

Assignment 7.3 – Final Case Study Paper: Spun

Leslie A. Argenta

Department of Counseling, Wake Forest University

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Dr. Nikki Elston

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Conceptualization of Client

In the movie, *Spun*, the main character is a young methamphetamine (“meth”) user named Ross (Akerlund, 2002). In this paper, I treat Ross as my actual client, and I am helping him with his addiction to meth. Although there are many substance users in *Spun*, I found Ross to be the most interesting to analyze (Akerlund, 2002).

Ross is a twenty something, Caucasian male, college dropout living in Eugene, Oregon. He is addicted to meth and appears to keep using it to remain high throughout the movie. There are no examples provided in the film of Ross experiencing trauma or addiction in his family. From what I can tell, Ross is not traditionally employed. He obtains his drugs by 1) borrowing money (as demonstrated by his borrowing money from his ex-girlfriend, Amy) and 2) driving around “The Cook” and The Cook’s girlfriend, Nikki. The Cook makes meth out of a hotel room and shares it with Ross in exchange for providing transportation to him and Nikki.

The movie takes place over three days, and Ross does not appear to sleep at all over that period of time. His consistent use of meth allows him to remain awake (although not always thinking clearly). Whenever he begins to nod off, he does more meth. Ross is very fidgety, keeps wiping his nose, and is often hallucinating. Ross seems very comfortable with his lifestyle as well as his dealer suggesting that he has been using meth for an extended period of time. Ross claims that he is not hooked on meth and can stop at any time.

Ross appears, in the movie, to think his life is normal and going well. He leaves several telephone messages with his ex-girlfriend, Amy, stating that he is doing well and claiming that he is working for a chemist. He appears to believe that he is winning Amy back. Ross never shows regret for the consequences of his substance use. For example, he leaves April, a stripper

he slept with, tied to the bed with her mouth taped up for days. This does not seem to phase him because he comes back to his apartment and leaves her tied up a second time. Ross is in the precontemplation stage of change. I would not expect to see him in recovery unless it is mandated by a court, so I am going to assume that he is required by law to get help.

I am going to treat Ross using the biopsychosocial model (Lewis, 2024). I picked this model because it is holistic and addresses all of Ross' drug use. I believe that there are a myriad of causes leading to a common pathway of Ross' addiction, and this theory covers them all. Socially, Ross is absolutely surrounded by meth. He does not appear to have a job, and he spends all of his time getting high and hanging around drug addicts (he was high when he drove around The Cook, he was high when he went to the strip joint, he was high when he had sex with April, etc.). His peer and cultural influences play a large and primary role in his substance use. Therefore, I believe that Ross must be examined in relation to his surrounding environment.

Psychologically, Ross has an addictive personality, and he uses meth constantly during the timeframe of the movie. He also believes that he is "rewarded" for using drugs. He seems to think that the drugs benefit him which reinforces his drug use. For example, the meth keeps him awake so he can drive around The Cook and Nikki. Ross obviously likes the way the drugs make him feel because he is high for the entire three days that the movie takes place.

Biologically, Ross' addiction is a chronic, long term disease. His substance use has actually changed his brain chemically. Studies have shown that there is a decrease in dopamine transporters in meth users (Lewis, 2024). Therefore, right now, Ross likely needs meth in order to feel good/normal. Abstinence is the only viable treatment option for Ross in order to heal his brain and return to feeling normal without drugs again. If Ross makes changes in his behavior

and stops using, overtime he will start to find that the world pays off and that he gets some benefits from staying sober. But he will need to stop using in order to get there.

Screening and Assessments

I would first screen Ross to see if he meets the screening criteria of CAGE (Clarke, 2024). I want to preliminarily screen Ross in order to determine if I need to move forward in making an actual diagnosis. The CAGE assessment starts with the questions: Have you ever felt that you ought to cut down on your drug use? Have people annoyed you by criticizing your drug use? Have you ever felt bad or guilty about your drug use? I believe that Ross will answer “no” to these three questions (with the possible exception of Amy). He is surrounded by substance users, so it is unlikely anybody is going to 1) ask him to cut down on his drug use or 2) annoy him by criticizing his drug use. That being said, he appears to still be in love with his ex-girlfriend, Amy, who got her life together and left him due to his drug use. I am not sure whether Ross will acknowledge Amy’s response when answering the first two CAGE questions as he does not seem to acknowledge the role of drugs in their breakup. Ross also does not seem to feel bad or guilty about his drug use. He uses meth all the time and disregards the negative consequences. He is constantly driving his car while high, and he left April tied up and gagged in his apartment for days. The last question of the CAGE assessment is: Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)? The answer is apparent. Ross stays high and awake for three days straight during the film. Every time he starts to nod off he does more meth so he definitely uses drugs to steady his nerves and avoid withdrawal.

I diagnose Ross with F15.20 Stimulant Use Disorder, Amphetamine-type substance, severe (American Psychiatric Association, 2022).. Ross’ use of meth leads him to “clinically

significant impairment or distress.” Ross’ distress manifests itself by meeting six of the eleven criteria for Stimulant Use Disorder. 1) A great deal of time is spent in activities necessary to obtain the stimulant, use the stimulant, or recover from its effects. Ross spends three days focusing entirely on meth: obtaining it, using it, and obtaining it again. 2) Ross also has a craving, or a strong desire or urge to use the stimulant. Ross uses meth continuously throughout the movie. As soon as he starts nodding off, he uses more meth in order to keep going. 3) There is recurrent stimulant use resulting in Ross’ failure to fulfill major role obligations at work, school, or home. Ross does not appear to have a job, and he is not in school. He also ignores a phone call from his mom and never calls her back. 4) Ross demonstrates continued stimulant use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the stimulant. Ross leaving April tied up in his apartment (twice) for days qualifies as an interpersonal problem. 5) Important social, occupational, or recreational activities are given up or reduced because of stimulant use. Ross does nothing except work for drugs and use drugs. Also, Amy, who he still loves, left him because of his drug use. 6) Finally, there is recurrent meth use in situations in which it is physically hazardous. Ross is constantly driving The Cook and/or Nikki around while high which is physically hazardous. Ross definitely meets the criteria for F15.20 Stimulant Use Disorder, Amphetamine-type substance, severe.

Ross is high for the whole movie so it is unclear whether he has any co-occurring disorders. All of his problems (delusions, denial, obsessions) seem to revolve around using meth. It is as though without drugs, he could get his life together and live successfully. He does call Amy (the ex-girlfriend) a lot and leaves messages that are never returned (as well as call her his girlfriend). He also left April (the stripper) tied up in his bed for a long time. These could be

the meth causing Ross to be confused, but they could also be Mild Neurocognitive Disorder. It is hard to tell because he is high the whole movie.

Counseling Approaches and Strategies

I would use the Community Reinforcement Approach (“CRA”) with Ross because he needs to be exposed to the positive side of sobriety. “Central to CRA is the principle of positive reinforcement: that when a behavior leads to rewarding consequences, it is likely to be repeated...In order for a person to give up a significant reinforcer like drug use, the alternative needs to be more appealing.” (Miller et. al, 2019, p. 207). I, therefore, want to increase Ross’ drug-free positive reinforcement and to undermine rewards associated with Ross’ drug use. This is going to be a challenge because he is in the precontemplation stage of change.

“The primary focus in CRA is connecting clients with natural alternative sources of positive reinforcement that do not involve substance use, and ideally are incompatible with it.” (Miller et. al, 2019, p. 209). I will start by examining both the antecedents and the consequences of Ross’ substance use. I need to identify how Ross has been using drugs and the functions the drugs have served for Ross. Next, I will help Ross find new ways to serve those needs without using meth. I think a great place to start would be sobriety sampling. “In essence, the counselor and the client negotiate a period of abstinence that the client is willing to try” (Miller et al., 2019, p. 212). After we have negotiated a trial period of abstinence, Ross will hopefully start to experience the positive benefits of sobriety. CRA also helps clients develop and strengthen relationships that support sobriety. Ross needs to reset his relationships because he is currently surrounded by meth and meth users that only reinforce his habit.

Along with CRA, I would implement Motivational Interviewing (“MI”) with Ross. Ross currently appears unmotivated to abstain from drug use and has only come to counseling because

he was mandated by a court. It is for this reason that I would use MI as part of our therapy. It is part of “our clinical task to enhance clients’ motivation for change instead of blaming them for not having enough of it” (Miller et. al, 2019, p. 168). MI is a particular way of having a conversation about change that strengthens people’s own motivation. I would use MI and pay particular attention to change talk (speech that factors change) while working with Ross. I would listen for Ross’ desire to change, his ability to change, his reasons to change, and his need to change. Over time, reflecting Ross’ change talk back to him would hopefully lead Ross to a greater motivation to stop using drugs. I would also try to evoke Ross’ own motivations to change. I would do this through the use of decisional balance, looking back, looking forward, and exploring his goals and values.

Preventing relapse is going to be extremely important with Ross. If Ross does have a slip (which is highly likely), I think reframing it as a “mistake that clients learn from that improve their eventual chances of success” would be important (Lewis, 2024). It would also be imperative to avoid an Abstinence Violation Effect (“AVE”) if Ross lapses (Lewis, 2024). Reframing a lapse and avoiding AVE would help Ross avoid a full blown relapse and would interrupt the relapse process early. Ross really needs to avoid high risk situations (which is difficult because he is currently surrounded by meth and meth users). If high risk situations cannot be dodged, I would teach Ross coping skills that he could use to remain sober (problem solving, relapse rehearsal, efficacy imagery, the wants versus shoulds activity). I would also use MI to help Ross gain insight/awareness in to his drug use as well as to renew his commitment to abstain.

Ross' ultimate treatment goal needs to be complete abstinence; however, that is probably unrealistic in the beginning. Progress for Ross is going to look like an avoidance of a total relapse and fewer and fewer slips as time goes on.

Modes of Treatment

I would determine Ross to be a Level III (residential/inpatient treatment) under the ASAM criteria (Clarke, 2024). I believe it would be best if Ross lived at a treatment center and had his recovery structured throughout the day for at least thirty days. He has no sober support network and has no motivation to change. His mom lives far away, and Amy broke up with him due to his drug use. He seems to be constantly high and unmotivated to stop using, so his treatment acceptance resistance is going to be challenging. Also, there is a high degree of relapse potential because Ross is mandated to treatment. For all these reasons, I believe Ross needs residential treatment.

Ross needs individual as well as group therapy. Individual therapy would give Ross the individual attention that he is going to need in order to stop using drugs and not relapse. A strong therapeutic alliance with a counselor would help Ross overcome the challenges he faces. I also recommend group therapy for Ross. It would provide Ross with a safe place to share his experiences with people who have had similar experiences. In addition, it would provide a sober social network. I would also recommend family therapy for Ross. His mom lives far away, but we could possibly do some Zoom meetings.

I would also recommend that Ross meet with a medical doctor as soon as possible. For example, a combination of two medications, injectable naltrexone and oral bupropion, are safe and effective in treating adults with moderate or severe meth use disorder (National Institutes of

Health, 2021). I think a medical doctor could help put Ross on the proper treatment medication so that his withdrawal is not so bad that he relapses.

After residential treatment is complete, I think Ross would benefit from intensive outpatient therapy for ninety days. This would be a good way for him to meet some sober friends out in the community and would keep some structure in Ross' life. I would also recommend that he start attending a mutual help group for the very same reasons.

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