



*ASAM-I Series
Case Study Assignment*

Stephanie, a 28-year-old pregnant Hispanic female, opioid use; 5 years

PRESENTING PROBLEM:

Stephanie was referred to treatment by her obstetrician due to reporting that she was misusing opioids; approximately 10-12 pills daily of 10mg oxycodone and is currently pregnant. Stephanie reports she experiences withdrawal symptoms of diarrhea, nausea, runny nose, craving and insomnia when she is unable to get pills. She reported her first use of opioids was 5 years ago after a car accident. Stephanie reported that one year after the accident, her pain management doctor refused to treat her because she called for early refills. She reports that her doctor did not offer to help her taper off the medication. She reports that she blames the doctor for prescribing the medication and not advising her to the risks. Stephanie reported she started seeing several doctors to obtain medication until she started buying pills from an acquaintance. She reports she has three people she buys pills from now, so she only goes without if she does not have money. She reports she smokes 1 pack of cigarettes daily. Stephanie reported occasional use of alcohol and marijuana (see below).

Stephanie reported that she is 4 months along in her pregnancy and sought prenatal care for the first time 1 week ago due to getting Medicaid and because her mother threatened to kick her out of the house if she did not see a doctor. She stated that she has been taking prenatal vitamins.

She reported that she only experiences depression and anxiety when she cannot obtain pills. She denied any suicidal ideations or prior attempts. Stephanie stated that Dr. Smith, her OB/GYN explained neonatal abstinence syndrome and she understands what was explained and agrees that she needs treatment. However, Stephanie stated that she needs medication only and does not need counseling because she is not a “drug addict”.

Dr. Smith recommended that Stephanie begin medication assisted treatment and counseling to stop illicit use of opioids and alleviate withdrawal symptoms.

PSYCHIATRIC HISTORY:

Stephanie reported symptoms of anxiety and depression in relation to withdrawal symptoms; when she cannot obtain pills. She denied any suicidal ideation or prior attempts. She denied any psychiatric treatment in the past. Stephanie denied any family history of known psychiatric diagnosis. Stephanie reported that she had feelings of sadness over the loss of her father; she stated that he died of a sudden heart attack 1 year ago and she tries not to think about it.

MEDICAL HISTORY:

Stephanie reported she has on-going back pain due to a previous car accident. She reported the pain is constant and wakes her up at night. She stated that the only thing that alleviates the pain is taking large doses of pain medication. She reported being pregnant; approximately 4 months. Stephanie reported 1 prior pregnancy when she was 22 and that she had a planned abortion. She reported that she tested positive for Hepatitis B and Dr. Smith advised that the baby will be given a vaccine right after delivery. Stephanie believes she contracted Hepatitis from the baby's father. She reported she has had no other past or current health concerns.

SUBSTANCE USE HISTORY:

Stephanie reported current daily use of approximately 10-12 pills of 10 mg oxycodone. She reported some days she is unable to obtain enough pills and experiences severe withdrawal symptoms. She reports she has used this same amount of oxycodone for the past year. Stephanie stated that she has tried to stop using but finds it impossible. She reported she used medication as prescribed by her pain management doctor after the initial car accident. She reported she had to use more medication than was prescribed due to break through back pain. She stated that she will now do whatever it takes to get pills including shoplifting and stealing from her Mom because the withdrawals are so bad. Stephanie blames her pain management doctor for current opioid dependence. She reports smoking 1 pack of cigarettes daily for the last 12 years. Stephanie stated she would like to stop smoking but has never been able to do so.

Stephanie reported daily use of marijuana from age 15 to 20. She stated that she only smokes marijuana if she's with someone who has it. Stephanie stated she smokes approximately half of a joint once every 3-4 months; with her last use being 2 months ago. Stephanie does not believe marijuana is a problem for her or that it will have any impact on her pregnancy or unborn baby. She stated marijuana is safe and she does not smoke enough for it to be a problem. She reported she started drinking alcohol when she was 15 and quit when she found out she was pregnant. She reported she drank 2-4 beers once a week and her last use was 2 months ago. She stated that she feels alcohol is not a problem for her and that she will probably resume drinking after her baby is born. Stephanie reported she experimented in high school with cocaine and methamphetamines but only used both on a couple of occasions. She reported her last use of any stimulants was over 10 years ago. Stephanie denies any other past or current substance use.

Stephanie reported no previous treatment episodes.

Stephanie reported that her mother has no history of substance use and her father was an alcoholic who drank daily until his death. She reported that most of her relatives on her paternal side use drugs and drink a lot. Stephanie reported she has an older brother who uses heroin and the family has not had contact with him for a couple years. She reported she has an older sister who has no history of substance use.

SOCIAL HISTORY:

Stephanie is currently living with her mother, her older sister, and her sister's two children. She reported there is no drug use in the home and that her mother and sister are supportive of her seeking treatment. Stephanie reported that her mother has said she is willing to help with the baby if Stephanie does not use drugs and gets a job. Stephanie reported that her drug use has

caused a strain in her relationship with her mom and sister because they do not understand how she cannot just stop using. She stated that her mom is mad at her for not getting prenatal care and continuing to take pills and smoking during pregnancy.

Stephanie described her childhood as “good, we were close”. She stated that her father was an alcoholic, who drank daily. She reported that her father worked and was successful in his career despite his drinking. She stated her mother was a stay at home mom. She denied any domestic violence or abuse in the home. Stephanie reported she was raised Catholic and still attends mass with her mother and sister a couple times a month. Stephanie reported feelings of grief over the loss of her father and her brother’s heroin use.

She reported that she graduated from high school and attended one year of community college. She reported she does not work due to back pain, drug use and pregnancy. Stephanie reported she was a food server until the car accident. She reported that she would like to return to college after she has the baby.

Stephanie reports she babysits her sister’s children and borrows money from her mother to buy drugs. She reports she does not have any bills because she lives with her mom and sister and they work. Stephanie reported she currently receives food stamps.

Stephanie stated that she has a warrant for her arrest due to an unpaid traffic ticket. She does not know what she needs to do to take care of the warrant. She agreed that she needs a referral for legal assistance.

Stephanie reported that she enjoyed hiking and working out prior to the car accident. She stated she has not been able to do these things due to chronic back pain. Stephanie stated that she has one friend whom she is close to. She reported her friend does not use opioids, but she does smoke marijuana and drinks occasionally. Stephanie reported her friend is aware that she is seeking treatment and is supportive. She reported that she doesn’t have a lot of friends because she isolates and does not want to go anywhere. Stephanie reported that once she is off pills she will probably feel more sociable.

Stephanie reported a relationship lasting approximately 18 months with the father of her unborn baby. She reported he was “controlling and jealous” so she ended the relationship and moved back in with her mother. Stephanie reported he is not aware that she is pregnant, and she does not plan to tell him. She reported there was no domestic violence in the relationship. Stephanie stated that she believes he has a problem with alcohol and gambling. Stephanie reported one previous long-term relationship that began when she was 20 and lasted 4 years. She reported they lived together for 3 years. Stephanie reported her boyfriend was verbally abusive when he drank; which was at least once a week. She stated she left him when she met her now ex-boyfriend (the father of her unborn child).

MENTAL STATUS EXAMINATION:

Stephanie is a 28-year-old Hispanic female who was appropriately groomed and dressed for weather/occasion. She had flattened affect throughout interview, only appearing tearful when speaking about the death of her father. She did appear to understand the risks of opioid, nicotine, and marijuana use during pregnancy but did not appear overly concerned. She showed no abnormality of speech or movement. She was oriented to

person, place, situation and time. Stephanie reported being willing to begin medication assisted treatment, however she stated she did not want to participate in counseling. Stephanie reported current withdrawal symptoms of nausea and pain due to not using any pills for approximately 6 hours.