**Case Study (AKA Bio-Psychosocial)**

**Stephanie, a 28-year-old pregnant Hispanic female, opioid use; 5 years**

**PRESENTING PROBLEM:**

Stephanie was referred to receive an assessment by her obstetrician due to reporting that she was

misusing opioids; approximately 10-12 pills daily of 10mg oxycodone and is currently pregnant.

Stephanie reports she experiences withdrawal symptoms of diarrhea, nausea, runny nose,

craving and insomnia when she is unable to get pills. She reported her first use of opioids was 5

years ago after a car accident. Stephanie reported that one year after the accident, her pain

management doctor refused to treat her because she called for early refills. She reports that

her doctor did not offer to help her taper off the medication. She reports that she blames the

doctor for prescribing the medication and not advising her to the risks. Stephanie reported she

started seeing several doctors to obtain medication until she started buying pills from an

acquaintance. She reports she has three people she buys pills from now, so she only goes

without if she does not have money. She reports she smokes 1 pack of cigarettes daily.

Stephanie reported occasional use of alcohol and marijuana (see below).

Stephanie reported that she is 4 months along in her pregnancy and sought prenatal care for

the first time 1 week ago due to getting Medicaid and because her mother threatened to kick

her out of the house if she did not see a doctor. She stated that she has been taking prenatal

vitamins.

She reported that she only experiences depression and anxiety when she cannot obtain pills.

She denied any suicidal ideations or prior attempts. Stephanie stated that Dr. Smith, her

OB/GYN explained neonatal abstinence syndrome and she understands what was explained

and agrees that she needs treatment. However, Stephanie stated that she needs medication

only and does not need counseling because she is not a “drug addict”.

Dr. Smith recommended that Stephanie begin medication assisted treatment and counseling to

stop illicit use of opioids and alleviate withdrawal symptoms.

**PSYCHIATRIC HISTORY:**

Stephanie reported symptoms of anxiety and depression in relation to withdrawal symptoms;

when she cannot obtain pills. She denied any suicidal ideation or prior attempts. She denied

any psychiatric treatment in the past. Stephanie denied any family history of known psychiatric

diagnosis. Stephanie reported that she had feelings of sadness over the loss of her father; she

stated that he died of a sudden heart attack 1 year ago and she tries not to think about it.

**MEDICAL HISTORY:**

Stephanie reported she has on-going back pain due to a previous car accident. She reported the

pain is constant and wakes her up at night. She stated that the only thing that alleviates the

pain is taking large doses of pain medication. She reported being pregnant; approximately 4

months. Stephanie reported 1 prior pregnancy when she was 22 and that she had a planned

abortion. She reported that she tested positive for Hepatitis B and Dr. Smith advised that the

baby will be given a vaccine right after delivery. Stephanie believes she contracted Hepatitis

from the baby’s father. She reported she has had no other past or current health concerns.

**SUBSTANCE USE HISTORY:**

Stephanie reported current daily use of approximately 10-12 pills of 10 mg oxycodone. She

reported some days she is unable to obtain enough pills and experiences severe withdrawal

symptoms. She reports she has used this same amount of oxycodone for the past year.

Stephanie stated that she has tried to stop using but finds it impossible. She reported she used

medication as prescribed by her pain management doctor after the initial car accident. She

reported she had to use more medication than was prescribed due to break through back pain.

She stated that she will now do whatever it takes to get pills including shoplifting and stealing

from her Mom because the withdrawals are so bad. Stephanie blames her pain management

doctor for current opioid dependence. She reports smoking 1 pack of cigarettes daily for the

last 12 years. Stephanie stated she would like to stop smoking but has never been able to do

so.

Stephanie reported daily use of marijuana from age 15 to 20. She stated that she only smokes

marijuana if she’s with someone who has it. Stephanie stated she smokes approximately half of

a joint once every 3-4 months; with her last use being 2 months ago. Stephanie does not

believe marijuana is a problem for her or that is will have any impact on her pregnancy or

unborn baby. She stated marijuana is safe and she does not smoke enough for it to be a

problem. She reported she started drinking alcohol when she was 15 and quit when she found

out she was pregnant. She reported she drank 2-4 beers once a week and her last use was 2

months ago. She stated that she feels alcohol is not a problem for her and that she will

probably resume drinking after her baby is born. Stephanie reported she experimented in high

school with cocaine and methamphetamines but only used both on a couple of occasions. She

reported her last use of any stimulants was over 10 years ago. Stephanie denies any other past

or current substance use.

Stephanie reported no previous treatment episodes.

Stephanie reported that her mother has no history of substance use and her father was an

alcoholic who drank daily until his death. She reported that most of her relatives on her

paternal side use drugs and drink a lot. Stephanie reported she has an older brother who uses

heroin and the family has not had contact with him for a couple years. She reported she has an

older sister who has no history of substance use.

**SOCIAL HISTORY:**

Stephanie is currently living with her mother, her older sister, and her sister’s two children. She

reported there is no drug use in the home and that her mother and sister are supportive of her

seeking treatment. Stephanie reported that her mother has said she is willing to help with the

baby if Stephanie does not use drugs and gets a job. Stephanie reported that her drug use has

caused a strain in her relationship with her mom and sister because they do not understand

how she cannot just stop using. She stated that her mom is mad at her for not getting prenatal

care and continuing to take pills and smoking during pregnancy.

Stephanie described her childhood as “good, we were close”. She stated that her father was an

alcoholic, who drank daily. She reported that her father worked and was successful in his career

despite his drinking. She stated her mother was a stay at home mom. She denied any domestic

violence or abuse in the home. Stephanie reported she was raised Catholic and still attends

mass with her mother and sister a couple times a month. Stephanie reported feelings of grief

over the loss of her father and her brother’s heroin use.

She reported that she graduated from high school and attended one year of community

college. She reported she does not work due to back pain, drug use and pregnancy. Stephanie

reported she was a food server until the car accident. She reported that she would like to

return to college after she has the baby.

Stephanie reports she babysits her sister’s children and borrows money from her mother to buy

drugs. She reports she does not have any bills because she lives with her mom and sister and

they work. Stephanie reported she currently receives food stamps.

Stephanie stated that she has a warrant for her arrest due to an unpaid traffic ticket. She does

not know what she needs to do to take care of the warrant. She agreed that she needs a

referral for legal assistance.

Stephanie reported that she enjoyed hiking and working out prior to the car accident. She

stated she has not been able to do these things due to chronic back pain. Stephanie stated that

she has one friend whom she is close to. She reported her friend does not use opioids, but she

does smoke marijuana and drinks occasionally. Stephanie reported her friend is aware that she

is seeking treatment and is supportive. She reported that she doesn’t have a lot of friends

because she isolates and does not want to go anywhere. Stephanie reported that once she is

off pills she will probably feel more sociable.

Stephanie reported a relationship lasting approximately 18 months with the father of her

unborn baby. She reported he was “controlling and jealous” so she ended the relationship and

moved back in with her mother. Stephanie reported he is not aware that she is pregnant, and

she does not plan to tell him. She reported there was no domestic violence in the relationship.

Stephanie stated that she believes he has a problem with alcohol and gambling.

Stephanie reported one previous long-term relationship that began when she was 20 and lasted

4 years. She reported they lived together for 3 years. Stephanie reported her boyfriend was

verbally abusive when he drank; which was at least once a week. She stated she left him when

she met her now ex-boyfriend (the father of her unborn child).

**MENTAL STATUS EXAMINATION:**

Stephanie is a 28-year-old Hispanic female who was appropriately groomed and dressed

for weather/occasion. She had flattened affect throughout interview, only appearing

tearful when speaking about the death of her father. She did appear to understand the

risks of opioid, nicotine, and marijuana use during pregnancy but did not appear overly

concerned. She showed no abnormality of speech or movement. She was oriented to

person, place, situation and time. Stephanie reported being willing to begin medication

assisted treatment, however she stated she did not want to participate in counseling.

Stephanie reported current withdrawal symptoms of nausea and pain due to not using any

pills for approximately 6 hours.