

Case Study

- Terry is a 28-year old AA man with IDU/heroin dependence
- 10-month incarceration in a drug detention center following an arrest for possession of a controlled substance (3rd offense)
- “The cops were out to get me”
- While there, went through detox unmedicated
- Using up to 6 bags of heroin daily
- Described the experience as “unpleasant” and acted out a lot with staff
- “They did that on purpose”
- Presented with fresh cuts on his arms and legs with healed scars



Case Study

- History of suicide attempts in the past but none in the past year
- Upon release started using heroin again
- Was informed about elevated liver enzymes that he “needed to get that checked out because he may have liver damage”
- Upon discharge he was unable to find a job but was doing manual labor as he could find it



Case study

- Liz, Terry's girlfriend of 3 years: IDU who works in the "sex business" ("it's good money" as Terry puts it).
- She uses contraception and condoms at work (most of the time),
- But when with Terry they don't always practice safe sex.
- They have shared needles.
- Generally she is tested for HIV but not in the past year.
- They are talking about having a child together sometime soon.



Key Issues

- Clinical signs and symptoms
 1. Axis I
 2. Axis II
 3. Axis III
- Relapse into heroin use
- Partner relationship problems
- Employment
- Referral to primary care



Case Discussion

- Biopsychosocial formulation
- Opioid Dependence
- Psychiatric comorbidities (Axis I and Axis II)
- Medical Issues
- Risks related to IDU
- Social context (relationship, planned pregnancy, sharing equipment, unsafe sex)
- Legal context
- Occupational and Financial issues
- Integration of biological and psychosocial issues
- Relapse and Recovery
- Interconnectedness of SUD and Psychiatric problems
- HIV and HCV/HBV/STIs
- Testing and HIV Risk reduction interventions
- Couple's interventions discussing risk behaviors and decision making
- Collaboration with legal system
- Referral for case management and vocational rehabilitation



Axis I Pathology

- Opioid dependence
- Depressive disorder
- Integrated approach of opioid dependence and co-occurring psychiatric disorders



Axis II Pathology

- Cluster B manifestations
- Antisocial behaviors and legal problems
- Acting out behaviors/impulsivity
- Self-injurious behaviors and risky behaviors
- Suicide attempts
- Most likely diagnosis



Axis III Pathology

- Possible HCV
- High risk for HIV
- High risk for other infections such as bacterial and other STIs

