
Case Scenario: In-Class Practice

Alexia:

Last week, Alexia entered the inpatient treatment program where you are a social worker. She is being treated for alcohol and cocaine (crack) dependence. Alexia is a 32-year-old, divorced woman who is employed as an administrative assistant at a local human services program. She lives with her 11-year-old daughter, Christine, in an apartment located near her job. Although she makes a relatively low salary, Alexia has managed to support herself and her daughter without financial support from Christine's father. Alexia was married briefly to Christine's father when she was 20, but she left him after he became physically and sexually abusive toward her. He also was an alcoholic. She had almost no contact with him for many years. Her mother, a widow, is a strong support for Alexia and Christine, as are two cousins, Denise and Moira. Alexia reports growing up in a "normal middle class family" and states that her childhood was "good" despite her father's occasional drinking binges, which she says were related to him celebrating a special account he had landed (he was in advertising), and her mother's "occasional bad depressions." She is the youngest of five children and the only girl.

Up until a month ago, Alexia was regularly attending twice-weekly treatment sessions at an outpatient chemical dependency clinic, and she went to AA/NA regularly 3 times a week. She had a sponsor and they kept in touch several times a week-more, if needed. From the beginning of recovery, Alexia has experienced some mild depression. She describes having little pleasure in life and feeling tired and "dragging" all of the time. Alexia reports that her difficulty in standing up for herself with her boss at work is a constant stressor. She persisted with treatment and AA/NA, but has seen no major improvement in how she feels.

After Alexia had been sober for about 3 months, an older boy sexually assaulted Christine after school. Alexia supported Christine through the prosecution process; the case was tried in juvenile court and the boy returned to school 2 months later.

After Alexia celebrated her 6-month sobriety anniversary, she reports that she started having a harder time getting herself up each day. Around this same time, she returned to drinking daily. She says that she then started experiencing bouts of feeling worthless, sad, guilty, hopeless, and very anxious. Her sleep problems increased, she began having nightmares, and she lost her appetite. After a month of this, she started attending AA/NA and treatment less often, instead staying home and watching TV. She started her crack use again one night after her boss got very upset with her not finishing something on time. She went to a local bar after work that day and hooked up with a guy she met there to get crack. In accompanying him to a local dealer's house to get some crack, she was raped by several men. Alexia did not return home that night (Christine was at a friend's sleepover party) and did not show up for work the next day. She

does not recall where she was the rest of that night. However, later that day she admitted herself to your treatment program.

Alexia reports that she began drinking regularly (several times a week) around the age of 13. She recalls having felt depressed around the same time that she began drinking heavily, although she states she has very few clear memories of that time in her life. Alexia's drinking became progressively worse over the years, although she did not begin to see it as a problem until after she began using crack, at around age 28. She reports feeling depressed over much of her adult life, however her depression got much worse after she began using crack daily.

Alexia reports having had a lot of gynecological problems during her 20s, resulting in a hysterectomy at age 27. When asked if she was ever physically or sexually abused as a child, she says no; however, she confesses (with some difficulty) that when she was 11, she had an affair with her 35-year-old uncle (father's brother-in-law).

Now, one week into treatment, Alexia reports feeling numb and tense. She talks only in women's treatment groups and, then, only when specifically asked a question. She feels hopeless about her ability to put her life together and says that she only sees herself failing again to achieve sobriety. Of her recent rape, she says that she "only got what she deserved" for being in the wrong place with the wrong people at the wrong time. Alexia reflects that she was unable to adequately protect her daughter from sexual assault, and she speculates that maybe she is an unfit mother and should give up custody of her daughter. While Christine is currently staying with Alexia's mother, Alexia is concerned that her ex-husband will try to get custody of Christine if he hears that she is in the hospital for alcohol and drug treatment. He has been in recovery himself for two years and began demanding to see Christine again about 2 months ago.

Role Play

One partner play the social worker and one play Alexia.

1. Identify the problems that should be worked on from Alexia's perspective.
2. State the problems chosen in behavioral terms – describe.
3. Prioritize problems in order of importance to Alexia.
4. Establish an initial agreement about what problem to address first.