

# Exploring Psychopathological Factors and Interventions in Addressing Early Substance Use: A Case Study of an Upper Middle - Class Adolescent

Tanveerakhatun A Pathan

Assistant Professor, Department of Psychology, School of Liberal Arts and Management, P P Savani University.

**Abstract:** Background: An 18 - year - old upper middle class boy Mr. KC studying 1<sup>st</sup> year in paramedical science posing above average intellect was sent by his parents and teachers for counseling sessions with context to corrections in behavioral symptoms displayed by him. Aims and Objectives: The case study aims to discover various psychopathological factors which leads to the development of multiple substance use at early stages of life. Methodology: Case study method was used. The client was assessed majorly by taking history and using few assessments of intellectual assessments, diagnosed using the standardize criteria, treated using Motivational Interviewing, Cognitive Behavior Therapy, Psychodynamic techniques and few Behavioral interventions. Result and outcome: At the end of case study as a therapist I was able to explore the various factors which were considered in the development of addictive behavior and also at the end of the sessions there was decline in the substance use behavior of the client. "Human mind is the one who knows how to control, don't let the substance control the mind"

**Keywords:** Multiple Substance use, Intellectual assessment, Motivational Interviewing, Cognitive Behavior Therapy, Psychodynamic Techniques, Behavioral Interventions

## 1. Operational Definitions

- **Multiple Substance use:** In this case multiple substance use is defined as consumption of nicotine, alcohol, weed and hukkah.
- **Intellectual assessment:** Intellectual assessment refers to the assessment of learning capabilities of the client into the social situation which is mostly concerned with classroom learning
- **Motivational Interviewing:** It refers to the therapeutic intervention implacable for the substance use disorder
- **Cognitive Behavior Therapy:** It refers to the cognitive behavioral interventions to correct the client's way of thinking and converting maladaptive thinking into the adaptive one.
- **Psychodynamic Techniques:** It includes the use of free association which means client is allowed to say whatsoever he wants and catharsis refers to the baseline that expressed emotions are having power of healing
- **Behavioral Interventions:** It refers to the behavioral techniques including shaping and chaining of the

behavior of a client based upon classical and operant leaning principles.

### **Incidence of drug abuse:**

According to UNODC (United Nations Office on Drug and crime's world drug report of 2021 around 275 million people used drugs worldwide and over 36 million people suffered from the drug use disorder.

## 2. Case Report

### **General Information:**

An 18 - year - old boy, resident of Bharuch; Gujarat belongs to upper middle - class family, involved in a romantic relationship with a girl and pursuing 1<sup>st</sup> year B. Sc. Nursing was referred by his teachers with major complaints of adjustment issues in class and argumentative behavior with teaching staff which later on turned out to be a case of multiple substance use along side having history of childhood conduct disorder.

### **Receptive Complaint from Different Resources:**

According to Patient:	<ul style="list-style-type: none"> <li>• He has the adjustment issues in college specifically during the clinical posting hours as he felt that faculties are making differentiation between students and he has been targeted every time for one and another reason in completing the task assign to him.</li> </ul>
According to Parents:	<ul style="list-style-type: none"> <li>• He has been pampered child since childhood and cannot adjust his lifestyle in absence of luxuries provided to him.</li> <li>• He always thinks that why to compromise when he is having everything.</li> <li>• He is having conflicts with parents regarding the decisions of his educational areas (specifically with his father).</li> </ul>
According to teachers:	<ul style="list-style-type: none"> <li>• He is very arrogant personality and never tend to listen and always gives back answering.</li> <li>• His work remains pending all the time and never tends to submit it on time and expects teachers to give good scores.</li> <li>• They think that he is having superiority complex.</li> </ul>
Therapist Observation:	<ul style="list-style-type: none"> <li>• He is a smart boy with above average intelligence level who tends to learn the things faster as compared with others.</li> <li>• He is curious but with the notorious personality.</li> <li>• He is adjusting himself when we make certain things clear to him.</li> <li>• According to observation there is lack of communication between him and significant others.</li> </ul>

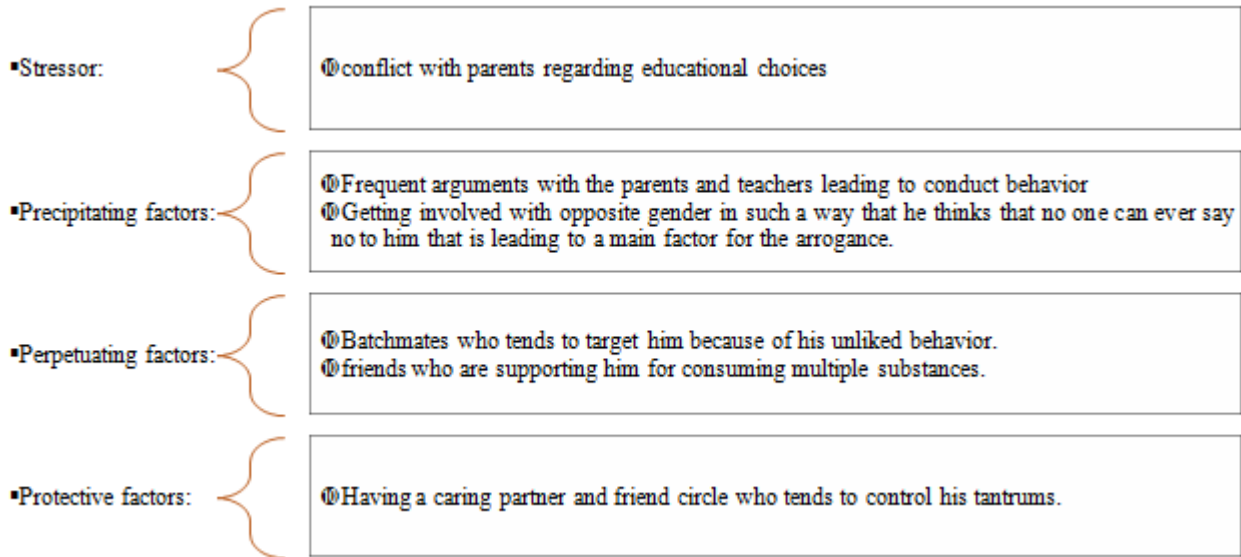
**History of presenting illness:**

- The symptoms started first at the time of puberty (age 13.5 years) when he got involved with his girlfriend with some sort of affectionate physical intimacy and thereafter, he broke up with her by considering that thing as a fashion and he was not emotionally attached to her.
- Soon after (at the age of 14) his parent changed his schooling with thought of better educational involvement as his mother was a principal of the other school; and with this incident he developed hatred and started to disobeying parents as he was thinking that because of his parents he lost his routine contact with his peer group. And also, during this period he was admitted in the school where his mother was a principal so because of that reason certain periods of time he was bullied by other students saying that he is principal's son so that is having extra facilities and many related things
- With such ongoing events soon, he completed the S. S. E. and asked his parents to study further in commerce stream as he wanted to do business management but his parents denied for the same and let him choose the science stream.
- After completing the H. S. E. he asked his parents to let him go to abroad for further studies and again parents denied (multiple conflicts has been seen in choosing the educational areas). After which client took admission into physiotherapy department and from where he shifted

to nursing profession as that increases the chances of going abroad that too was disliked by parents.

- After the certain consecutive events student started to consume the alcohol on some occasion (bimonthly once) with the peer group
- And smoking become common pleasure - oriented object since November 2022 at present he was consuming 4 - 6 cigarettes per day that was the main addiction. He also confirms that he only smokes when he is with his friends' group. He developed dependency on smoking during December 2022 and January 2023.
- Simultaneously for experiencing something new he consumes some weed twice during entire period of one year.
- And after the consumption of cigarettes his behavior became more rigid and arrogant than the previous. Also rigidity has been identified onto the facial muscles of the client, tightness of muscles, deep eyes with light dark circles has been observed.
- Apart from this since last 5 years he was having history of multiple sexual partners (from age of 13 years) but from last one year he has been involved with only one girl and seems happy with her.

**Stressors and Other Provoking Factors:**

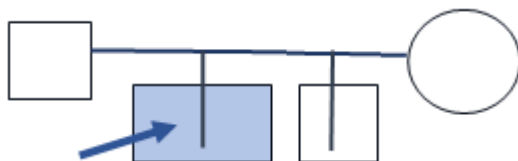


**Past history:**

There seems past history of childhood conducts during primary and secondary schooling including;

- Argumentative behavior with parents
- School bunking
- Arrogant behavior
- High levels of aggression
- Do not tend to listen to others
- Hyperactive and impulsive

**Family History**



In a nuclear family of 04 members client resides with parents and a younger sibling and patient shares poor interpersonal relationship with family members; sometimes he use to play chess with his younger sibling and having minimal verbal interactions among other family members; in his family there is no history of any major psychiatric illness; perhaps father is having occasional anger issues and family has the custom of occasional drinking (alcohol consumption) during the festival celebrations

**Personal History**

**Childhood History:**

Client was a healthy child having Full term Normal Vaginal Delivery with no delays in physical or psychosocial milestones; he was more involved in indoor games from starting itself and he had shown certain behavioral tantrums during including;

- Excessive temper tantrums
- Hyperactivity
- Curiosity
- Impulsive behaviour

**Schooling:**

Client is a good scorer in the academics and having adequate schooling history although there are certain conflicts with

parents with context to choose of school during the secondary schooling; and a choice of career in adolescent age; but he presumes to have a good moral character and having above average level of intelligence.

**Peer group:**

As per HOPI (History of Presenting Illness) we have observed that majorly client is consuming nicotine in the form cigarette; and in development and maintenance of this behavior clients peer group plays an important role as daily they all are gathering at the tapri around 7 pm in the evening for smoking and having tea, and if client is not going to tapri with friends that is playing a major role in keeping client away from the smoking behavior. Apart from this client also shows the occasional drinking behavior when he is going for outing with his friends and cousins.

**Interpersonal Relationships:**

Client has poor interpersonal relationship with family members and teachers except from his current partner, he is well - adjusted with his partner. Also shows the good interpersonal communication along with the peer group.

**Sexual History:**

Client is involved in the multiple sexual relationships since pubertal age; his relationship started with his 1<sup>st</sup> partner during the secondary schooling whom he has left because of other elder girl with whom he was having intimate relationships; after a while he broke up with her also and consecutively involved in multiple partners (not necessarily having emotional intimacy but that all relationships were short - lasting); after dating for almost 4 years he got involved with other girl which assumed to be his current partner since last 6 months and they are living quiet a healthy intimate relationship (emotionally as well).

**Pre - morbid personality:**

Here I have listed some pre - existing traits of my client which is supposedly involved in the development of substance abuse in him.

- Having childhood temper tantrums
- Never seems to listen to others
- Hyperactive and impulsive
- Having aggressive traits of personality

- No involvement in outdoor activities
- Interpersonal interactions: less interactive
- Leisure time activity: playing chess and going for long drives

#### Assessments:

- Assessed the student for the oppositional defiant disorder by ADHD checklist in which moderate ODD is identified as per the teachers' viewpoint and mild symptoms are persisting as per the observation of the student for entire one month.
- No use of any formal assessment tools to identify the substance use instead just observed the persisting symptoms of multiple substance use which includes; Occasional substance use including alcoholism (approximately bimonthly once); two - time consumption of weed in the last 6 months; and smoking on regular basis since the last 3 months (December 2022 and January 2023: 4 - 6 cigarettes per day) which is substantially subsided after the therapy (from the month of February).

#### Management:

The management of this case was involved 12 sessions consisting of eclectic (mix) therapeutic approaches including single session of rapport establishment, all the sessions were composed of 45 to 55 minutes; initially 2 consecutive sessions were taken for history collection and establishment of rapport, then 4 twice a week session which were then turned into 1 session in a 15 days and last session of therapy termination at the end of 4 months of treatment. This treatment line includes;

- **Free association** in an initial session to collect the more precise and in - depth history as well as to let the client express his feeling freely in front of the therapist.
- **Catharsis** to relieve emotional tension faced by client.
- **Psychoeducation** for educating client about the future consequences of addition behavior.
- **Goal formulation** to clarifying patients' expectations and setting objective and measurable goals and also to view the client's expectancy from the therapist, also to identify client's strengths and weaknesses.
- **Motivational interviewing** to enhance client's self - motivation which will help him build motivation for change and strengthen his capabilities of working on the presumed problem with context to achieve higher self - goals and reduce the substance consumption behavior.
- **Cognitive restructuring** to develop the adaptive thinking and reduce the cognitive distortions (faulty thinking).
- **Shaping and chaining** of behavior to maintain the substance free period so that it will become easy for patient to leave the smoking, alcohol and other related drugs
- **Anger management** through the use of modified thinking pattern.

### 3. Discussion

The aim of this study was to explore the various psychopathological factors which contributes to the development of multiple substance use behavior specifically

into the adolescent population. The client was treated across 4 months and 12 sessions by using eclectic therapy (multiple therapeutic approaches) which will give insight into the client's current condition help him to regain normal state of his health into the future circumstances. No psychopharmacological measures were used as the client was in starting phase and having true emotional level of insight so he was willing to leave the bad habit of him and also the client was not habitual for harmful substances from long run.

After the counseling sessions the client was apparently feeling normal and he tend to leave the regular smoking behavior; although he wished to continue the occasional drinking habit as a ritualistic way of his family tradition but he understood the negative side of substance consumption and was ready to minimize the intake. He was not persisting any specific craving towards any substances.

### 4. Limitations

This is only a single case study and one cannot rely on generalizing the facts about this case with context to other clients.

### 5. Future Use

- It can be used as a base model for future studies in discovering certain traits of teenagers which leads to the behavior of substance abuse.
- Furthermore, based upon current study survey questionnaire can be formulated and one can standardize that after appropriate trial as this study cover the major aspect of development of psychopathology associated with substance use disorder.

### 6. Conclusion

Having multiple issues during the transitional period of life may leads to development of substance use in the adolescent age, multiple issues may contribute to develop the use of various types of substances simultaneously in which peer group plays an important role in initiation and maintenance of substance use and related behavior.

### References

- [1] Gabbard, G. O., Litowitz, B. E., & Williams, P. (Eds.). (2012). Textbook of psychoanalysis (2nd ed.). American Psychiatric Publishing, Inc.
- [2] Gabbard, G. O. (Ed.). (2009). Textbook of psychotherapeutic treatments. American Psychiatric Publishing, Inc.
- [3] Josefovitz, N., & Myran, D. (2017). CBT made simple: A clinician's guide to practicing cognitive behavioral therapy. New Harbinger Publications.
- [4] Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (11th ed.). Wolters Kluwer Health.
- [5] 2021 June 24. UNODC World Drug Report 2021: pandemic effects ramp up drug risks, as youth

underestimate cannabis dangers. Unodc. org. https:  
//www.unodc.  
org/unodc/press/releases/2021/June/unodc - world -  
drug - report - 2021\_ - pandemic - effects - ramp - up -  
drug - risks - - as - youth - underestimate - cannabis -  
dangers. html