Models of Addiction Case Study Treatment Plan

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I**ntroduction**

Dependency to both alcohol and drugs might be difficult to comprehend. People who are addicted to substances such as alcohol or drugs continue to do so despite knowing the consequences. Psychiatrists and psychologists have created a variety of theoretical frameworks over time to try and explain the paradoxical and intricate character of addictive behaviors. Diverse strategies have been used in an effort to comprehend why people become drug dependent. However, the models employed by addiction treatment centers fall short of providing the activities needed to address problems with alcohol and drug usage. As a result, counselors who specialize in addiction must develop novel approaches to the practice of rehabilitation while focusing on assisting addicts in their recovery. This requires researching and creating multifaceted substance-specific drug intervention strategies that target the current addiction.

**Models of Addiction:**

Disease Model: According to the medical model of dependency, dependency is a relapsing, chronic brain condition that is largely driven by biological causes. It implies that Marge's neurobiology and genetics are to blame for her addiction. The purpose of this paradigm is to encourage methods like medication-assisted therapy (MAT) to address physiological dependence and to highlight the medical components of addictions. This model's benefits include acknowledging the need for medical assistance and lowering stigma. One drawback is that it can minimize the significance of psychological and social elements in dependence(Corey,2012).

Biopsychosocial Model: The biopsychosocial paradigm acknowledges that a complex interplay of biological, psychological, and social variables affects addiction. It incorporates Marge's particular blend of these elements to provide a thorough understanding of her addiction. The purpose of utilizing this approach is to develop a personalized treatment plan that takes into account all the aspects of her addiction (Daley & Marlatt, 2006)

. Its comprehensive approach, which takes into account all pertinent elements, is what makes it strong. However, a drawback is that successful implementation can need a multidisciplinary team.

**Treatment Models:**

For Marge's treatment approach, a combination of treatment models may be beneficial:

1. Medical Detoxification: Marge may require medical detoxification to safely withdraw from substances and manage withdrawal symptoms. This model addresses the physiological aspects of addiction and ensures her physical well-being during the early stages of treatment.
2. Behavioral Therapies: Cognitive-Behavioral Therapy (CBT) and Motivational Interviewing (MI) can be utilized to address Marge's psychological factors. CBT helps identify and modify maladaptive thought patterns and behaviors associated with addiction, while MI enhances motivation for change. These therapies focus on developing coping skills, addressing underlying issues, and promoting relapse prevention.
3. Twelve-Step Facilitation: Incorporating a Twelve-Step program like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) can provide Marge with peer support, spirituality, and a structured approach to recovery. This model emphasizes accountability, self-help, and fellowship.

**Case Management Models:**

Different models of case management can be applied to support Marge's treatment journey:

1. Strengths-Based Case Management: This model focuses on identifying and utilizing Marge's strengths, resources, and resilience to promote her recovery. It emphasizes empowerment and collaborative goal setting. The strengths-based approach recognizes Marge's agency and encourages her active involvement in decision-making.
2. Assertive Community Treatment (ACT): ACT is a comprehensive model of case management that provides intensive and highly individualized support. It involves a multidisciplinary team working collaboratively to provide a range of services, including treatment, housing, employment support, and social integration. ACT ensures ongoing and coordinated care to address Marge's complex needs.

Strengths of the chosen case management models include personalized support, increased access to resources, and the ability to address various aspects of Marge's life. However, limitations may include the need for sufficient resources and the potential challenge of coordinating services among different providers.

In planning Marge's treatment approach, it is crucial to consider her specific needs, preferences, and the availability of resources and support systems. A comprehensive and integrated approach that incorporates elements from the disease model, biopsychosocial model, and relevant treatment and case management models can provide a more holistic and effective treatment plan for Marge.

**Treatment Plan Section**

**Identified strengths:**

Marge is open to receiving treatment to help her quit abusing drugs. Problems/deficits found: Marge has a lot going on at home and doesn't think she'll be able to refrain from drinking. Additionally, she experiences poor self-esteem, remorse, and a lack of confidence in other people. Additionally, she comes from a line of alcoholics (Van et al.,2005).

**Long-term goal(s):**

Firstly, Marge will refrain from drinking alcohol and using other drugs for a year, as demonstrated by self-reporting and passing a drug and alcohol test. Marge will also find a sponsor to help her stop drinking and attend AA meetings.

**Short-term Goals**

Marge will successfully finish an inpatient rehabilitation course. Marge will also need to develop life management skills without using drugs or other illegal substances.

**Objectives**

Firstly, Marge will be able identify the reasons for her alcohol use and develop a plan to assist her in abstaining Secodly, Marge will work towards having a more positive attitude and developing healthier coping skills to manage her symptoms while trying to stay sober (Nagayama & Maramba).

**Strategies**

Marge will attend group sessions five days a week and individual therapy once a week. 2. Marge journal for at least 30 minutes a day twice a week to better manage her emotions. 3. Marge will contact her sponsor and use her support system when feeling the urge to drink

**Expected Outcome (with time-frame)**

Marge will first sign in on a regular basis to record her attendance at her session. Secondly, Marge will also need to develop a 30-day abstinence maintenance strategy. Thirdly, Marge will tap into her local resources to help her obtain employment, get mental health care, and connect with support organizations that can help her stay sober.

**Conclusion**

The models of addiction, therapy, and case management offer a framework for comprehending and treating addiction in a thorough and unique way, to sum up. The illness model emphasizes the biological components of addiction and the necessity of therapeutic interventions. The biopsychosocial approach informs the creation of comprehensive treatment programs by recognizing the intricate interplay of biological, psychological, and social components (Corey, 2015).The physiological, psychological, and spiritual aspects of addiction can be addressed using a variety of treatment modalities, including as medical detoxification, behavioral therapy, and facilitation. These approaches include techniques for coping skill improvement, relapse prevention, and social support.

Strengths-based case management and Assertive Community Treatment (ACT) are two case management methods that seek to organize and offer continuing support services for addicts. When delivering individualized treatment and establishing connections to resources and support networks, they take into account the particular needs and strengths of the individual. Although these models have their advantages, it is crucial to recognize their drawbacks as well. In contrast to the social and biopsychosocial model, which calls for a multidisciplinary approach that may not always be accessible, the illness model may ignore psychological and social factors. Case management models depend on adequate resources and coordination, whereas treatment approaches' efficacy varies depending on the person and their situation.Ultimately, the integration of these models and their tailored application to an individual like Marge allows for a more comprehensive and person-centered approach to addiction treatment. Collaboration among healthcare professionals, addiction specialists, and support systems is crucial to ensure the best outcomes for individuals seeking recovery from addiction.

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