Working Knowledge: The Comprehensive Case Study of Wan Derer

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Reason for Assessment

At 42 years-of-age Wan Derer, a male who currently has an extensive history in and out of treatment facilities for his alcohol dependence. He is presently a client and states he is at—this-time homeless. He has a chronic precedent of alcohol relapse and history of unpredictability when coming to his presence in treatment. Even with numerous verbal aspirations to renounce his alcohol abuse, he continuously refuses a referral to a more complex detox center that concentrates on a higher level of care. Wan states growing toleration for his use of alcohol and shows little regard for the destructive consequence that his alcohol abuse is injecting upon him. Wan is exceedingly talented in his career as a welder, although his prolonged substance abuse has resulted in his lengthy tenure in unemployment, due in part to his heavy binge drinking.

His family history confirms years of physical, mental and emotional neglect. Both of Wan’s parents are deceased and he provides little to no insight into his relationship with his siblings and when additional family issues are concentrated on in individual treatment session’s he remains mute on the subject of family history, shrugging it off providing they were punished cruelly. Two times within the span of the month Mr. DeRer was discovered passed out in the alleyway behind his treatment facility. When ascertained in these cases Wan was immediately placed in the local hospital. For numerous months the clinical, medical, and psychological personnel repeated urged Mr. DeRer to continue with inpatient treatment curriculum or any form of inpatient detoxification, but continuously Wan either does not come to his appointments he states that “he has to uphold his obligations at Union hall as it is his only financial resource he has to pay for his tools in a storage unit.

The clinical staff within the hospital describes a great deal of resistance and aggravation when working with Mr. DeRer because he commits to detoxification, the residential program only to make the appointment then does not show up. Wan does not look as if he is offering a reasonable explanation for why he is incapable to commit to inpatient therapy.

Wan does, on the other hand, stay linked to the treatment program and granted he has had quite a few relapses he persists to ask for help. Contrarywise, the staff at the hospital states that Wan frequently reeks of alcohol and appears inebriated when showing up for the group. Despite the fact, he has a difficult time expressing within a group setting he will arrive at therapeutic activities remorseful, crying, and apologetic begging for assistance when he is intoxicated. Wan has informed the staff that he is no longer comfortable with Wan to attend group therapy when he is drunk.

**Sources of Information**

Information in-regards-to Mr. DeRer was acquired from the clinical treatment team at his existing treatment facility a well as, police reports, medical records, and emergency room staff. Wan’s present-day substance abuse treatment plan includes observed accounts of Wan’s behaviors, self-reports from Wan himself and clinical progress notes from staff.

**Biopsychosocial History**

The biological, social and psychological characteristics Mr. DeRer reveals an outline of the different parts of his life that need attention immediately and then will juncture to the furthermost, appropriate, least invasive point of treatment (Inaba & Cohen, 2014). Possible influences are considered a sturdy emphasis on physiological and genetic components and processes can then clarify alcoholism (Hester & Miller, 2003). Biopsychosocial history is a well-thought-out holistic evaluation as it will take an in-depth glimpse of Mr. DeRer on many various planes.

**Biological** knowledge of Mr. DeRer's past can aid in ascertaining his attachments, or lack there-of, in past and present relationships and plug into any medical disorders that control Wan’s disproportionate abuse of alcohol. As Wan’s therapist, I would question him if is -any -correlation with alcohol consumption and is there drug use as well, and how exactly how much alcohol he drinks daily basis. Up until now, Wan has been hesitant about sharing his family history and even to talk about his family connections however, I will attempt to question Wan as to if there is any family history of substance abuse, given that most predisposed human beings have many of the genes that distress a persons’ vulnerability to substance abuse (Inaba & Cohen, 2014). Given that Wan blacked out in an alleyway, familial history would be vital to see if there is a resilient genetic motivates that are impacting the predisposition of blacking out, impair judgement, any transference, in mood or personality, an incapacity to discover from past mishaps, and any retrograde amnesia (Inaba & Cohen, 2014).

While, Wan’s therapist, I would like to catechize any past medical complications that are destructively impacting his life and if he is on any prescribed medications and which practitioner or clinicians are prescripted what to make sure that all parties are on the same page. In the previous month, Wan has to be required medical treatment at the local hospital, if these medical records could be attained they would be beneficial if liver and kidney enzymes tests have been performed and any additional medical posterities that Wan may have. The symptoms indicate that Wan may undergo withdrawal warning signs since hospital staff urged Wan into some sort of inpatient detoxification program, still yet, I would like to evaluate his medical records and personally examine Wan to see if he shows any indicators of withdrawal symptoms as this may be one clue of Wan’s alcohol addiction n (Inaba & Cohen, 2014). As a professional counselor and having Wan as a client, I would also inquire about family history mental disorders, any history of suicide and did Wan feel himself to have the feeling of hurting himself or someone else. The lack of family history could place Wan at a disadvantage as biological dynamics could prove most helpful in his therapy.

**Psychological** evaluations consist of questioning Mr. DeRer on such topics as his mental condition, conduct, feelings, frame of mine, point of view/perspective and has any history of abuse or trauma that has occurred. Because presently there is no information on Wan’s psychological history that is available, I would inquiry as to how Wan felt, how he viewed himself and how he felt others would portray him, what characteristics did he deem as his strong points as well as what he considered his Achilles heel, if in the past has he had any form of therapy or counseling, or history of suicidal or homicidal notions, plans or intention.

Recognizing Wan’s current mental health was there any suicidal feelings would be the first and foremost question as it would involve complete concern. Thought of harming oneself requires immediate assessment and then suitable interventions would be proper primary care for Mr. DeRer (McCabe, Sterno, Priebe, Barnes, Bung, 2017). In adjunct to just clinical judgment, an evidenced-based examination should be conducted and proper interventions have taken based on the outcome of the assessment (Zaleski et al, 2018). Also, full-grown alcoholics, suicide rates double and the lengthier the alcoholism the bigger social and physical health suffer as well as interpersonal hitches (Inaba & Cohen, 2014). Wan DeRer is at a greater risk classification for suicide as alcoholic suicide fatalities are common amongst middle-aged, single, white, males who have a record of drinking (Inaba & Cohen, 2014, p. 5.35). Furthermore, corresponding with the Inaba & Cohen (2014) text, additional risk influences include depression, unemployment, seclusion or loneliness, physical or mental illness, and lack of an appropriate social support system.

Preforming a meticulous assessment’s regarding Wan’s current mental health status can be beneficial in calculating whether Wan has a co-occurring or dual diagnosis disorder, for that reason, the patient's who live alongside an untreated mental illness will often self-medicate with drugs or alcohol (Inaba & Cohen, 2014). Drugs and alcohol are frequently consumed to alter a person's mental state, mood or emotional condition (Inaba & Cohen, 2014, p.). Subsequently, withdrawal from the consumption of alcohol can provoke indicators of mental illness, it is valuable if at all possible to obtain a record of the aforementioned mental health records or assessments once the patient has completed detoxed (Inaba & Cohen, 2014). Though occasionally, a mental health professional will have to wait weeks or even months for the addict’s brain interaction and cognition to become stable enough to formulate an accurate analysis (Inaba & Cohen, 2014).

Within Wan’s present treatment setting Wan has multiple episodes of relapse. An appropriate mental disorder diagnosis is vital in the success of dealing with clients with co-occurring disorders because frequent relapse is indicators of more severe psychiatric troubles when they have not been appropriately diagnosed (Inaba & Cohen, 2014.). Clients with co-occurring or dual-diagnosis have to be handled for both disorders (both mental and addiction) concurrently (Inaba & Cohen, 2014).

**The social history** of Wan’s past and current social relationships and the support of loved ones, social support systems, occupation, community connection, spiritual worldview, and financial obligation. Working with Wan as his counselor, I would like to enquire Wan to if or why he has or has not been married and if he has any descendants. I would also inquire why Wan has not maintained contact with any of his siblings after his parent’s death.

Wan’s lack of consistent or adequate shelter is a good gauge that he does not have ample familial support. Wan has encouragement at the substance abuse treatment facility but in Wan's case, there is no indication that he has the sustenance beyond that of the program. Wan has had employment history in the past but nothing stable, in working with him, I would ask Wan if he has any support of family, friends or any social support networks outside of treatment or from relationships that may have been established from his previous employment and if these individuals were healthy relationships or if they aided in his consummation of alcohol or drugs.

At present, there is no knowledge in regards to Wan's religious beliefs or customs, as his counselor, I would seek to answer what religious worldview he has or if he has any religious connections, customs and/or practices.

**Developmental** procuring and evaluating knowledge in respects to Mr. DeRer’s childhood developmental milestones would provide an improved and important appreciation and grasp in-regards- to the knowledge of his lifespan development and contributing factors that may have- very-well sponsored his AUD. If certain milestones were not achieved at different developmental stages then lowered self-esteem, self-confidence could indict a certain outcome (Broderick & Blewitt, 2015).

Wan’s candid or incidental experiences with alcohol at an early- stage- of -development could be a predictor as persons’ who consume alcohol before the age of 12 are four to five times are at risk of developing over-all addiction difficulties (Inaba & Cohen, 2014). Wan’s employment history as a paid welder assets that he had in-depth skills to earn many promotions could possible indicate his ability to continue to learn, grow and mature in his adult stages of progression. The dynamics surrounding Wan’s early development may very well be an improved predictor as to the present foundation of his substance usage. As his therapist, I would question Wan to see if he had any exposure to such traumatic events such as learning set-backs, mocking, teasing or maltreatment as a child early in school as this may perhaps also be a clue to likely stimulus that may have fueled Wan’s alcohol abuse.

The early child abuse Wan and his sisters endured at the hands of their parents may very well be a strong gage to early delay in the maturity of emotional progression. Traumatic events such as physical, mental, and emotional or sexually abused alcohol are frequently exploited as a psychological pain release so to speak by those that have undergone this type of abuse (Inaba & Cohen, 2014). Adolescence who have been either sexually or physically battered present perpetual changes to the brain which give way to behavioral complexities than can lead to such difficulties as in Wan’s case keeping steady employment, and difficulty in sustaining and developing social relationships (Inaba & Cohen, 2014).

**Family** history is in Wan’s case not currently obtainable and Wan at this wishes not to discuss his history of abuse. The origin of his family cannot be established at this time, Wan continuously states he and his sisters were punished both emotional, physically. He illustrates patterns of an abusive relationship within his family both of his parents are now deceased. The ages of his parents or the reasons surrounding his parent’s death are currently unknown, as are the names and present ages of his sisters. The family history (if any) of substance use or abuse is again unidentified at-this-time. This could prove to be pertinent material as genetic elements are a strong analyst for substance abuse (Inaba & Cohen, 2014).

Predisposed individuals such as Wan have an additional genetic make-up that influences their alcohol susceptibility (Inaba & Cohen, 2014). Wan testifies that he and his sisters were physically and emotionally neglected this information is significant as a family history of violence can cause everlasting biochemical modifications within the victim, which could initiate ones’ susceptibility to SUD, as well as additional emotional detachments (Inaba & Cohen, 2014). Many victims metamorphosis and turn to substance abuse to numb the pain. The deficiency in Wan’s case of a loving supportive relationship with his parents, those who would typically be there to relieve and deliver the guidance which was lacking in Wan’s case (Doweiko, 2015). Child neglect and abuse is an overpowering environmental indicator in SUD’s, poor living situations, malnutrition, and inadequate access to healthcare are all donors to predict SUD (Inaba & Cohen, 2014).

**Current Status** Mr**.** DeRer is currently living on the streets, The Inaba & Cohen, (2014) text clearly states individuals suffering from a SUD lives are concentrated on addiction are more substitutable of being on the streets because they are void of the notice of “subsisting within the normal margins of society,” this enlarges the likeliness of vagrancy (pg. 5.41). The main risk factor or general origin of homelessness especially among people suffering from a SUD is the absence of a positive support system (Inaba & Cohen, 2014).

In conjunction with Wan's current treatment plan and the clinical team at the hospital has pushed now for quite a few months for Wan to get treatment at an inpatient treatment center. Wan negates the offer for inpatient treatment because has worked what little to maintain a decent standing at Union hall to pay for his tools in storage. The treatment team also clarifies that Wan when finally persuaded to go to an inpatient facility he never follows through on his end by never honoring his appointment. In spite, when under the influence Wan “pleads for help” for the treatment team. Wan’s incapacity to carry out on his promise to attend a residential inpatient treatment program could be a result of lengthy and high addiction to alcohol use. According to the textbook (Inaba & Cohen, 2014), the habitual use of alcohol can also intensify the chances of co-occurring disorders such whether it be mental or emotional, the psychiatric warning signs, have an enormous influence on the brains' ability to problem-solving skills that are needed to make life changes.

Two times last month alone Mr. DeRer was found blackout drunk by the Emergency Medical Team (EMT) passed out in a backstreet behind the clinic. This may well be a product of multiple factors such as his lack of consciences, his homelessness, or blacking out from the consumption of too much alcohol. It is unspecified if Wan has undergone any withdrawal symptoms, this knowledge is supposed to be found from his medical records or by questioning him directly. As Wan’s therapist, I would question if he had felt any increase in pulse, profuse sweating, an elevated body temperature, hand- shakiness, nervousness, depression, inability to sleep, nausea or vomiting, hallucinations, psychomotor anxiety, grand mal seizures; and/or delirium tremens (Inaba & Cohen, 2014). These are some of the textbook examples of major withdrawal symptoms, it is vital to express to Wan if he is experiencing in of these withdrawals seek immediate medical attention.

According to Mr. DeRer treatment team Wan has on numerous occasions shown up to group therapy either drunk or reeking of alcohol. The team documents that Wan has little to no participation during group therapy unless he is intoxicated at which instance he is crying uncontrollably, apologetic, and begs for relief from staff. The clinical team has seg healthy boundaries with Wan. He is no longer permitted to attend a group if intoxicated or unable to take part in the treatment process.

**Indicators of Abuse and Dependency**

**Attitude and Behavior** Wan DeRer has a lengthy and serve dependency on alcohol. As previously indicated Wan regularly shows up to group therapy under the influence or reeking of the smell of alcohol. While under the influence he is apologetic and desires treatment, only to not show up to appointments. While in a meeting he rarely participates, never active unless intoxicated. In individual therapy, Wan time after time declines to gauge in his family topics or issues about the abuse he endured as a child. He only shrugs it off the discussion or simply refuses to participate when it comes to family problems. The medical staff has made a number-of-efforts to encourage

Wan to think about receiving inpatient substance abuse treatment he simply snubs or fails to appear to scheduled appointments that made for him. Wan could stay sober for a short period but continuously continues to relapse. Wan’s commitment to a substance abuse treatment is questionable at this point due to his recurrent relapses, lack of employment due to benders, and on top of it all the inability to attend group therapy without intoxicated. His tolerance to alcohol and its usage is considered abuse as he persists it’s used in spite of its destructive aftermaths (Inaba & Cohen, 2014).

Wan can also be cataloged as having an SUD as he has a compulsion to use, incapability to stop use for long intervals of time, and has key life dysfunction with its sustained use (Inaba & Cohen, 2014). He is believed to be a high-dosage addict and repeatedly has emotional instability, loss of decision making while under the influence, and experiences expresses emotional chaos (Inaba & Cohen, 2014).

The DSM-V handbook of mental disorders which states that a patient must display the existence of at least 2 of the ensuing symptoms: (1) Had periods when an individual ended up consuming more than expected or for extended periods than originally envisioned, (2) had the desire to stop or cutback the consumption of alcoholic more than once, (3) bengie drinking, or being fed up or sick of the after outcomes, (4) discovered that consuming alcohol or become ill from the side effects from drinking hinders the ability take care of home or family matters,or caused employment dilemmas, (5) had the desire to drink so badly the individual could not concentrate on anything else, (6) perpetual continued to drink even after the fact it was causing difficulties with social relationships with family and friends, (7) given up or reduced on regular daily actions that were essential or stimulating to him, on the account of alcohol, (8) In addition on more than one occasion while or following drinking has amplified the probabilities of getting injuried, (9) continued consumption even though it ended up with anxiety or depression or intensified other health problem, or after having had loss of memory from being blackout drunk, (10) have to consume a larger about to attain the same desired effect, and (11) discovered that when the gear sticks of alcohol diminish experiences the symptoms of withdrawal (APA, 2013).

**Social Functioning a**s Wan’s therapist I would question Wan’s ability to be involved in any healthy personal relationships, harmonizing to Maslow’s scale of hierarchy of needs and the information obtained from Wan’s assessment so far concludes Wan’s ability to meet the psychologic need of a type of healthy intimate relationship is incomplete. Yet again, additional evidence is crucial to make a proper assessment, I would question as to if Wan has any social support system outside of the treatment program.

According to text Inaba & Cohen (2014) proclaim alcohol consumption can cause psychological influences by lowering a person’s inhibitions, boosting self-assurance, and broadening friendliness (Inaba & Cohen, 2014). This can be ascertained by the remorse and tearful pleas for help while Wan is intoxicated yet shuts down and refuses to talk or participate in treatment while sober.

**Occupational Functioning** Mr. DeRer is a highly accomplished and well-paid welder. His skills grant him the ability to acquire high paying jobs with ease. Then again after a few months on the job, Wan goes on a binge and loses his position. According to Inaba & Cohen (2014) text, an individual that binge drinks are highly probable to experience hangovers, encounter injuries, destroy possession and have struggled with people of authority (Inaba & Cohen, 2014). It is unclear if Wan loses employment because he goes on a bender, or because of his withdrawals is unable to work. It is abundantly defined that Wan’s yearning for alcohol is so bad that it triggers binge drinking thus resulting in loss of employment. The consumption of alcohol alters the neurochemistry of the brain in the center of the cortex that controls ratiocination, and reasoning as well as the lower midpoints of the limbic system that regulates mood, feeling, and cravings (Inaba & Cohen, 2014).

**Financial Aspects.** Wan sporadically get work through his ties with Union Hall because of his exceptional talent for welding, this allows him to pay for the storage of his tools, nevertheless, he continuously rejects inpatient treatment, because he has to pay for the storage of his tools. Although Wan is homeless it is uncertain if he decides to be homeless by his merit or, if this situational homelessness, or a chronic mental health disorder, or if it is an outcome resulting from his SUD. According to the textbook, the normal duration of homelessness is on average about six months (Inaba & Cohen, 2014), it is uncertain exactly how long Wan has survived being on the streets.

**Familial Relationships** Wan family origin or ethnicity is unknown at the current time he does confesses that he and his sisters suffered severe neglect and abuse at the hands of his parents. Studies indicate that physical, mental and emotional abuse in adolescence can spearhead to an indicator of future behavioral problems afterward, spontaneous behaviors, violence, overstressed fears, difficulty getting and keeping employment, and complexity in social relationships (Inaba & Cohen, 2014). It is possible that physical, mental and emotional neglect during early years could be linked to the development of an AUD down the road (Doweiko, 2019).

Rigorous abuse can be the foundation of dysregulation of normal stress-response mechanisms which in turn result in a block in regular maturing of the brain, this part of the brain oversees activities and projected consequences (Doweiko, 2019, p. 275). It is blurred whether or not Wan has or has had a family of his own in the past. Predictably, Wan may be incapable of developing strong social relationships because of his early childhood neglect perhaps distressing in his ability to continue in healthy social relationships.

**Health.** According to Maslow’s hierarchy of needs Wan’s fundamental requirements such as water, food and shelter are not being met. Since he is currently homeless it is applicable that Wan is possibly not getting adequate sleep for the lack of feeling safe. Medical records inform that the current treatment program he attends to any of Wan ‘s health problems. According to Doweiko (2019,) “alcohol abuse can hurt the digestive system, the liver, the circulatory system, the central nervous system, the brain, sleep, the peripheral nervous system, and the respiratory system” (p.59).

It is unknown at the current time if Wan is experiencing a co-occurring disorder, this figure would be valuable. Currently, as many as 8.1 million Americans have a co-occurring substance abuse disorder as well as some form of mental illness (Doweiko, 2019, p. 326). A vigilant clinical history should be examined to see if Mr. DeRer to help distinguished substance-induced from actual psychiatric complications.

**Spiritual** There is no sign that Wan has any type of spiritual connection. Spirituality offers a sense of family, a much-needed support system of hope and encouragement that something bigger is out there watching over him. According to Doweiko (2019,) individuals who trust in a Higher Power have a consciousness of inner harmony, they recapture hope, acquire the ability to put difficulties into perspective, have a better acceptance of things in the moment, proof that change can come and things can get better this belief generates lower levels of stress hormones.

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