RUNNING HEAD: Case Study-Alcoholism 1

 Case Study-Alcoholism

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 Case Study 2

 Personal & Family History
              The Client, Jane C. is a mother of 6 children, 4 girls and two boys. She has lived a complex life that has affected the way she deals with the emotional challenges of her reality and to cope, she turned time and again to alcohol. She lived a very privileged life as a child. Her father owned a real estate business and her mother looked after her and her 2 sisters in relative comfort - an estate with acres of land in the country. She was, for all intents and purposes, brought up in an upper class setting. She went to the best schools, had the best toys and things, enjoyed luxuriant vacations abroad and never wanted for anything. Even when Jane's father died when she was only a teen, she and her sisters were left with a sizable inheritance which should, in paper, support her for the rest of her life. Her mother however is a weak-willed personality and without her father, her mother depended only in the income their other property brings from rent and trade. While it was sizable she and her children continued to live an extravagant life without the benefit of regular income which soon saw her mother sell off their properties. Jane went to university and became attracted to the 'hippie' lifestyle of the 70's where she met her first husband, John C. Living off Jane's inheritance, they stopped their studies and lived a 'free life' in her mother's home by putting up wigwams in the land. She was 21 when she got married and this was contrary to her mother's wishes. 8 years later, she and John had 5 children, 4 girls and a boy the eldest of which was 7 and the youngest, a girl, was 2.

            One unfortunate evening, John died in a car accident which left Jane a widow at 29. Unable to cope, she turned to the bottle. She refused to leave their wigwam and for days, her children struggled to feed and clean themselves. Under the influence, she decided to 'end it all'

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to follow her husband. She packed all her kids in a car and attempted to kill them all in a group suicide. Fortunately, she was too drunk to go through it successfully and since it was winter, her car just rolled off into a ditch. She was soon found in said condition by the police and all her children were rescued. Because of her attempted suicide with her children, she was relieved of their custody. The 2 eldest girls were sent to her mother both for legal and welfare purposes, the youngest 2 girls were sent to a foster home and the boy was sent to another relative. The idea is that for Jane to get them back, she must clean up her act, work towards healing and becoming a responsible and capable mother. This was 10 years ago. Jane's children have now grown up. She is granted weekend custody with some of her children but she refused to see a regular psychiatrist to help her with her addiction. She would sober up and then go back to the bottle again. In occasions where she was in care of her children, she has abused them verbally and hurt them physically due to being drunk and disorderly. She blamed her own mother for not helping her and she refuses to acknowledge her own role in the way her life has turned out. Making it worse for her is the simple fact that her entire inheritance has run out having spent it all due to the fact that she refuses to work. Since her mother is also dependent on the few remaining investments, she cannot help Jane and Jane and her children have become dependent on the welfare system. Her home, her care, her children's care and education are all from the welfare system. Her eldest daughter recently committed suicide and this affected all the other children. One of them is currently in a mental facility due to her self-harm. Jane however refuses to acknowledge the mental and emotional torment her own addiction to alcohol and her refusal of accepting her shortcomings had affected her children. They have, despite the struggle of their foster carers, become prone to emotional fits ranging from manic to depressive. Regularly,

 Case Study 4 their  mother would call them to rage on them and it will only stop when social services would intervene.
 Specific Addiction & Compulsion
Jane's biggest issue is her addiction to alcohol. It does not matter what kind - as long as Jane can drown her sorrows in alcohol, she will. There are spells when she'd lost days, even weeks, just continuously drinking. Even she wonders how all this time she is still alive due to the amount of alcohol and toxic substances she has consumed through the years. The problem is this, while Jane is supposedly under legal remand to keep clean, due to the delicate nature of her mental health, she is not legally allowed to be separated completely from her children. Her doctors had ruled out this option even if it is for the good of her children as it would completely cause Jane to lose her grip from reality (Horney, 1937). So, she would stay sober for 2-3 months, take up the bottle again and go through rehabilitation once more. She is the habitual offender and through the years, it has followed particular patterns. After rehabilitation she will be strong, able to cope with the notion of facing her children and fighting for their custody whether they want it or not. Over the years, the children who have gone to very good homes have found her presence in their lives toxic and she finds it difficult to deal with their disapproval. A fight or an argument with one of her children would send her back to square one staring down the bottle again. Jane refuses to accept that her children believe that she is a bad mother and fights with them tooth and nail. She is obsessed with dictating to them her authority over them to a point where it can be constituted as stalking. This is her other compulsion, and she will not stop either over the phone or showing up at the foster homes and schools of her children until a confrontation happens which usually ends up in a massive fight. Hurtful words and accusations will be hurled

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across from both parties sending both mother and children to emotional extremes. Jane exhibits behaviours that present psychological aggression - she verbally abuses her children, presents dominant attitudes and actions and is extremely jealous of other people in their lives from friends in school to foster parents and their families. The abuse is so regular that it has created psychological traumas for her eldest. Her eldest went as far as Italy to work as an Au Pair when she turned 18 but Jane followed her there and the continued psychological abuse drove her daughter to suicide. These are only a few of the social consequences of Jane C's alcohol addiction; further studies would show that Jane C has had a huge negative impact in her family and the community she belongs and the cost is borne by government and society (Klingemann, Gmel & WHO, 2001).

             The death narrated above affected the second youngest child, a teen fostered for over a decade by a very stable family where she and her youngest sister had been treated as if they were the family's own. Given all the love and care and wanting for nothing, both girls were raised in an environment of a dynamic household with the family's own children treating them as if they were blood relations. The youngest adjusted well and by all intents and purposes, the second youngest appeared to be just as well adjusted until her eldest sister's death with whom she was very close to. Feeling guilty for her mother, she began to spend some more time with her and the cycle of psychological aggression affected her so much. Jane refuses to acknowledge her role in her daughter's suicide despite the latter's attribution to her role as was written in her suicide note. While the affect of their mother's alcoholism, abuse and neglect elicited differentiated reaction from the 2 fostered daughters, it is a well documented

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phenomenon that while some survive, children of alcoholics fall into unfortunate paths including psychosocial trauma leading to emotional and mental disorder (Stimmel, 1987). It was no surprise then that second youngest daughter became easily withdrawn and one day after deciding to support her mother, the youth was found close to death after slashing her wrists in her bedroom. To help her cope, she was sent to a mental facility for troubled teens. Her mother however refuses to admit her role in the emotional upheaval that came to afflict her second youngest child which does not help in therapy being that Jane refuses to give up custody (the youngest is 12, the second youngest is 15) of her children. The youngest child however refuses to see her mother altogether and has now requested emancipation from her mother and live with her foster family. Miller and Dollard (1941) point to socialization where learning and imitation allows for correction of behavior. Since the youngest was exposed only to the normative life in her foster family as she was fostered with the same family from infancy, Jane C's effect on her is minimal having been shielded from her possible abuse and neglect by legal means. This was not the case with the 15-year old having been 6 at the time of fostering with Jane given legal right to visit and have a say in the child's life. With weekend custody of the now 15-year old, the child was exposed to the social and emotional consequences of alcoholism (Miller and Dollard, 1941), allowing room for imitation, social learning and possible behavior mirroring. The question is, although this family have a multitude of problems, can they be helped?  As a practitioner when looking at situations with families, one has to contend that there is a plan for every matter.  Addiction exists along a continuum; many people may be addicted to one substance or product: one person may be addicted to multiple substances or activities involving risk (Van Wormer & Davis, 2008).  This study will look into the possibility of available

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treatment options and rehabilitative and preventive measures not only to aid the mother but the children who had been subjected to problematic childhood experiences construed by abuse of physical, mental and emotional nature. From a treatment perspective it is important to understand the total person who has the addiction. Alcoholism is a chronic relapsing disorder with an enormous societal impact. Understanding the genetic basis of alcoholism is crucial to characterize individuals' risk and to develop efficacious prevention and treatment strategies. Although the genetic bases of alcoholism remain largely unknown, there are reasons to think that more genes will be discovered in the future (Ducci & Goldman, 2008).

**Annotated Bibliography**
1. Bandura, A. & Walters, R.H. (1963), Social Learning and Personality Development, New York: Holt, Rinehart & Winston

- This book is essential reading in understanding one of the theories that this research will be using. Social Cognitive theory's explanatory principles are here discussed side by side with their major application in varied areas of social, academic and psychological studies. The aim of the book is to explain the complex schema behind human behavior via elements of observation, cognition side by side with the social and natural influences. This book is seminal as it launched SCT as a major theory in psychology and the social sciences. Written for the academic community, it can still be easily understood by the general public as it is written in an explanatory manner and uses real world examples.

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2. Klingemann, H., Gmel, G. with the WHO Europe Regional Office (2001), Mapping the social consequences of alcohol consumption, Springer.
- A study commissioned by the World Health Organization, this particular book is an extensive study that looks in to the social consequences of alcohol consumption and alcoholism. The study does not only look at the quantifiable health related effect of alcohol but in its cost in the manner by which it destroys lives via violence, crime and other psychosocial factors including child abuse and neglect. This book also lists preventative measures aimed to help families. This is essential reading for my research as it will help me measure the true consequences of alcoholism in the lives of the subject and her children.

3. Horney, K. (1937), The neurotic personality of our time, New York: W. W. Norton and Company.
- Horney writes on the influence of culture and ethnic experience on personality development and creation leading to a proposed new paradigm in the structure of neurosis. The book is readable even to the layperson as Horney writes for a general audience, making psychological paradigms accessible and understandable even to those new to the science. This particular book is of interest in that it introduces the researcher to the varied elements, concepts and available knowledge on neurosis as it relates to the create of problematic personalities such as the subject  of this study, explaining the varied motivations and elements that came together to lead to the tragic events in the life of the subject as well as the subsequent effects of the varied losses, tragedies and events in the formation of her position and outlook in life.

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4. Miller, N.E. & Dollard, J. (1941), Social Learning and Imitation, New Haven, CT: Yale University Press.
- In this seminal book, Miller and Dollard pioneered what we now know as Social learning theory, a proposition that created huge consequences in behavioural and psychological studies. This book is essential reading in the formation of the theory before it expanded into SCT via Bandura. While the theory here can be argued to be archaic, it is still interesting to learn of the original ideas which galvanize my opinion in the use of SCT for this particular research. The work is written for academics but is easy enough to understand.

5. US National Research Council Panel on research on Child Abuse & Neglect (1993), Understanding child abuse and neglect, National Academies Press.
- A comprehensive, integrated, and child-focused research publication that provides readers an in-depth overview of the varied elements and concerns related to the study, understanding, prevention and mitigation of Child Abuse and Neglect. It provides a framework from which to view and study child abuse and neglect as a social issue and presents definitions and scope; aetiology, consequences, treatment, and prevention; and infrastructure and ethics. This is essential in this particular research as it will allow the researcher knowledge in the methodology and concepts used in the academe and government agencies in the study of child abuse and neglect.

6. Stimmel, Barry (1987), Children of alcoholics, Routledge.
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- This book is important in this research for it tackles one of the main concerns of this case study: the life of the children of alcoholics, in particular the abuse and neglect that they are subjected to for the unfortunate reality of their being children of alcoholics. The risks, difficulties, needs and concerns of children who grew up in a household subjected to alcoholic parents is here tackled by leading experts in particular the trauma created by such experiences. The book also tackles treatments in particular, psychological and behavior in relation to the alcohol expectancy and conditioning children of alcoholics have that also lead them to alcoholism later on in life.

7. Van Wormer, K., & Davis, D.A. (2008), Addiction treatment: A strengths perspective (2nd ed.), Brooks/Cole, Belmont:CA.
-Van Wormer and Davis write an extensive book on the nature of addiction, exploring the varied motivations behind addiction and the process of addiction itself. All forms of addiction are discussed and the varied paradigms that attempt to explain it are included providing a full picture from neurological to biopsychospiritual delving into the reasons behind the ?grip? of addiction to explore the varied treatments available that target the varied conditions and manifestations of addiction currently available and in practice. The strengths of these treatment models are explored to assess and present their applicability in a number of conditions. The book is written for the general public although specialists will also find it of interest. This book is included here as it is a good resource to understand the nature of the alcohol addiction of the subject as well as to find applicable treatment that can aid the subject even at this late stage.

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8.Makhija, N. & Sher, L. (2007), Childhood abuse, adult alcohol use disorders and suicidal behaviour, QJM International Journal of Medicine, Oxford, URL: http://qjmed.oxfordjournals.org/content/100/5/305.full, date accessed 13.05.2011.
- The study looks at how childhood abuse can lead problematic socialization that have dire consequences in adulthood. The study looks at 2 of these outcomes, alcohol/substance abuse and depressive/suicidal personalities. In particular, it explores the road from childhood abuse towards suicidal behaviour by tracing the development of alcohol use disorders, and by studying the importance of family history in alcohol abuse increasing the possibilities of suicidal behaviour in teens and adults who were subjected to childhood abuse. This study is impressive as it relates to the case of 2 of the subject's tragic children, her eldest who committed suicide at 19 and her youngest child currently committed to a mental institution at 15 due to suicidal tendencies and failed suicide attempts. This study will shed the light behind the tragic thinking and motivation of her children having been subjected to the subject's abuse due to her alcoholism.

9.Widom, C.S. & Hiller-Sturmh  (2001), Alcohol Abuse as a Risk Factor for and Consequence of  Child Abuse, National Institute on Alcohol Abuse and Alcoholism, URL, http://pubs.niaaa.nih.gov/publications/arh25-1/52-57.pdf, date accessed 13.05.2011.

- An extensive published study on the relationship of alcoholism to child abuse with child abuse seen as the consequence of alcohol addiction. The study was written for the National Institute on Alcohol Abuse and Alcoholism and it was targeted for specialists and policymakers, making the information accessible despite its academic nature. It presents the varied factors in alcoholism

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that lead to child abuse but goes on further by looking at child abuse itself as a factor leading to alcoholic addiction later in life. The study puts together pertinent research on the topic to present a measurable picture that collates the relationship between alcoholism and child abuse and this is especially important for this research as it allows one not only to view the abuse received by the children concurrently from the subject but also presents a more worrying picture  that her children, exposed to child abuse, can develop similar addictive traits and personalities.

10. Ducci, F. and Goldman, D. (2008), Genetic approaches to addiction: genes and alcohol.

Addiction, 103: 1414–1428. doi: 10.1111/j.1360-0443.2008.02203.x

-This book discusses multiple and complementary approaches to piece together the mosaic of causation. Genetic factors surrounding the variance in alcoholism liability. The author reflects on the susceptibility for alcoholism including both alcohol-specific genes acting either at the pharmacokinetic or pharmacodynamic levels, as well as moderating neuronal pathways such as reward, behavioral control and stress resiliency, that are involved in several psychiatric diseases. The book discuss the how In recent years, major progress in gene identification has occurred sing intermediate phenotypes such as task-related brain activation that confer the advantage of increased power and the opportunity of exploring the neuronal mechanisms through which genetic variation is translated into behavior. Fundamental to the detection of gene effects is also the understanding of the interplay between genes as well as genes/environment interactions. Finally, the author confirms that genome-wide analyses of transcripts and chromatin remodeling

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promise an increase in our understanding of the genome function and of the mechanisms through which gene and environment cause diseases.

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 References:
Horney, K. (1937), The neurotic personality of our time, New York: W. W. Norton and Company.
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