



# UNDERSTANDING PATIENT JOURNEYS: A COMPILATION OF CLINICAL CASE ANALYSIS

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## **Abstract**

This paper aims at analyzing Ms.M's case with special attention paid to anxiety disorders, alcohol use disorder, and the influence of family traits on the latter. Of all of the issues, it talks about her abuse of Clonafit, her husband's involvement with her substance abuse, her signs of anxiety, and her experience with rehabilitation.

## **Introduction**

Anxiety disorders and substance use disorders remain as the most common mental illness that co-occur and greatly influence the life of a patient. When these disorders occur together, the clinical presentation can be quite complicated, which may complicate standard therapeutic interventions. According to studies, motivation to drink alcohol or use other substances is expected to be found in patients with anxiety as the disorders may act as a coping mechanism to deal with the anxiety symptoms. The present case analysis concerns with Ms.M, a woman presented with severe anxiety disorder and alcohol dependency, situations of unstable family structure and turmoil.

Ms. M's problem with alcohol started from her husband who encouraged her too much into drinking. Her dependency increased and she was drinking alcohol every day including during very special occasions such as her honeymoon where she is described to have become a routine drunkard. Moreover, in order to with her anxiety that had been growing, Ms. M started using Clonafit which is benzodiazepine, unofficially. This misuse of medication resulted to other cognitive problems such as feeling of being in a mental fog and a heightened state of agitation. Her case is also marred by social and relational aspects of mental health issues such as a bad relationship with her the mother-in-law and lack of full support from her husband regarding to their child.

Ms. M's husband then took her to a rehabilitation center saying she was showing psychotic features. Nevertheless, the absence of such symptoms while she was at the facility argued against a primary psychotic disorder to her presentation may have been environmentally and alcohol induced. This raises question in regard to her social setting and family life being any influence or part of her behavior and mental health. Ms. M also described episodes of depression prior and post social functions suggesting that she was not just depressed due to social events but that her mood swings were consistent with her consumption of alcohol.

Due to the nature of presented case, the assessment should include both the psychopathological aspect of Ms. M's behavior, and the environmental factors affecting her actions. As a result, this case study seeks to describe specific aspects of her anxiety, substance use, and her family, to discuss how each of these factors helped to shape her condition and, therefore, her therapy processes. The two areas of focus of this study demonstrate that Ms M's treatment plan should include cognitive behavioral strategies and substance use interventions in addition to family therapy. It is used to increase understanding of What works for the management of such cases, as most have multiple comorbidities creating concurrent problems to the case under study.

## Case History

### 3.1 Demographic Information

Ms M is a mother in her early 30s and she is married with her husband and child. She has not had psychiatric pathology before she developed anxiety and alcohol dependency that regards her current state. Ms. In the current state of M's mental health, her family and social history produce a significant impact from her husband and mother in law.

### 3.2 Presenting Problems

Ms. M was presented to a rehabilitation center by her husband regarding her alcohol dependence, Clonafit abuse and signs of psychosis. Her main or key complaints were anxiety, heaviness on her head whenever she consumed alcohol, and episodes of depressions – especially in social events, that is before and after. Despite her husband's fear of psychotic symptoms that include hallucination or delusional disorder, nobody witnessed these signs when she was at the rehabilitation center. Ms. M also expressed seclusion, anxiety, and depression, which stems from her husband neglect on caring for their child.

### 3.3 Background Information

1. Onset of Alcohol Use: In the beginning, Ms. M was introduced to alcohol through her husband who would urge her to take drinks on ceremonies and secret events. This led to an increase of the drinking behavior to a stage where alcohol was as usual consumed on a daily basis by her. Over the course of her honeymoon, Laura drank alcohol daily, which points towards a gradual worsening of the problem, which stays latent during positive events like marriage and thus such as Event 1.
2. Misuse of Clonafit: In an effort to curb her anxiety, Ms M started using Clonafit a benzodiazepine without a prescription. This uncontrolled administration of medicine encountered side effects which were considered by her worsening of cognitive impairment, mood swings, and a deterioration in her condition all of which are symptoms of mental disorder.
3. Family Dynamics and Conflict: Marital stress , and especially the interaction with the mother-in-law, has added pressure on Ms. M. A worsening of her and her interactions with her mother-in-law have made her severally feel lonely and emotionally troubled. Furthermore, Ms. M is turned down by her husband regarding childcare duties for their child as she perceive him as being insensitive to her needs. Such perceived neglect has compromised their marital relationship and has worsened her loneliness and feeling of being abandoned.
4. Emotional Triggers and Depression: Ms. M develops both pre- partum and post- partum depression and often complains of being emotionally dispersed before and after events. These are episodes where mood is low, anxiety is high and the overall feeling is dread These are feelings that correlate her substance usage with mood swings. These were depressive episodes of a patient with social anxiety disorder and low self-esteem enhanced by alcohol dependence.
5. Rehabilitation and Psychosis Concerns: Although at the beginning her husband expressed his concern regarding psychotic symptoms, none of these symptoms were pointed out during Ms. M's rehabilitation process. This discrepancy belies the fact that it was most likely her alcohol use and environmental stressors rather than a primary psychotic disorder that was causing her herein described perceptual and behavioral changes at home.

### 3.4 Impact on Functioning

Alcohol dependence and anxiety have changed the daily life of Ms. M. She uses alcohol to deal with her feelings and as a result of that she receives problems in concentration, lack of stable moods, and performs inadequately her duties of a wife and a mother. He explained that the depression that his wife is suffering from is as a result of family strife, failure of which is coming from her mother-in-law and lack of participation from him in the caregiving of the children.

The interaction of substance use and substance misuse, medication and family issues have created a tropical clinical presentation that calls for multi factorial management. Knowledge of these factors as explanatory, reciprocal and interactive is therefore critical to the formulation of a therapeutic plan which seeks to address her symptoms of anxiety, her substance use and her family interactions.

## Assessments & Diagnosis

### 4.1 Assessment

A set of questionnaires that quantify the severity of anxiety, degree of dependence from alcohol, and general state of psychological health was used to assess Ms. M's mental condition. These included:

1. Clinical Interviews: The structured interviews were used to obtain elaborate information about the history of Ms. M's psychological symptoms. These pertained to her drinking habits, anxiety levels, stressful emotions, family issues and drug prescriptions. The interviews also addressed the differences in moods between pre and post party depression associate with the substance use.
2. Alcohol Use Disorder Identification Test (AUDIT): This self- administered questionnaire was intended for evaluating the characteristics of the alcohol intake, dependence and the related complications prevalent in Ms.M. Used to assess severity of risk on account of her alcohol consumption as well as assess her level of readiness for change.
3. Generalized Anxiety Disorder-7 (GAD-7): Few studies report using this self-administered screening tool to determine the level of Ms M's anxiety issues. It concentrated on the somatic aspect of a heavy head, difficulty in getting reassurance, and constant anxiety.
4. Depression, Anxiety, and Stress Scale (DASS-21): This tool was employed in evaluating Ms. M's status using the three aspects; depression, anxiety and stress. It brought out the interaction between the levels of anxiety and depressive symptoms – social type wherein alcohol use was heightened.
5. Family and Relationship Assessment: A quantitative evaluation was given in an effort to evaluate the relationship of Ms. M and her husband, and her mother-in-law. In the first-person and dyadic interviews, Ms. M was asked about conflict, a lack of emotional support, and aloneness in her family.
6. Cognitive Assessment: Ms. M was taking Clonafit without prescription, which created problems of possible cognitive side effects. Screening of possible cognitive deficits affecting learning was also conducted using the brief test of Organic Brain Syndrome obtained from the use of drugs including substances to assess memory, attention and executive ability.

### 4.2 Observations

During her stay in rehabilitation, several observations were made regarding Ms. M's behavior, emotional state, and interpersonal interactions:

1. Absence of Psychotic Symptoms: That is why even despite the husband's concern connected with psychotic symptoms, no delusional, hallucinatory, or disorganized thought processes were identified during the time spent in structured rehab setting. That absence indicated that the psychotic-like behaviours observed were as a consequence of alcohol dependence or stress arising from family problems than a psychotic disorder.

2. Emotional Lability: Ms. M fluctuated between anxiety and other emotions within a short period of time. She was quite sensitive when it came to issues involving families, especially when talking about her mother-in-law, or the lack of support from her husband.
3. Physical Symptoms: Ms. M complained of heaviness in the head since time, more recently, this is accompanied by the taking of alcohol. This somatic symptom was concluded as affects of her anxiety, and substance use.
4. Social Withdrawal: Specifying the component of social interaction as an area of interest Ms M described severe anxiety before and after any social event that she avoids. This help her to avoid her feelings and this in medical terms only made her condition worse and encouraged her to seek solace in alcohol.

### 4.3 Diagnosis

Based on the assessment tools and clinical observations, the following diagnoses were made in accordance with the DSM-5 criteria:

1. Generalized Anxiety Disorder (GAD): Ms. M had definite and unrealistic concern evidenced by continual anxiousness, physical experience such as the feeling of a heavy head, and emotional stress in various domains of her life. Evidence also fit on diagnostic criteria of GAD as patient's anxiety was chronic in nature and also affected all domains of her everyday life.
2. Alcohol Use Disorder (Moderate to Severe): Ms. M presented with ams that met DSM-5 criteria for a moderate-to severe Alcohol Use Disorder, including daily drinking, inability to reduce the amount of alcohol consumed and continues using alcohol even though its effects are negative. She needed alcohol to overcome her anxiety and thereby regulating her mood, so alcohol dependence was a key problem in her case.
3. Depressive Symptoms (Situational): While Ms. M did not meet full criteria for Major Depressive Disorder (MDD), these depressive symptoms, especially before and after social events were severe and situational. These depressive episodes have been associated with anxiety, alcohol and family conflict history.

### Therapeutic Approach

Ms. M case is a severe one and its management needs adjunct therapy that will cover her disorders such as anxiety, alcohol dependence, medication dependence, and family issues. The client will require such treatment, which targets to meet her current need to stop using substances and addresses her psychological and relational concerns. This ushers in a client centered approach that combines CBT, experimental substance use treatment, family therapy and psycho education to reveal a holistic treatment plan for the client.

#### 1. Cognitive Behaviour Therapy (CBT)

Goal: To facilitate the patient in changing any negative self talk that contributes to her anxiety and alcohol use, with more adaptive ways of thinking.

- Anxiety Management: CBT will help Ms. M to identify the key thoughts that cause her anxiety, and distorted cognitions. These negative thoughts will be replaced by positive ones through the use of thought challenges such as cognitive restructuring.
- Behavioral Interventions: Exposure to anxiety-provoking stimulus will be used with a view of slowly exposing Ms. M to stimuli that she is most uncomfortable around, such as social and family situations. This will in the long run assist in the reduction of her alcohol consumption as a way of handling stress.
- Coping Skills Training: Ms. M will be required to learn ways of handling the physiological attributes of anxiety including deep breathing and progressive muscle relaxation. Coping skills are going to be used to assist her in avoiding the triggers that make her turn to alcohol or misuse of medication.

## 2. Substance Use Counseling

Goal: To enable Ms. M to be sober again by offering suggestions and approaches for handling desire, minimize drinking, and keep off relapse.

- Motivational Interviewing (MI): This approach will be applied in order to build up and maintain motivation to change Ms. M's behavior in the regard and to negotiate the advantages and disadvantages of her consumption of alcohol. This is with the purpose of enhancing her internal efficacy and commitment.
- Relapse Prevention: Self-reminders that challenge drinking will be made and coping skills for high risk drinking situations will be established as well as a strategy for dealing with urges and avoiding relapse situations.
- Harm Reduction Strategies: Ms. M has history of Clonafit abuse so aspects of potential side effects when taken with alcohol especially those that are un-prescribed will be discussed. Safe medication practices and a specific health professional consultation plan before using any psychiatric drug will be highlighted.

## 3. Family Therapy

Goal: As result of the assessment done, it shows that the relational problems of Ms. M, her husband and mother in law require intervention with an ultimate goal of enhancing the family's interactions and minimizing on conflicts.

- Marital Counseling: Issues that will be discussed will be related to Ms. M talking to her husband, lack of attention and lack of support. This aspect of therapy will seek to establish and develop a supportive, accepting and partnership model of parenting and care giving within the home.
- Conflict Resolution with Mother-in-Law: The conflict that Ms. M has with her mother in law will involve Family therapy interventions that will help solve the conflict between the two of them when the sessions are involved. It is to lower conflict in the household and make a positive change in order to support Ms. M.
- Family Psychoeducation: As a part of the interventions informing friends & families of Ms. M about anxiety, substance use disorder & how their behaviours impact her will be a crucial part. Explaining to them that having a good family structure can enhance the quality of her condition will definitely reduce misunderstanding and stigma on her part.

## 4. Psychoeducation and Regulation of Emotions

Goal: To help Ms. M gain information about her condition and improve her emotional intelligence as well as learn the coping techniques in case of negative emotions.

- Understanding the Effects of Alcohol and Clonafit: Ms. M will learn about the true consequences of alcohol consumption including impact on anxiety as well as depression. She will also get an idea of the ill effects, which Clonafit user might experience if s/he uses it without a prescription; the effects of substance interactions on her cognitive ability.
- Emotional Regulation Skills: Distress tolerance skills derived from Dialectical Behavior Therapy (DBT) will be used primarily to assist Ms. M to cope with severe emotions, other than turning to alcohol.
- Social Skills Training: Because of Ms. M's social anxiety, communication skills, assertiveness, and social confidence will be incorporated as part of her programme to decrease pre- and post-social event depression.

## 5. Holistic and Lifestyle Interventions

Goal: Consequently, encouraging general health for the clients and helping Ms. M makes changes toward establishing a healthy lifestyle that will enhance her healing process of mental and emotional health.

- **Mindfulness-Based Techniques:** Several mindfulness techniques will be used in assisting Ms. M to void her tendency to dwell on the past or worrying a lot and in the process she will not use alcohol to cope with unpleasant feelings.
- **Physical Activity and Nutrition:** Ms. M will not be exempted from personal care services that includes exercise and diets which are very important in helping to overcome depression, anxiety and also boost mental health. Alcohol cravings can be curbed by exercising as it is a natural stress buster also.
- **Developing Healthy Routines:** Ms. M will be asked to set up regular myopic schedules with emphasis on what she should do as a way of substituting the time she spent drinking.

6. While there also is discussion of follow-up and long-term support in the DIF, this aspect of the implementation plan shall be formulated more explicitly as follows:

Goal: So that Ms.M continues steadily, avoids a slip, acquires relapse prevention plan and develops support systems for a long term and permanent recovery.

- **Ongoing Monitoring:** Subsequent check-up sessions will be conducted in order to evaluate the progress of Ms. M, evaluate and modify the intervention plan if necessary and respond to any new concerns.
- **Support Groups:** Ms. M will be encouraged to attend some peer support groups for instance the Alcohol Anonymous (AA) so that she can be sharing experiences with people who face similar problem.
- **Developing a Relapse Prevention Plan:** An individual relapse prevention plan will be developed which will focus on coping skills, people to call, and number to call if Ms. M thinks she is jeopardizing herself for a relapse.

## Intervention & Progress

### 6.1 Intervention

Eight treatment goals were outlined for Ms.M as follows: 1) Anxiety management; 2) Alcohol dependence; 3) Family relations. The treatment course was individualized using her circumstances and was modified based on her progress over different stages of the recovery process. The key components of the intervention included:

#### 1. First Stabilisation / Detox and Medical Evaluation

- **Alcohol Detoxification:** After this a detoxification process was accorded to Ms. M to manage the withdrawal symptoms of alcohol by a doctor. As we noticed her long-term alcohol dependence, this phase was essential for regaining and rehabilitation of the bodily conditions before starting the psychotherapy.
- **Medication Management:** This was followed by a careful assessment of her use of Clonafit before she was withdrawn gradually from the drug to avoid the withdrawal syndrome. She was cautioned on dangers of taking drugs on his/her own and urged to take some medications only when prescribed by a health care provider.

#### 2. Cognitive-Behavioral Therapy abbreviated as CBT

- **Addressing Negative Thought Patterns:** Ms. M sat down with her therapist to complete a cognitive-behavioral approach where the negative beliefs about her anxiety and alcohol were met with evidence. Cognitive restructuring is one of the approaches that were used in assisting her in addressing severely distorted ways of thinking.

- **Developing Coping Strategies:** Ms. M received behaviors on how to handle anxiety including mindfulness and relaxation exercises and problem solving skills. This helped make her take fewer drinks of alcohol when stressed up.

### **3. This part focuses on Substance Use Counseling and Relapse Prevention.**

- **Motivational Interviewing:** In an effort to increase her change talk and desire to change Ms. M opted for motivational interviewing sessions regarding the benefits and harm associate with drinking. It also enabled her to appreciate the ill-effects of alcohol in her life and endeavored on achievable guidelines to quit the usage.

- **Relapse Prevention Planning:** Self-generated relapse prevention plan with Ms. M involves firstly identifying of the relapse triggers, high risk situations and then the strategies to be used in order to overcome the episodes of craving. This plan was very helpful to her because it set her up for long term sobriety.

### **4. Marital and Family Treatment**

- **Improving Communication:** Mr. M and Ms. M were attended together with the patient's children sometimes, and occasionally the patient's mother in law with the main aim of managing the various conflicts. When planning the therapy, the therapist wanted to correct the misconceptions that to members of a family, improve the empathy level within the family, and work to foster mutual support systems.

- **Conflict Resolution:** In order to deal with the conflicts which were still persistent at the time of the follow-up between Ms. M and her mother-in-law, and between her and her husband, specific interventions were planned. The objective was to make home environment less stressful so that has a positive impact on Ms. M's psychological wellbeing.

### **5. Psychoeducation**

- **Educating Ms. M and Her Family:** Matt and her family were being informed on the nature of anxiety, substance use disorders and how family functioning influences mental health. It aided the students get more insight on the condition of Ms. M and this helped make her retirement from workplace and struggles not shameful.

- **Developing Healthy Habits:** Ms. M was educated on the importance and ways of taking healthy lifestyle such as; exercising, observing correct diet, and waking up with a set timetable to help her improve on her well-being over the disease.

### **6. Peer Assistance and Community Agencies**

- **Support Group Participation:** Ms. M was referred to other group support programs including Alcoholics Anonymous (AA) since she would meet other people with similar circumstances. I never expect the kind of support these groups offered her in terms of belonging and accountability to keep pushing, which was very vital.

- **Building a Support Network:** The intervention focused on the configuration of support system stating that Ms. M should have individuals and structures which she can run to in event of hardships.

## **6. 2 Progress**

### **1. Short-Term Progress:**

- **Reduction in Alcohol Consumption:** Ms M's compliance with the formed goals upon the first weeks of the intervention imploded a reduction of her drinking. She also went through detoxification and felt she had lesser cravings as explained by CBT techniques she was taught.

- **Improvement in Anxiety Symptoms:** Ms. M's anxiety levels generally reduced over the course of the three sessions because learnt how to relax and challenged her negative thoughts to reduce and manage stress. These symptoms such as report of heaviness in the head and social anxiety were reduced as she enhanced the coping strategies.

## 2. Medium-Term Progress:

- **Strengthening of Family Relationships:** By going for family therapy, Ms. M and her husband were taught better ways of communicating and some of the marital issues started being handled. Some of Ms. M's feelings of neglect were reduced thus her husband began to take care of the household chores and the children.

- **Decreased Emotional Reactivity:** The emotional state of Ms. M also enhanced, and frequent depressive bouts and fluctuations of moods were fewer. This was a very positive shift in her <http://www.mastersandcocktails.com/encountering-creating-writing-and-juggling/> Therapeutic Process Indian's Therapeutic Process The typicality of this case is that she stopped drinking because of her ability to cope with stress.

## 3. Long-Term Progress:

- **Sustained Sobriety:** About it, Ms. M stayed sober for the next several months without serious relapses in-between the next observation period. Engagement in such groups as AA ensured that she received on going motivation that would help her keep to the required standard.

- **Enhanced Self-Esteem and Independence:** Ms. M said that she has changed a lot for the better and regained the feeling of control in her life. There was social interaction in terms of social activities such as, going out for a party, without these worrying signs of pre-and after party depression, this showed that her self-esteem confidence had improved significantly.

- **Healthier Family Dynamics:** The dynamics between Ms. M, her husband, and her mother-in-law became more positive, the three were more helpful to each other. There was less conflict within the family, making the home environment happy thus very much helpful for further improvement of Ms.M.

## 4. Areas of Ongoing Focus:

1. **Managing High-Risk Situations:** As much progress was made by Ms. M in her healing process she however remained in high risk to relapse in such events as social events or family squabbles. The process of engaging in a relapse prevention plan was to be ongoing.

2. **Addressing Underlying Issues:** There was an increase in the interactions of the family, though there were possibilities for further development in treating essential problems of Ms. M's marriage and her relationship with her mother-in-law. To maintain these changes marital counseling and family therapy was advised to continue.

### Outcomes

Ms. M counselling assessment led to the following positive changes as this indicates enhancement of the mental health status of the client. Key outcomes include:

1. **Reduction in Alcohol Use:** Ms. M kept to the recovery process very well, she stopped the excessive drinking of alcohol, maintained total abstinence for more than six months. Alcoholics Anonymous (AA) meetings helped her have accountability and support of attending meetings frequently.

2. **Decreased Anxiety and Depression Symptoms:** The probability for standardized assessments was a significant reduction of her anxiety and depressive symptoms. Subsequent assessment using the Generalized Anxiety Disorder-7 (GAD-7) and the Beck Depression Inventory (BDI) showed scores bordering within the normal range suggesting much better improvement.

3. **Improved Family Dynamics:** Families found that therapy helped them increase awareness of issues with other family members. Ms. To fill this gap, M, who commonly had conflicts with her husband, now reported a more

supportive relationship with him, and conflicts with her mother-in-law were much reduced – contributing to a better home environment.

4. Enhanced Coping Skills: The skills that Ms. M built were ability to manage her stress and anxiety thus ensuring that she or her did not turn to alcohol to handle stress challenges. She adopted mindfulness along with relaxation procedures, which were integrated in her schedule.

5. Increased Self-Esteem and Empowerment: By the end of the treatment, the worth of Ms.M had been enhanced. From this response, we saw her use words showing that he feels empowered to change her life and this depicts a change of attitude in future.

## Conclusion

This case of Ms. M is an eloquent example of the interrelated nature of both mental health and substance use disorders, and therefore the requirement of a concurrent and holistic treatment approach. The interventions for her issues were cognitive behavioral therapy for anxiety and alcohol dependence counseling, substance use counseling, family therapy, and psycho education. The outcomes of her treatment can be viewed as positive, this is why the problem of individual approach and long-term care and support have been proved to be crucial to stabilize the process of recovering.

## Discussion

As it is seen in this case, alone use of the antidepressant medication reasserts the idea that recovery from alcohol dependence combined with anxiety disorders needs to be a comprehensive and complex approach. Several key themes emerged throughout Ms. M's treatment journey:

1. The Role of Family Support: Family relationships in the treatment process of Ms. M. are considered to be critical. The treatment programme entailed single sessions apart from families to encourage effective relationships to be created through family therapy. The enhancement of the family relation system was also one of the key contributors to Ms. M's long term stabilization.

2. Cognitive-Behavioral Techniques: CBT was helpful in the development of working through Ms. M's alcohol related and anxiety misconceived perceptions and behaviors. Through the implementation of cognitive restructuring and coping skills, which helped Ms. M avoid previous stressors that lead her to rely on alcohol.

3. Motivation and Empowerment: This was true because the main factor of improvement during her stay at her facility was the intrinsic motivation that she underwent through. During her treatment, the motivational interviewing regarding her desire to quit drinking helped increase her intrinsically motivated patient engagement in her treatment.

4. Relapse Prevention: Though Ms M showed progress in her stage of change, the treatment goals for future sessions also entail relapse prevention and support. Unsettling circumstances must be identified and proper strategies for avoiding relapse lined up in order for an alcoholic to stay sober for long.

5. Need for Continued Support: Such findings can be seen in Ms. M's case to mean that one has always to attend the support groups and therapy even if they receive minimal relief at first. Maintaining, support and resources are also important to sustain a relapse as well retaining a personal transformation.

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