

**Personal Addiction Paper**

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GCN 616 – Counseling Clients with Chemical Addiction

October 12<sup>th</sup>, 2020

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My cousin Alyssa was age twenty-seven when she was clinically diagnosed with alcohol use disorder. She had her first alcoholic drink when she was twelve at a family gathering, where she thought her father's glass was soda instead of beer. At age fourteen, she was a freshman in a new high school who knew no one except a girl who went to the same elementary school as her. And when the girl introduced Alyssa to her group of friends, she thought she found her place in this new school. What she didn't know was that this group of friends liked to leave school early and spend the rest of the day at one of their house playing games. Alyssa enjoyed school and all her classes were honors, but she didn't want to be looked down by her new group of friends because she knew no one else. So, when one of the girls offered her a drink at a house party one day, she took it and she enjoyed it. It started off as social drinking, a beer or two every hang out. When there were bigger parties on the weekends, she would be taking multiple shots of hard liquor with a couple of beers.

Her grades started to fall and by the beginning of sophomore year, she was no longer in honor classes. She received her first academic probation in the second half of her sophomore year. Alyssa missed her SAT exam because she was drunk the night before the exam and couldn't wake up to it. She remember her parents were so angry with her when they found out she's been doing bad in school and hanging out with a group of bad kids. They didn't know she was also drinking alcohol underage. She also remember her parents got into a lot of arguments about how they didn't raise Alyssa right. They always had marriage issues and when Alyssa was seventeen, they were going through a divorce. I remember there was one-point Alyssa stayed with us frequently and I would ask her why she wasn't at home with her parents. She couldn't stand her parents' fighting and she always had a water bottle with her. She carried it everywhere and I thought it was strange.

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But as I was older, I realized she carried around a water bottle of vodka and she brought it with her everywhere including the bathroom because she didn't want my family to find out or throw it away. She also told me that she drank to numb her feelings. While her parents were going through the divorce, none of them were active in wanting to take care of Alyssa because of her behaviors of academic problems and alcohol use. To a Chinese family, education and getting good grades are the most important thing to have. Alyssa overheard her parents talking about her issue and decided to run away in order to not disgrace the family. She dropped out of high school and found a job as a sales associate by age eighteen and then a bartender by age twenty-one. She wasn't allowed to drink on the job, so she only drank after work. After a while, she started accepting drinks from customers who were a little assertive. Her manager caught her the first time but just gave her a warning.

During this time, Alyssa was also in an abusive relationship with her boyfriend since high school. He also has an alcohol problem while working a 9-6 job. When he comes back from work, Alyssa would leave for work and around the time she comes home, her boyfriend would have had a few drinks in his system already. There are days where she hoped that he fell asleep by the time she came home around 3am. They have been in a relationship for eight years now and even though there are times that he has hurt her, there are still years of good moments. She also shared that she always had trouble falling asleep despite the medications or methods she uses. She now needs to drink a glass of wine in order to fall asleep and she has been drinking a glass of wine every day for a few years now.

Alyssa also grew up in a Christian family and her family made sure that she attends church and learns about God from a young age. But ever since high school began, she stopped attending her church. Alyssa shared that even though her parents forced her to attend church at a

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young age, she has no real relationship with God and has no intention to seek for one. Alyssa wants to get her life back together by getting her GED and then hopefully go to college. She started seeing a therapist weekly and was diagnosed with alcohol use disorder after she disclosed the fact that she has a craving and desire every night to have alcohol before she goes to sleep and that she relies on wine to fall asleep. There was a persistent time where she tried to cut down but because of her boyfriend use, alcohol is always around the house and it has been affecting her home and work environment.

According to the Diagnostic and Statistical Manual of Mental Health 5<sup>th</sup> Edition (2013), alcohol use disorder is categorized under substance-related and addictive disorders. In order to be diagnosed with alcohol use disorder, there is one criteria. One must have a pattern of alcohol use leading to impairment of at least two of the following cluster of behavioral and physical symptoms, which includes withdrawal, tolerance and cravings within a 12-month period. Alcohol is the one of the most frequently used intoxicating substance in the world (Molavi, Guruge, Kelly, 2020). Alcohol use disorder is defined as a problematic use of alcohol that leads to clinically significant impairment of behavioral, physical or mental.

Alcohol use disorder entails problematic alcohol use resulting in clinically significant distress or impairment evident from attributes, such as unsuccessful efforts to cut down alcohol consumption and repeated alcohol use regardless of the problems arising, all within twelve months. The unsuccessful efforts to cut down on alcohol use are evident from Alyssa. She consumes wine daily to fall asleep for more than twelve months and makes unfruitful attempts to minimize alcohol consumption owing to her boyfriend's alcoholism. Alyssa still indulged in alcohol consumption regardless of the problems arising from the effects of alcohol, such as poor grades and arguments between her parents. A drop in Alyssa's grades begun and continued the

more alcohol she consumed and missed the SAT exam because of drunkenness from the previous night of heavy drinking (American Psychiatric Association, 2013).

Environmental risk factors, such as cultural attitudes towards intoxication and drinking, the ease of alcohol availability, and high-stress levels, are the factors that influenced Alyssa to detrimental drinking habits. The cultural attitudes towards intoxication and drinking entailed the desire to belong among her new peers after changing schools. The constant fighting between her parents also pushed her towards drinking as a means of numbing the pain. Furthermore, alcohol was easily available at the numerous parties that she attended, and the times she would miss classes with her classmates (American Psychiatric Association, 2013).

### **Appropriate Treatment Practices**

The treatment options available relevant to alcohol abuse disorder range from pharmacological interventions, non-pharmacological interventions, or a combination of both. The APA recommendations relative to pharmacotherapy entail offering a patient with moderate to severe alcohol use disorder Acamprosate or naltrexone. Clinicians can administer such an intervention to patients targeting abstinence or reducing alcohol consumption, if patients are non-responsive to non-pharmacological treatments, prefer pharmacological interventions, or have contradictions to medication use (Reus et al., 2018).

Effective alcohol use disorder treatment can also arise from psychosocial interventions, lasting fifteen to twenty minutes, such as 12-step facilitation, family therapies, behavioral approaches, cognitive behavioral therapy, and motivational enhancement therapy. The necessity of intensive psychosocial therapy calls for therapists to have training in specific methods, such as cognitive behavioral therapy, and work collaboratively with medical practitioners who can prescribe appropriate medication. A combination of pharmacological and non-pharmacological

interventions can entail combining brief counseling with first-line medication, such as 25 mg oral naltrexone once daily, increasing to 50mg three days later, and 100mg seven days later (Kranzler & Soyka, 2018).

Clinicians should also consider addressing sleep disturbances with medication, such as benzodiazepine receptor agonists, which are vital because many researchers confirm the risk of alcohol relapse associating with untreated sleep disturbances, such as the case of Alyssa that needs alcohol to sleep. During long periods of abstinence, Alyssa is likely to fall back into her old ways of relying on alcohol to get her to sleep. Regardless of the notion of such medication as a first-line treatment for insomnia, clinicians must exercise caution because of the risk of overdose and abuse when combined with alcohol (Roehrs et al., 2020).

### References

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