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Final Case Study: George Jung
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Introduction

The purpose of this paper is to present a treatment plan for a fictitious client by the name of George Jung. Clinically significant information regarding this client was extrapolated from the life story of the protagonist from the movie, "Blow," who was played by Johnny Depp. This information will be organized in the following paragraphs in order to provide a detailed account of how I would treat George Jung, were he my client. I am making the assumption that Mr. Jung will be mandated by the court to receive treatment and that he is in the stage of pre-contemplation when I perform his initial intake. I will provide four key components in this case study. First I will provide a thorough case conceptualization including provisional diagnoses. Second, I will provide information about the kind(s) of screening and assessment techniques that will be used. Third, I will provide a rationale for mode(s) of treatment. Fourth and finally, I will provide a rationale for specific counseling approaches and strategies to be used with Mr. Jung.

Case Conceptualization

Mr. Jung is a caucasian male in his early forties. He currently resides in California, but is originally from Boston, Massachusetts. He is married and has one daughter. His wife is a Columbian national. He has been mandated by the court to receive counseling after a recent arrest following a routine traffic stop by the police for erratic driving. He was found to have a kilo of cocaine in his vehicle as was reported by his wife. The amount of cocaine Mr. Jung was concealing in his car is suggests intent to distribute. He has been in trouble with the law previously, facing similar charges. He is likely to be criminally connected and involved.

Mr. Jung has had a heart attack recently after witnessing the birth of his daughter. He was found to have an extreme amount of toxicity in his system resulting from his frequent and

regular use of cocaine. He reported to the physicians at that time that he averaged about 5 grams of cocaine per day, and once consumed 10 grams in 10 minutes. It is highly likely that his heart attack had much to do with the amount of cocaine in his system. This suggests long term abuse as well as an exceptionally high tolerance for the drug. The client also reports use of marijuana and alcohol.

The client presents as apathetic with flat affect. He seems tired and seems to have a limited ability to experience / express pleasure. He expresses no remorse about being high during the birth of his child, though it is clear that he loves his little girl very much. He also does not seem all that concerned about the fact that he has just suffered a heart attack.

When asked about his family of origin, it is clear that he loves and admires his father very much. He reports that his mother frequently left he and his father because his father could not provide for her the way she wanted to be provided for. He admired the way that his father always took his mother back, after she had left. The recurrent abandonment of his mother at an early age, coupled by continual enabling by his father and scapegoating by his mother left the client with a poor view of self and has contributed to the development of a dysfunctional interpersonal style. This dysfunctional interpersonal style is repeated in every other significant relationship in his life from that point, particularly with women. Having abundant financial resources was the way to make people stay. For this reason I will be taking a dual pronged approach with this client. I will be employing Time Limited Dynamic Psychotherapy (TLDP) in order to respond effectively to the client's dysfunctional interpersonal style. Having financial resources has not always proven to make people stay, however. He lost his first love to cancer, and money was not able to keep him from prison and estranged from his daughter. The incon-

gruity between his dysfunctional style and what is evidential from his experience give rise to develop a discrepancy, according to the Motivational Interviewing (MI) framework. This framework will be integral in increasing the client's motivation for change, and rolling with the resistance he clearly exudes.

With regard to model of addiction, it is clear that the etiology of the client's addiction emanates from a myriad of sources. Family relationships in the client's family of origin are clinically significant. The common use of alcohol in his home, including a significant tradition with his father involving alcohol are clinically significant. In order to treat this client effectively, a team approach is recommended that includes medical, psychological and socio-cultural components. The home is that each of these disciplines will provide a robust and well rounded understanding of the client and his addiction and create a clear pathway to sobriety and a new functional/healthy style of interpersonal relationships.

Screening and Assessment

There are 11 diagnostic criterion for Stimulant Use Disorder in the DSM-V. This client meets all of these criterion. The specifier of "severe" is therefore appropriate for this client. Upon initial intake, I would use the Cocaine Selective Severity Assessment (CSSA; Kampmanet al., 1998). It is an 18-item scale that reliably measures cocaine withdrawal signs and symptoms (Miller, Forcehimes & Zweben, 2011, p. 1951, kindle edition).

It is necessary also to screen for comorbidity. In order to screen this client comprehensively, I would recommend use of the Minnesota Multiphasic Personality Inventory (MMPI-2) to screen for personality disorders. The concurrent diagnosis of a personality disorder would create a unique genetic and or sociocultural perspective. Based upon initial impression it is clear that

the client meets criterion for at least two distinct and concurrent personality disorders. The first is Anti-Social Personality Disorder (ASPD). The second is Borderline Personality Disorder (BPD). There are nine criterion listed in the DSM-V for BDP. They are (1) Frantic efforts to avoid real or imagined abandonment; (2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization an devaluation; (3) Identity Disturbance; (4) Impulsivity in at least two specific areas; (5) Recurrent suicidal behavior, gestures, threats or self mutilating behavior; (6) Affective instability due to a marked reactivity of mood; (7) Chronic feelings of emptiness; (8) Inappropriate, intense anger or difficulty controlling anger and (9) Transient, stress related paranoid ideation or severe dissociative symptoms. The client meets more than the requisite minimum of five. Specifically, the client has pursued financial resources almost exclusively in order to avoid abandonment by significant females in his life including his mother, his ex-wife and now his daughter. The client has a long history of unstable and intense interpersonal relationships. He has a tendency to idealize in his mind (daughter) and devalue the same significant others by his behavior (daughter). The client does not value himself as he could. The client has demonstrated impulsivity with regard to sex, substance abuse, driving, and spending. The client has demonstrated a recurrent, unconscious death wishes and self destructive behaviors according to a psychoanalytic understanding of addiction. The client also exhibits chronic feelings of emptiness as well as stress-related dissociation, which may or may not be related to his substance abuse. In all, the client meets 8 of 9 criterion. The one criteria he does not fully meet is an inability to control his temper/anger. He seems to have remarkable control of anger, but this may be masked by substance abuse.

The client also exhibits a disregard for and violation of the rights of others. This is consistent with what one might expect of a client who meets the DSM-V criterion for ASPD. The client meets 6 of 7 diagnostic criterion relative to the disregard and violation of the rights of others. Only 3 are required to make this diagnosis. The client fails to conform to social norms with respect to lawful behaviors in that he is criminally connected and involve in the import and distribution of cocaine. He engages in deceitfulness in that he uses aliases and a series of cons in order to maintain his business. He exhibits impulsivity, not thinking through what the potential consequences of his behaviors may be (loss of relationship he is attempting to keep). He does not exhibit any clear sense of being irritable or aggressive, but again, this may be masked by substance abuse. He clearly exhibits disregard for the safety of self or others. He demonstrates consistent irresponsibility in not providing for his daughter after his divorce from his ex-wife. He exhibits also a lack of remorse and indifference regarding the choices he has made (import and distribution of illicit substance) and the catastrophic consequences of those choices.

Modes of Treatment

For this client, I would recommend a Level IV, Intensive Inpatient Facility, with a medically managed detoxification process, as well as individual, group and family therapy. The danger involved with cocaine is extreme, which warrants a medical team involvement in the detoxification process. As noted earlier, the client has already experienced a heart attack, likely related to his abuse of cocaine. The client would also benefit from group therapy work, as he exhibits resistance to change as well as a history of intense and unstable interpersonal relationships. According to Miller, Forcehimes & Zweben (2011), “Motivation for change is not a client trait, but rather something that emerges in the interpersonal context.” This particular client could benefit

from an increase in motivation for change and practice relating to others in a different, emotionally curative way.

Most group settings see positive results within three months according to Miller, Forcehimes & Zweben (2011). Of course most inpatient facilities have guidelines for the length of time they provide services. There is also the issue of treatment being court mandated. This too may have an effect on the length of treatment for this client. For this client, I would recommend ongoing, individual and family counseling in addition to mutual self help groups as a necessary and ongoing measure for maintenance of positive outcomes and prevention of relapse.

Counseling Approaches and Strategies

As referenced above, I will be employing a two pronged approach with this client. I will seek to address the dysfunctional interpersonal style of this client by using Time Limited Dynamic Psychotherapy (TLDP). TLDP is, "An interpersonal brief psychotherapy. Its goal is to help the patient move away from replicating dysfunctional interpersonal patterns by facilitating new experiences and understandings within the context of the therapeutic relationship" It is a brief, psychodynamic form of treatment that focuses on the here-and-now relationship between therapist and client" (Levinson, 1995). The additional benefit of group therapy will also address the client's dysfunctional interpersonal style.

The way this looks in session is that I will allow myself to become "hooked" by joining with the client in his dysfunctional interpersonal style which will assuredly replicate itself in the here and now. By tracking the client's transference and my own countertransference, I will become aware of the client's dysfunctional style. As I become more and more aware, I can then provide a different, emotionally corrective and curative experience for the client.

With regard to increasing motivation for change, Motivational Interviewing seems to be a good match, with ample opportunity to develop discrepancy between the client's desires, (e.g. intimacy with significant others: mother, father, daughter) and the evidential outcomes of his behavior (e.g. loss of intimacy, heart attack, and imprisonment). I would do this by affirming the client's stated desire and developing the discrepancy using a double sided reflection. I might say, "On the one hand you desire intimacy with your mother, father and daughter, but your behavior has resulted in the polar opposite of your stated desire. What do you think/feel about that?" The non-judgmental, rolling with resistance approach of MI seems to be a good match for the presenting concerns of this client. The group therapy component also will likely contribute to the client's increased sense of motivation for change.

With regard to a Relapse Prevention Plan (RVP), it will first be important of this client to reframe the term "relapse" with "pro-lapse." In order for this client to escape guilt and shame associated with failure, particularly in relationship to his mother and daughter, it will be significant if he can identify mistakes he has made and use them as opportunities for personal growth and positive learning. Second, this client needs to avoid high risk situations in which it is likely that he will relapse. If he cannot avoid those situations, he must have a developed sense of self efficacy that he can cope cognitively. For this client, interpersonal temptation and social pressure are likely to be high risk, triggering situations. I personally like the coping method developed by Mallatt (1995) because of its simplicity. In the high risk scenario, the client must choose to cope effectively with the stimuli surrounding himself. He can do so by using the RAC method, which simply ask the client to recognize, avoid and cope with whatever is triggering his desire to act out. If he does, then his self efficacy increases and he is likely NOT to relapse. If

he does not, then his self efficacy decreases with positive outcome expectancies which leads eventually to relapse. During session, I would simply invite the client to reflect with me upon past relapses, and learn about his triggers, the maladaptive coping tendencies and the objective outcomes of those choices. Additionally, as I mentioned above, for this client, I recommend on-going individual and family counseling with the frequent attendance of mutual help groups.

The treatment outcomes I would hope to see with this client are (1) an increasing ability to experience intimate connection with others; (2) the extinction of substance abuse; (3) increasing self efficacy relevant to coping with triggers; (4) avoiding high risk situations; (5) engaging with others around the pursuit of sobriety; and (6) finding legal, gainful employment capitalizing on the entrepreneurial strengths of this client. He clearly has the ability to create economic opportunity. He found a way to develop an import business with one of the most successful drug cartel personalities (Pablo Escobar) in history. He has skills that companies could use, were he to choose sobriety and were he given the opportunity.

References

Miller, W. R., Forcehimes, A. A., & Zweben, A. (2011). Treating addiction: A guide for professionals. Guilford Press

Levenson, H. (1995). Time-Limited Dynamic Psychotherapy: A Guide to Clinical Practice. New York: Basic Books, pp 48-56.