

Case Formulation

Service user's background

Michael, is a history teacher. He met his now wife, Linda, at university where upon graduation they married and later on had a son, Luke. Michael grew up in a stable family environment with both parents and has one brother, James. Both Michael's parents worked, his father was an engineer, his mother was a stay at home mum until he and James started school, then became a part time librarian. Michael was brought in to hospital by an ambulance after having seizures. A neighbour had also noted that before being picked up by the ambulance, Michael seemed distressed, confused and was seen to be getting in to an argument with someone who was not really there. From his initial admission, Michael was referred to a hospital clinic health unit after staff witnessed that he was clearly not looking after himself.

Summary of service user's core problems

Upon clinical interview, Michael admitted to having a drinking problem, that he would go to great lengths to hide his drinking from his wife Linda and stated that he drank heavily on a daily basis. Michael used novel ways to hide his drinking; he would use different shops to buy alcohol, and would use back roads in order to not get caught by police for drink driving which could cause harm to himself and other drivers. Michael's drinking increased so much that he started to fall asleep early resulting in him missing his weekly football games. He and Linda ended up not socialising with friends as Michael would consume far more alcohol than anyone else in attendance. Michael would often forget appointments. Financial issues stemming from the birth of their son, Linda's inability to work and him not being able to gain a promotion after working hard to gain a further qualification has caused Michael great stress and frustration. Michael's excessive drinking led to him and Linda not communicating with each other anymore. The arguments over his drinking and the anger from Michael during these times has led to the breakdown of his marriage. Through fear,

Linda took Luke and left the family home and moved in with her sister. Since then Michael has stopped looking after himself, has been suffering from seizures and has been seen to be having delusions. From Michael's explanation of his drinking habits, it is apparent that Michael is alcohol dependent. Those with alcohol dependency have a psychological and physiological dependence on the alcohol in order to function with everyday life (Morris, Stewart & Ham, 2005). During interview, Michael mentioned that he has tried to give up on several occasions but has been unsuccessful, with attempts only lasting a few days.

Why the service user may have developed and maintained these difficulties

Michael stated he began to develop these difficulties in high school when he would socialise with friends. He said that he drank to alleviate his social anxiety, especially around women. Morris, Stewart and Ham (2005) stated that social anxiety develops during the time adolescence (Morris, Stewart & Ham, 2005). During his time in university Michael's drinking increased, he drank not only at the weekend but in the week too. He said he did this to relax however, excessive alcohol consumption is also found to be part of university culture, most are said to mature out of this (Ham, Bonin & Hope, 2007). After graduation Michael and Linda got married, he found a job teaching history to A-level students while Linda worked in retail. Michael had greater ambitions of being head of the history department so, while working full time, he did an evening course to obtain his Masters in History to further his career. Even though Michael looks back at this stage in his life with fondness, Michael said that his drinking increased during this time with him drinking a few scotches daily before and during evening meals, possibly to relax (Chaplin, Hong, Bergquist & Sinha, 2008). He also said that he would excessively drink more than others at social functions he attended with Linda to alleviate his social anxiety (Morris, Stewart & Ham, 2005). Even though Michael gained his Masters in History, he could not gain further employment as a department head which caused him anger and frustration. On top of this, he and Linda had a baby. Linda was unable to work due to injury and therefore Michael was the sole provider for his family.

Michael was overwhelmed and very stressed having to deal with the financial difficulties and disappointment over the lack of career progression which in turn further increased his drinking habits. Stress contributes to Michael's dependence on alcohol, he uses alcohol as a coping mechanism (Cooper, Russell & George, 1988). Linda confronting Michael about his alcohol use caused Michael more stress and anxiety, with him going to great lengths to hide it from her. Arguments due to this, and Michael being quite physical during their arguments (smashing and punching objects), resulted in Linda leaving their family home with their son as Linda felt fearful. Since Linda and Luke left, Michael has not been taking care of himself, has been having seizures and experiencing alcohol related delusions (Greenberg & Lee, 2001; Hillbom, Pieninkeroinen & Leone, 2003). It appears that he learnt at an early age that alcohol reduced his social anxiety/stress and helped him to relax which is common for those who suffer with comorbid social anxiety and alcohol use disorders (Carrigan & Randall, 2003). The biphasic effects of alcohol feeds in to the maintenance of the dependence, the service user drinks for positive affect which the stimulant properties of the alcohol provide however, with the more alcohol consumed this leads to negative affect due to excessive consumption causing the alcohol to act as a depressant (Martin, Earleywine, Musty, Perrine, & Swift, 1993). The service user continues the cycle of drinking in order to reduce the negative thoughts and feelings they have which in turn maintains the disorder (Martin, Earleywine, Musty, Perrine, & Swift, 1993).

How the service user's difficulties relate to one another, drawing on psychological theory

Michael's difficulties relate to one another by the fact that Michael stated his drinking initially occurred mostly in social situations where he felt anxious. Social anxiety is one of the most common psychiatric disorders and is frequently found to be comorbid with alcohol misuse (Ham, Bonin & Hope, 2007; Morris, Stewart & Ham, 2005). Those with social anxiety are said to be two to three times more likely to develop an alcohol use disorder (Ham, Bonin & Hope, 2007; Morris, Stewart & Ham, 2005). Social anxiety is said to be the primary

diagnosis and risk factor for alcohol misuse and relapse (Ham, Bonin & Hope, 2007; Morris, Stewart & Ham, 2005). The self-medication hypothesis (SMH) is a model developed by Khantzian (1985) to explain the comorbid relationship between social anxiety and substance misuse (Carrigan & Randall, 2003). The SMH hypothesises that those with a substance misuse disorder, alongside a psychiatric disorder, find that their substance of choice relieves their psychological distress and therefore increasing their susceptibility (Khantzian, 2003). Michael's seizures could have been part of an attempt to withdraw from alcohol. Alcohol is known to act on the brain in increasing a threshold for seizures so once an alcohol dependent user abstains, seizures can occur (Hillbom, Pieninkeroinen & Leone, 2003). The theory that Michael was attempting to cease his drinking is also supported by the account from Michaels neighbour. Michaels neighbour found that Michael seemed confused and was arguing with someone who was not there, this could be related to alcohol withdrawal tremens/delirium (Greenberg & Lee, 2001). Michael's financial burdens and the disappointment after attaining his Masters degree but not being able to achieve his goal of promotion to alleviate this issue has caused him stress. Stress is found to contribute, maintain and cause relapse in alcoholics (Brady & Sonne, 1999; Cooper, Russell & George, 1988).

Plan of intervention

The plan of intervention primarily would be to address the key areas, these being Michael's alcohol dependency, and his social anxiety and lack of stress management skills which feeds in to this (Ham, Bonin & Hope, 2007; Morris, Stewart & Ham, 2005). At base point, in order to understand and confirm the assumptions on the levels Michael's alcohol dependency, social anxiety and stress, certain measures should be implemented. In order to develop a plan of intervention, Michael should be issued with the Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, de la Fuente, & Grant, 1993), the Liebowitz Social Anxiety Scale (LSAS; Liebowitz, 1987) and the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). The AUDIT (Saunders, Aasland, Babor, de la

Fuente, & Grant, 1993) measures a person's previous alcohol use behaviours over the periods of the past year, month, week, or days. Scores determine whether the person has hazardous drinking habits, problem drinking or alcohol dependence. The LSAS (Liebowitz, 1987) is the most commonly used measure of social anxiety, it can be used at baseline and follow up to determine efficiency of interventions. The PSS (Cohen, Kamarck & Mermelstein, 1983) is used to measure a person's perceived levels of their life stresses based on how overwhelming, out of control and unpredictable these life events are. From the results of these questionnaires interventions can then be developed.

In order to create a family support system for Michael, Behavioural couples therapy (BCT) could be introduced to help Michael and Linda with their relationship difficulties. This has been shown to have better levels of abstinence than individual focussed therapy (O'Farrell & Fals-Stewate, 2000). BCT is used in order to not only repair the communication within that relationship but for the non-using partner to learn how to give support during withdrawal and abstinence (O'Farrell & Fals-Stewart, 2000).

Michael's alcohol dependency should be primarily be treated as this is the main cause of his core problems. The most effective form of treating alcohol dependency is suggested to be by using twelve step facilitation programmes (TSF; Ferri, Amato & Davoli, 2006). TSFs are self-help support groups which promote abstinence for those recovering from alcohol use disorders using a model consisting of twelve steps in which the abstainer needs to work through (Ferri, Amato & Davoli, 2006). However, given Michael suffers with social anxiety, dealing with this issue is vital in order to not put him in to a situation he is ill prepared for which could result in relapse (Morris, Stewart & Ham, 2005). Giving Michael cognitive behavioural therapy (CBT) and social skills training (SST) in order to deal with his social anxiety in these situations would be beneficial to build up his confidence and interaction skills with others (Heimberg, 2002; Herbert et al., 2005). CBT is used to change a person's maladaptive behaviours by challenging their negative thoughts in order for them to learn

more positive ways with dealing with their problems (Heimberg, 2002). In Michael's case, informing him that the expectancy effects he has about alcohol are incorrect and that alcohol consumption just feeds in to his problems could be a way of doing this (Buckner, Ledley, Heimberg & Schmidt, 2008). SST is a behavioural therapy with therapists utilising tools such as role play and exposure to help those who struggle in social situations and interacting with people (Herbert et al., 2005). Michael mentioned during interview that when in college, Linda made him feel more comfortable in social situations. Given this, Linda could be used to help in these training sessions to guide him, put him more at ease and for support (Herbert et al., 2005; O'Farrell & Fals-Stewate, 2000).

In order to help with Michael's lack of stress management skills, mindfulness based stress reduction (MBSR) therapy could be used (Fjorback, Arendt, Ørnbøl, Fink & Walach, 2011). MBSR utilises meditation to ease the psychological distress of a person. The aim is to challenge and change attitudes and behaviour towards the issue at hand by focussing on the negative emotions, feelings and behaviours that issue may cause them. It has been found that giving a person a greater insight through meditation leads to greater coping skills (Fjorback, Arendt, Ørnbøl, Fink & Walach, 2011).

The reason behind not using all CBT approaches, even though CBT has been shown to treat each individually successfully, is because it has been suggested that using two or more different cognitively demanding therapies at the same time, for different disorders, can cognitively compete for resources and increase the risk of relapse (Randall, 2005).

Given that abstinence could possibly be the cause of Michael's seizures and delusions/tremors (Greenberg & Lee, 2001; Hillbom, Pieninkeroinen & Leone, 2003), a long acting benzodiazepine could be prescribed at the first point of withdrawal. Benzodiazepines, such as diazepam, have been shown to reduce alcohol withdrawal seizures and deliriums (Hillbom, Pieninkeroinen & Leone, 2003). Long acting benzodiazepines are preferred over short acting as they have less withdrawal effects (Hillbom, Pieninkeroinen & Leone, 2003).

Revise and reformulate

Session by session, the AUDIT (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993), LSAS (Liebowitz, 1987) and PSS (Cohen, Kamarck, & Mermelstein, 1983) should be administered to see what progress, if any, Michael is making and revise and reformulate the intervention from these responses. From the results, should the TSF and CBT approaches not be efficient in helping Michael with his abstinence and social anxiety, other options could be explored.

Michael may respond better to Motivational enhancement training (MET) for his alcohol dependency in lieu of the TSF as this takes Michael out of the possible social anxiety provoking group therapy scenario and risk of relapse (Buckner, Ledley, Heimberg & Schmidt, 2008). MET has been found to be effective in targeting alcohol dependent behaviours and changing a user's expectancy effects of alcohol consumption, if these expectancy effects are challenged this could attempt to combat the persons drinking behaviour (Buckner, Ledley, Heimberg & Schmidt, 2008). MET also combined with CBT with regards to treating alcohol misuse has proven to be even more effective than either method alone (Buckner, Ledley, Heimberg & Schmidt, 2008). In the treatment of Michael's social anxiety, a combined, bimodal approach using pharmacological methods alongside CBT has been found to be more effective than CBT alone (Heimberg, 2002).

Should mindfulness not work for Michael, he could be introduced to Progressive Muscle Relaxation (PMR). The premise of PMR is that relaxing and tensing specific muscles in a sequential pattern aids the alleviation of stress as well as have benefits for those suffering with anxiety (Jacobson, 1938; Liza, 2011).

Once Michael has dealt with his primary alcohol, social anxiety and stress issues, Michael could then focus on his career goals and financial situation. To address Michael's frustration at not being able to gain further employment after achieving his Masters qualification, it could be suggested that he contact a local careers advisor or recruitment

consultant in order to help him achieve this goal. The careers service could also assist in finding employment suitable for Linda, taking in into account her injury which would take some of the overwhelming financial pressures off Michael. Companies such as Remploy who find work for those with disabilities who find barriers to employment could assist. Putting Michael and Linda in touch with an organisation such as Citizens Advice or Step Change could help to teach them how to manage their current finances and budget better.

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