**Case Study #1: Jennifer**

My name is Jennifer. I have bipolar disorder and I also have Alcohol Use Disorder. Through over 20 years of being in and out of recovery—and psych wards—and off and on various medications, I have come to realize that I must treat both illnesses in order to recover from either.

I experienced major depressions throughout my young adulthood, making it impossible to hold down a job, show up for friends and family, eat properly, or even bathe regularly. I stayed in bed for weeks at a time. I once took a razor blade and chopped all my hair off. I scratched myself so hard with bitten fingernails that my face was bloody and scabbed. Drinking was the only way to numb the pain. But the manias were even worse, tornadoes racing through my life and the lives of everyone around me. I had multiple psychotic breaks, including a particularly disastrous episode in the south west 16 years ago.

At the time, miserable with a year sober, I concluded that New York was the problem so I moved to a small town in Northern New Mexico. At first it was idyllic—beautiful sun-swept canyons and desert, big crystal blue sky and breathtaking horizons. I was happier than I’d ever been. I drove along gorgeous desert highways with my dog in the back seat, feeling a sense of excitement and joy. I had no idea I was entering the realm of bipolar mania. I just thought I was finally in a good place, after so many episodes of depression.

It really started the afternoon I caught my boyfriend having sex with another girl in my own bed. I walked out of the house, got in my car, and burst into hysterical laughter. Doctors call this type of reaction “inappropriate affect.” I drove all the way to Santa Fe, laughing until my sides hurt, and sat in my car in the Walmart parking lot for several hours, unable to think clearly enough to come up with a plan. Finally, all I could come up with was to return to New York.

Over the next few days, I was torn between my insatiable appetite for sex with that boyfriend (the mania made me hypersexual) and my desperation to get away from him. I repeatedly forgave his indiscretion and then, when he left for his house painting job in the morning, wrote dozens of goodbye letters to him. My little adobe farmhouse was a disaster: boxes half-filled with books and records as I tried to get up the courage to pack the car and leave. The chaos in the house was a physical manifestation of the chaos in my mind. Doctors call this “disorganized thinking.”

One morning I threw a haphazard collection of my stuff in the backseat of my car, along with my dog, my cat, and a puppy I had picked up off the side of the road. I left the house trashed and sped toward Colorado, alternately laughing and crying. I was pulled over near the border for weaving, and the police officer looked concerned when he saw the hodgepodge of junk and animals crammed in the car. I convinced him I was okay, and he let me go—a mistake. Within a few hours I was convinced that the other drivers on the highway were spying on me. I saw dead cows hanging from the telephone poles.

I pulled into a creepy little motel on the edge of a cornfield and locked myself into a room with all my animals milling about. I was convinced the motel desk attendant was spying on me, too. I was afraid to use the phone for fear she would record the conversation, but I knew I needed help so I called my sister in Virginia, who subsequently flew out to Denver to come get me. She later told me how horrible it was to see me huddling in that little room with piles of dog poop all over the place—I was too paranoid to take the animals outside. God bless her, my sister drove me all the way back to New York while I repeatedly threatened to grab the steering wheel and drive into a tree.

After this experience, I was finally put on antipsychotic medication. But I continued to have depressive—and manic—episodes, and I ultimately self-medicated my bipolar disorder with drugs and alcohol. It was not until seven years ago, when I stopped relapsing, got sober and stayed sober, that doctors were able to ascertain exactly what was going on with my brain and prescribe the medication that has saved my life.

As suggested in the AA pamphlet, Medications and Other Drugs, I consulted a doctor who specialized in treating addicts. He took me off the benzos other doctors had wrongly prescribed to me, because those drugs are addictive and I had found it impossible to take them as prescribed. He put me on the non-addictive drug Clozaril, which has kept me stable for seven years. After being hospitalized over a dozen times, I have now managed to stay out of psych wards this entire seven-year stretch. The drug has caused me to gain weight, but I have decided I would rather be stable, sane and overweight than skinny, out of my mind, and hallucinating. Who cares if you are skinny when you are on a locked psych ward?

On the last psych ward I was on, an AA member brought in a meeting for the patients who were dually diagnosed. He proceeded to tell these bipolar and schizophrenic people to stop taking medication that the steps were all we needed. “If you are depressed, get a new Big Book sponsor and work the steps,” he said. I had been around the block in AA for 15 years, so I knew to ignore this ill advice, but some of the other patients were very confused, and some refused to take their medication that night. The next day, the ward was louder, crazier, and scarier than before, as the non-medicated patients started to spiral into psychosis.

That AA message was dangerous, irresponsible and uninformed, but that AA member was speaking contrary to AA's actual take on the issue. That same AA pamphlet states: “No AA member plays doctor.” It clarifies: “…some members have taken the position that no one in AA should take any medication. While this position has undoubtedly prevented relapses for some, it has meant disaster for others. It is…wrong to deprive any alcoholic of medication which can alleviate or control other disabling physical and/or emotional problems.”

The bottom line is, without sobriety, doctors can’t help me with my bipolar symptoms. But without treating the bipolar disorder, chances are I will drink to self-medicate. No amount of medication will keep me sober, but no amount of step work will keep me from hallucinating dead cows hanging from telephone poles. I must address both issues with equal commitment.

 **CASE Study 2: Alexia**

Last week, Alexia entered an inpatient treatment program. She is being treated for alcohol and cocaine (crack) dependence. Alexia is a 32-year-old, divorced woman who is employed as an administrative assistant at a local human services program. She lives with her 11-year-old daughter, Christine, in an apartment located near her job. Although she makes a relatively low salary, Alexia has managed to support herself and her daughter without financial support from Christine's father. Alexia was married briefly to Christine's father when she was 20, but she left him after he became physically and sexually abusive toward her. He also was an alcoholic. She had almost no contact with him for many years. Her mother, a widow, is a strong support for Alexia and Christine, as are two cousins, Denise and Moira. Alexia reports growing up in a "normal middle class family" and states that her childhood was "good" despite her father's occasional drinking binges, which she says were related to him celebrating a special account he had landed (he was in advertising), and her mother's "occasional bad depressions." She is the youngest of five children and the only girl.

Up until a month ago, Alexia was regularly attending twice-weekly treatment sessions at an outpatient chemical dependency clinic, and she went to AA/NA regularly 3 times a week. She had a sponsor and they kept in touch several times a week or more, if needed. From the beginning of recovery, Alexia has experienced some mild depression. She describes having little pleasure in life and feeling tired and "dragging" all of the time. Alexia reports that her difficulty in standing up for herself with her boss at work is a constant stressor. She persisted with treatment and AA/NA, but has seen no major improvement in how she feels.

After Alexia had been sober for about 3 months, an older boy sexually assaulted Christine after school. Alexia supported Christine through the prosecution process; the case was tried in juvenile court and the boy returned to school 2 months later.

After Alexia celebrated her 6-month sobriety anniversary, she reports that she started having a harder time getting herself up each day. Around this same time, she returned to drinking daily. She says that she then started experiencing bouts of feeling worthless, sad, guilty, hopeless, and very anxious. Her sleep problems increased, she began having nightmares, and she lost her appetite. After a month of this, she started attending AA/NA and treatment less often, instead staying home and watching TV. She started her crack use again one night after her boss got very upset with her not finishing something on time. She went to a local bar after work that day and hooked up with a guy she met there to get crack. In accompanying him to a local dealer's house to get some crack, she was raped by several men. Alexia did not return home that night (Christine was at a friend's sleepover party) and did not show up for work the next day. She does not recall where she was the rest of that night. However, later that day she admitted herself to the treatment program.

Alexia reports that she began drinking regularly (several times a week) around the age of 13. She recalls having felt depressed around the same time that she began drinking heavily, although she states she has very few clear memories of that time in her life. Alexia's drinking became progressively worse over the years, although she did not begin to see it as a problem until after she began using crack, at around age 28. She reports feeling depressed over much of her adult life, however her depression got much worse after she began using crack daily.

Alexia reports having had a lot of gynecological problems during her 20s, resulting in a hysterectomy at age 27. When asked if she was ever physically or sexually abused as a child, she says no; however, she confesses (with some difficulty) that when she was 11, she had an affair with her 35-year-old uncle (father's brother-in-law).

Now, one week into treatment, Alexia reports feeling numb and tense. She talks only in women's treatment groups and, then, only when specifically asked a question. She feels hopeless about her ability to put her life together and says that she only sees herself failing again to achieve sobriety. Of her recent rape, she says that she "only got what she deserved" for being in the wrong place with the wrong people at the wrong time. Alexia reflects that she was unable to adequately protect her daughter from sexual assault, and she speculates that maybe she is an unfit mother and should give up custody of her daughter. While Christine is currently staying with Alexia's mother, Alexia is concerned that her ex-husband will try to get custody of Christine if he hears that she is in the hospital for alcohol and drug treatment. He has been in recovery himself for two years and began demanding to see Christine again about 2 months ago.

**Case Study 3: Robbie**

Robbie J., a 19-year-old white male and first-year college student, suffered a significant brain injury 6 months ago as a result of a car accident. Robbie had been partying at a friend's house and left about 1:00 a. m. Driving home, he missed a curve in the road and rolled his car. Robbie's parents knew that their son drank "occasionally," but they never thought he had a "problem." They had purchased a car for him and warned him of the dangers of drinking and driving.

Prior to the accident, Robbie had been a gregarious young man. In high school he had been a good student, popular, and played on the football team. Robbie loved skiing, skin diving, and riding dirt bikes. Robbie's rehabilitation has been arduous. His parents are still in disbelief. Robbie's father is a prominent corporate attorney, and Robbie had always expressed a desire to follow the same career path. Robbie's mother divided her time between caring for her husband and son and her volunteer work on behalf of abused and neglected children in the community. Since his injury, Robbie's mother has spent most of her time caring for him and participating in his rehabilitation. His father is spending longer hours at work and misses the time he spent hunting, fishing, and playing golf with his son. Though supportive at first, his friends are calling less and less and rarely come around.

Both parents were stunned to learn that Robbie and some of his friends got drunk nearly every weekend. This information surfaced during a family counseling session conducted by a counselor on the rehabilitation team who had recently attended a seminar on screening and brief intervention for alcohol and other drug problems. Robbie's parents had a hard time believing it was true, but after questioning Robbie's friends, they learned that this was indeed the situation.

The brain damage Robert sustained has affected his impulse control and decreased his short-term memory and ability to concentrate. Robbie's emotional affect is labile. At times he laughs out loud; the next moment he may be crying. He has limited insight into his own behavior and how he has changed, so it is difficult for him to understand why his friends and family react to him differently now. Very few things sustain Robbie's attention; even watching TV is not pleasurable. The muscle weakness on his right side limits his ability to participate in many of the athletic activities he enjoyed previously.

Robbie is on an emotional roller coaster. At one level he knows that his plans for the future have to change. At another level, he cannot accept these limitations. He wants things to be the way they were. His condition makes it impossible for him to return to a successful college experience. He resents his parents' constant supervision, and feels that they are "treating him like a baby." He says no girl will want to date him with this kind of interference. Most of his friends are back at college, so he has begun to hang out with a younger group and drink again. Robbie is frustrated with the difficulty he has in remembering, expressing himself, and concentrating. He is restless and agitated sometimes, both as a result of his frustration and the organic aspect of his injuries. Robbie's parents can afford high quality treatment, but Robbie does not always comply with the treatment regimen.

**Case Study 4: Ms Cook**

Ms. Cook is a 28-year-old African American woman who voluntarily approached the primary provider agencies for substance abuse treatment services. She is currently on probation for shoplifting, passing bad checks, vandalism, and parole/probation violations. She has been charged four times with disorderly conduct, once for fishing without a license, and twice for driving without a license (she never applied for one). She is currently awaiting trial for battery. Ms. Cook has been incarcerated twice during her adulthood (once for 10 months and, most recently, for 10 days).

The results of an AUDIT-13 screening suggested that she was binge drinking weekly during the past year. The screening also determined that, because of drinking/drug use, she had injured herself (2 falls requiring medical care) and someone else (killed the cat by accidental poisoning), and that others had recommended that she seek help.

Screening for co-occurring problems using the MPSI-A indicated potential depression and other psychological distress. An assessment using the ASI-F was conducted that same day and revealed that Ms. Cook was currently living with her grandmother, who had raised her. She is the mother of four children (ages 11, 7, 4, 2 years-she was 17 at the birth of her first child). The older two sons are living in foster care. The younger two daughters have complex health problems and developmental delays; they live with another relative. She is no longer in contact with any of the children's fathers (three men), and was only briefly married to the second man. She reported that both of her parents, several uncles and aunts, and both of her siblings all have significant drinking and/or drug use problems. She has no close friends and a distant, conflicted relationship with family members other than the grandmother with whom she has almost always lived. She has great difficulty in "getting along" with people. She was physically abused as a child, which prompted her move to the grandmother's home. Ms. Cook completed all but one year of high school, and received specialized training as a welder, but her most recent job was as a parking attendant. Her longest period of continuous employment was just over one year, and she has worked irregularly throughout her adult life. She describes her present health as "good" and she has a history of depression, anxiety, hallucinations, cognitive and memory deficits, and violent behavior. She has never received psychiatric care.

Ms. Cook identified her primary problem as alcohol use, along with regular marijuana (smoking and eating). She began drinking at age 14 and using marijuana at age 17; she began using crack cocaine from the time she was 22. She has been detoxed on three separate occasions. The longest that she has gone without using any substances was 60 days; she resumed using approximately two months ago. Ms. Cook reported that she was extremely troubled and concerned about her substance use and that seeking treatment is very important to her.