skills and habits and help him to change the thoughts that lead to relapse. Use of functional analysis and skill training to avoid the relapse (Jongsma, Peterson, 2003).

Long-term goals

- I. Continuation of short term goals
- II. Proper follow-up sessions with the client, to revise short term goal, and to incorporate new skills and techniques to make the client proficient.

Implementation of therapeutic strategies

Rapport building: Rapport is the ability to relate to others in a way that creates a level of trust and understanding. It is the process of responsiveness at the unconscious level.¹ It is important to build rapport with your client as it gets there unconscious mind to accept and begin to process your suggestions. They are made to feel comfortable and relaxed-open to suggestions. This technique was done with client to maintain sound therapeutic relationship with the

client. Rapport was built with the client so that he can easily share all her problems. It helped the client to enhance his communication level in a positive way. It was also built for gaining the confidence of the client. The client was actively listened by nodding head or interjecting with words that encouraged the client to continue and demonstrates the genuine interest.

Supportive psychotherapy: Supportive psychotherapy is the attempt by a therapist to help patients deal with their emotional distress and problems in living. The therapist provides an emotional outlet, the chance for patients to express themselves and be themselves (Werman & David, 1984). Supportive psychotherapy was done with the client in order to enhance the relationship with the client, to provide him reassurance, guidance and unconditional positive regard. So that he easily shared his real events of life and his feelings regarding these events and both worked in a productive way. The five steps of psychotherapy which was therapeutic relationship, listening, emotional release, information, advice and encouraging the hope of the client was done during management. After this technique client's hesitation was reduced, and he was able to discuss his relationship conflicts, and break up in detail, that helped him for his catharsis.

Psycho education: Psychoeducation is offered to people who live with a psychological disturbance. A goal is for the patient to understand and be better able to deal with the presented illness. Also, the patient's own strengths, resources and coping skills are reinforced, in order to avoid relapse and contribute to their own health and wellness on a long-term basis (Winkle, 2008). Psycho education was provided to the client to develop an insight in him about the problems through which the client was going through and about the effectiveness of the management. Client was psycho educated regarding the effects of drugs that he had on his life, relationship and health. By using bio-psycho-social model the client was educated regarding the treatment, and the course of it. The client was also educated about the point which were in the favor of prognosis and points against it. The addiction cycle was also discussed with the client that how with time addict develops tolerance with the drug that leads toward the increased dose and how the use changes into abuse, and the person become dependent on the drug for his everything. The outcome of this technique was positive and the client developed proper insight about his problem and how his problem progressed.

Relaxation techniques: Relaxation techniques are used to deal with the symptoms of distress. It helps in feeling relaxed and in a better state of mind.² Relaxation technique was used with the client in order to make the client relaxed and feel better and to deal with his stress symptoms. Progressive muscle relaxation was used because he reported muscles stiffness, and pain. At first, deep breathing technique was used in which the client was asked to sit in a comfortable posture, make himself relax, inhale air from nose, for 3-4 sec leave the air inside lungs then smoothly exhale the air out from mouth. The client was asked to repeat the exercise for 3-4 times to make him proficient in the technique. After that progressive relaxation technique was used. This technique is used for learning to control the state of tension in ones muscles (Jacobson, 1938). In the process, the complete procedure was demonstrated in front of the client, how to focus on each muscle group, how to tense and relax each muscle. After giving detailed instructions and demonstrations the client practices in the technique during the session. Initially the client was taught about deep breathing and then moved to hands stretching for five seconds then relaxing. This contract and relax exercise was done will all the muscles of body, one after the other, that are hand, wrist, arm, shoulders, neck, forehead, eyebrows, eyes, nose, jaws, abdomen, thighs, legs, and feet. In guided imagery client was guided to imagine a beautiful landscape

of sunset, in which he is sitting on the bench on the side of lake, cool breeze is blowing, birds are flying and going to their nests. On the other side of the lake, there is a scheme of mountains that are planning to hide the sun behind them. The full sun is seen in the center of two mountains, and it is setting slowly. He is staring at the sun, the color of sun is fading slowly, and the sky is getting dark. The water of the lake is touching his feet. There is lush green grass on the side of the lake, with flowers of different bright colors. The flowers have there on fragrance that is adding the beauty and peace of the place. The water is so quiet and calm; it seems that it is standing still in its place. He started walking on the side of the lake on green wet grass. The weather is getting even pleasant. The sun is almost half set, and is saying good bye. In a couple of seconds, the sun set, and the moon become visible. It's almost dark around, the moon and stars are casting its shadow on the water of the lake. He is constantly looking towards the sky, and enjoying the movement. He is feeling the soft texture of grass and the flowers and the cool breeze is there give him comfort and relaxation. It is his moment to enjoy and relax and to absorb all the beauty into his thought a deep long breath. The clients report lot of relaxation and peace with this exercise. Furthermore, he was asked to have an image of his healthy self who is doing with everything with lots of interest and enthusiasm and then to compare that image with the present self and see the difference. He is asked to give his comments and to focus on the difference of his feelings. He was then asked to select one of them and he selected the healthy image. He was asked to take a deep long breath and to inhale that image into himself and to feel the change: the freshness, calmness, strength, confidence and interest in life. The outcome of this technique was very positive and the client feel very relaxed, and comfort with his exercise.

ABC model: In ABC Model, client is told that how his negative and irrational beliefs (IBs) or behaviors are causing disturbance in his life.³ The rational was explained to help client to understand his believes or behaviors, and to replace the dysfunctional believes or behaviors with functional ones. ABC model was explained in which the client was told that there can be any stressful event, that can become the antecedent of poor consequence, and the thing that actually leads to a poor consequence is a faulty belief or behavior. The model was drawn for the client and he was asked to identify any of his events that underlie his faulty belief. The outcome of this technique was positive and he easily understood the concept and the connections between A, B and C, and was able to relate the model with his real life experiences.

Cost-benefit analysis: Reviewing the pros and cons, or carrying out a “cost-benefit analysis”, can be a powerful way of influencing on the motivation to do certain things (Glickman, N.2009). Cost- benefit analysis was done to make the client aware of the negative effects of drugs, and the positive effects of withholding it. The client was himself asked to en-list the positive and negative effects of drugs. After en-listing of the points, the client was asked to read what he wrote, he was asked to compare the cost and benefits and minus the benefits from cost, after that he was asked to make a conclusion that what does the two lists of pros and cons suggests. The outcome of the technique was positive and the high rate of cost helps him to recognize that he had spoiled his life in being under the influence of drugs, in this technique the client was able to recognize the difference between the person who lives with the influence of drug and the person who is free from it.

Break up cycle: As the client was very much disturbed with his break-up and was unable to forget the girl even after the gap of 3 years that is why break up cycle was discussed with the client, because he was very disturbed for his break up, and was unable to move on, that is why

break-up cycle was used. That is why all the 7 steps of break up were discussed with the client, to make him understand that people come and go, but life don't end with them, it is continued with our breathes. The 7 steps discussed with the client were: shock, denial, isolation, anger, bargaining, depression, and acceptance. The cycle was drawn to the client that made it easy for him to understand. The outcome of this technique was positive and the client easily understood the cycle, and his stages by which he can move on by accepting the reality, and by valuing him.

Written ventilation: The written ventilation is a kind of catharsis technique that is used for relationship break up, trauma, loss of loved one, and repetitive thoughts about any person or thing who is no more, and in the case of any unfulfilled business. In this technique, the client is asked to write a letter to someone with whom he has some concerns to show, and have some complaints. The client was asked to write a letter to her past love, and to his parents regarding his concerns and complaints. After that the client was asked to read the letter to his loved one, loud, and fold it tight, into many folds and tape it. Than the client is asked to put the letter in his pocket, for the time he thinks that traumatic chapter of his life is still present, and asked him that whenever he thinks that the chapter is closed forever now then ask the client to burn the letter without unfolding or even without opening the tape. The letter that was written to his parents was given to them on their meeting. That letter was basically a sorry form, in which client wrote that he was wrong, and whatever that have done for him was because they love them but client didn't have any reward, for which he feels guilty and wants to improve his mistakes. The outcome of this technique was very positive, as client feel very relaxed as after giving letter to his father, he came to him and hugged him, and the client shared all his guilt with him face to face. Client reported that after writing the letter to his loved one, and after sharing and uncovering all his conflicts he feel much relaxed, and had no thoughts about his breakup and feel happy in his life.

Assertiveness training: Assertiveness Training was introduced by Andrew .⁴ with the notion that a person could not be both assertive and anxious at the same time, and thus being assertive would inhibit anxiety. This technique was used with the client because he was very passive, and client addiction was in a way linked to his passivity as he cannot say “No” to anyone, and use to affect himself just to please other, and to save the relationship. In this technique at first, three types of communication i.e., passive, assertive and aggressive were discussed with the client, and he was asked to rule out his present communication style, and also the best style that he want to follow. Client chose the assertive one. So the general rights of assertive person were discussed with the client. After that a scenario was taken from client's recent events, and by modeling he was assertive communication was done, by role playing client was provided with a situation, and was ask to respond assertively. Immediate feedback was provided, and was reinforced. He was also given homework to practice the technique with everyone in the ward. In this technique the client was also psycho educated about the rights of an assertive person that he should use. The outcome of the technique was very positive, and observable changes were seen in his communication patterns and social skills.

The trust circle: A trust circle was made to identify the support during grief or problem. The trust circle strategy can be used as a preventive tool to be used as needed to create awareness of present support group during grief period and as a vehicle for discussion and communication about thoughts, feelings, and emotions people harbor within themselves about people in their lives. It was basically used to reassure the client that there are people around him to whom he can

count on. The purpose of applying this technique was that the client use to trust every second person, and soon become emotionally dependent on them, that hurt him in latter run as them when people leave and deceive him, While client don't trust the people who actually want his betterment that includes his family. So in this technique the client was asked to build a trust cycle for him to whom he can count on in long runs. The outcome of this technique was positive and the client was able to develop a circle for him that includes the people who actually wanted his betterment, on which the top of the list was his parents.

The road map technique: The road map technique is used with addictive patients that provides with two paths for recovery. One path defines person's life in the influence of drug, while the other path with elimination of drug from life.⁵ This technique was used with the client as a recovery technique of relapse prevention. Client was provided with a road map that had two alternate. One road manifested client's life under the influence of drugs and the other was the way without drug. The client was asked to let the incentives and punishment on both the ways, and select his own path, on which he want to go, keeping in view all its perspectives. Client chose the path without drug use that according to the client was the road that will make his future bright. The outcome of this technique was positive, and the client was able to discriminate among two paths, and he chose the right path for him that will make him close to his parents, and will make him free from the life of uncertainty.

Relapse prevention technique: Relapse prevention approach is used with the client to develop coping skills to manage high risk situations, to make life style change to decrease the need for drug, to prepare for interrupting lapses so that they do not lead to relapse and to prepare the client for managing relapse so that potential harms may be minimized.^{6,7} In relapse prevention technique the client was asked to explore the situations, events and triggers that may have led to relapse in the past. In it client was also encouraged to avoid the situations and events that can cause the relapse. Goal setting was also done at this step, in which the client was asked to set goals of him that will make him enthusiastic, and to keep him away from relapse. The outcome of the technique was positive. The client was fully aware about his problem, and by goal setting and trigger identification he also became aware to prevent relapse.⁷⁻¹⁰

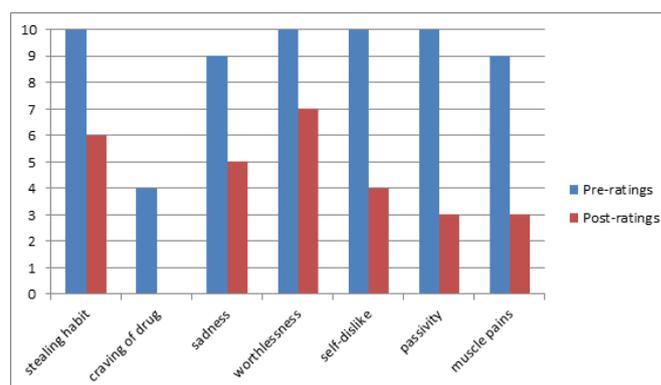
Post Management Assessment

The Table Showing Comparison of Pre and Post Management Rating of Client (Table 5).

Symptoms	Pre-Ratings	Post-Ratings
Stealing Habit	10	6
Craving of drug	4	0
Sadness	9	5
Worthlessness	10	7
Self-dislike	10	4
Passivity	10	3
Muscle pains	9	3
Total	62/70	28/70
Percentage Difference	89%	40%
Improvement	89-40 = 49 %	

The table shows the pre and post management ratings of the client on his problematic behaviors. The comparison is suggesting that the client had progressed a lot and his improvement rate is 49 %.

The Graph Showing Pre and Post Ratings of Client's Symptoms



Outcome

Marked improvement was observed in client's problems from session one till the last. His behaviour was improved to a large extent. Client's tutor reported that he is now the most active member of the ward, and several in-unit tasks are assigned to him. The graph shows that now the client has no craving for drug, his communication pattern had increased to a large extent. Other than this marked improvements are seen in client's mood, behaviour and somatic pains. Hence positive observable changes are seen in client's mood and behaviour; his problematic behaviours are decreased to a large extent. The improvement rate of client is 49 %.¹¹⁻²²

Recommendations

- I. Proper follow-ups should be taken, and new techniques should be applied with the rehearsal of the old ones.
- II. On daily basis, sessions should be conducted with the client and his problem and current issues should be inquired.
- III. Family therapy should be provided to the client's family.

Limitations

- I. No prior psychological treatment was given to the client.
- II. Distraction free environment wasn't available that created disturbance in taking session with the client.
- III. Family of the client wasn't available that's why most of the information couldn't cross checked.

Session report

Session # 1

Dated: 8, April, 2014

It was an introductory session, in which the general problems of the client were asked and the objective of communication was discussed with the client. It took 20 minutes for this session.

Session # 2

Dated: 9, April, 2014

The goal of this session was to develop rapport with the client, so that he may feel comfortable while sharing his life events. The client was also psycho educated regarding drug use. He was told that how the drug has badly affected him and his life, and some real life examples were provided to the client, to realize him that how some people spoiled their life due to drug addiction. It took 45 min for this session.

Session # 3 **Dated:** 10, April, 2014

In this session clinical interview was conducted. Client's background information was explored in detail. And the history of present problem was inquired that how the problem developed, and what were the factors that triggered it. It took about an hour for this session.

Session # 4 **Dated:** 14, April, 2014

In this session client's relationship break-up was discussed in detail that what factors leads towards break-up were. His sexual history was explored. And his relationship with parents was discussed in detail, and the other traumatic or grief events from his life were discussed. It took 50 min for this session.

Session # 5 **Dated:** 15, April, 2014

In this session life event chart was provided to the client, and was asked to write 5 events of his life that he still remember, whether they were good or bad. It took 40 min for this session.

Session # 6 **Dated:** 16, April, 2014

In this session clinical interview was continued and activity scheduling was done of the client. It took 30 min for this session.

Session # 7 **Dated:** 17, April, 2014

In this session Drug Abuse Screening test was applied and deep breathing of the client was done. It took 35 min for this session.

Session # 8 **Dated:** 21, April, 2014

Progressive muscle relaxation, and imagery technique was applied on the client in this session, to deal with client's somatic symptoms. It took 40 min for this session.

Session # 9 **Dated:** 22, April, 2014

In this session cost- benefit analysis of drug use was done, and client was also psycho educated. ABC model was also used with the client. It took 30 min for this session.

Session # 10 **Dated:** 23, April, 2014

The overview of previous session was done in this session and Integrative model of addiction was discussed with the client in detail. It took 30 min for this session.

Session # 11 **Dated:** 28, April, 2014

The overview of previous session was done and problem solving technique was applied with the client. It took 30 min for this session.

Session # 12 **Dated:** 29, April, 2014

In this session stages of change was discussed with the client, and trust cycle was made. It took 25 min for this session.

Session # 13 **Dated:** 2, May, 2014

In this session break-up cycle was discussed with the client and written ventilation was done in which the client was asked to write a letter to the girl he loves, and to his parents and discuss all his complaint. It took 40 min for this session.

Session # 14 **Dated:** 6, May, 2014

In this session goal setting of the client was done and road map technique was applied on the client. It took 40 min for this session.

Session # 15 **Dated:** 7, May, 2014

In this session, relapse prevention technique was applied on the client. It took 40 min for this session.

Session # 16 **Dated:** 20, May, 2014

Follow- up session was taken with the client, and all the implemented techniques were revised. It took 40 minutes for this session.

Session # 17 **Dated:** 26, May, 2014

Follow- up session was taken with the client, and all the implemented techniques were revised. Assertiveness training was revised in detail in this session. The client was than terminated. It took 50 minutes for this session.

Acknowledgments

None.

Conflicts of Interest

None.

References

1. Stewart, Dorothy Gower handbook of management skills. Gower Publishing, UK, 1998:pp. 1–430.
2. Walters ST, Rotgers F. Treating substance abuse: Theory and technique. Guilford Press, USA, 2013:pp. 1–436.
3. Jack Hafner REBT Anger Workbook. *Hazelden*, p. 1–9.
4. Andrews G. Jenkins Management of mental disorders. London: World Health Organization Collaborating Centers for Mental health and Substance Abuse, UK, 1999.
5. Jeanne Client's Handbook: Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders. U.S. Department of Health and Human Services, USA, 2002:pp. 1–168.
6. American psychiatric association Diagnostic and statistical manual of mental disorders. (4th edn), American Psychiatric Association, DSM Library, USA, 2000.
7. David SL. National conference on drug abuse prevention research. USA, 2000.
8. Beck AT, Wright FD, Newman CF, et al. Cognitive therapy of substance abuse. Guilford Publication Inc., USA, 1993:pp. 1–354.
9. Benton AL. Revised Visual Retention Test. Clinical and Experimental Application. (4th edn), The Psychological Corporation, USA, 1974.
10. Carlson L. Depression and relapses in treated drug addicts. *International Journal of Addicts*. 1959;30:329–333.
11. Colzato LS. Psychopharmacology. *Journal of Psychopharmacology*. 2009;10:225–234.
12. Carroll Kathleen. Review of Relapse: Conceptual, Research, and Clinical Perspectives. *Psychology of Addictive Behaviors*. 1988;5(1):53–54.
13. Kumpee KL. Drug Abuse Preventio. DIANE Publishing, USA, 1998:p. 91.
14. Lila H. Drug and alcohol addiction. 2010.
15. Noble E. Neuropsychological functioning of drinkers. *Neuropsychological functioning*. 2009;14:31–37.
16. Schuckit MA. Drug and alcohol abuse: A clinical guide to diagnosis and treatment. 2005.

17. Siegel LJ. Criminology. 2011.
18. Sloboda Z, Bukoski WJ. Handbook of drug abuse prevention: theory, science and practice. Pelnum Publisher, USA, 2003.
19. Tickle-Degnen L, Rosenthal R. The nature of rapport and its nonverbal correlates. *Psychological Inquiry*. 1990;1(4):285–293.
20. Tillman DR. Addiction: The chains that bind us. Xulon Press, USA, 2012.
21. Tudor K, Worrall M. Person centered therapy: a clinical Philosophy. (1st edn), Madison Avenue, USA, 2006:pp. 1–320.
22. Wilkinson B. Drugs and depression. The Rosen Publishing Group Inc., USA. 1999.