You are doing an assessment of a young 19 year old college student who is reported to be in good physical health. She was brought in to your clinic by one of her classmates who is concerned because her friend is acting really weird lately. The student is in a Creative Arts and Design school and she says her instructors place a lot of emphasis on creativity. "Unique and out-there" are just some of the ways she describes her school setting and her classmates. She wants to fit in and as a result she reports drinking a lot of alcohol, smoking marijuana daily and frequent use of LSD and ecstasy. She believes these drugs will enhance her creativity. However, her trips on LSD are becoming more frightening, she’s becoming more paranoid and scared whenever she trips or even smokes a joint. Her friends tell her she is acting peculiar and has been making bizarre comments in class. She is scared and wonders if she is losing her mind. To counteract the fear of having a "bad trip" she began using tranquilizers like Valium®, Ativan® and Xanax®. She believes that the tranquilizers will prevent her from becoming paranoid so she can stay focused on her art projects. She tells you that she has been using this combination of drugs for the past school year.

Instructions
Break into groups of 2 to 4 students to review Case Study #2 which highlights a poly substance abuser with paranoia and feelings of inadequacy and ask them to identify the following for their case study:

- What evidence is there that the client has developed a hallucinogen use disorder?
- How do other medical conditions or the abuse of alcohol and other drugs contribute to the emotional state described by the client?
- Describe the pros and cons of benzodiazepine sedative use to medicate or self-medicate her "bad trip" fears. Use the textbook as the basis of your information
- As a group, prioritize the clinical interventions that need to occur with this client.
Expert Review John Dedomenico, MS, MFT & Darryl S. Inaba, PharmD., CADC III
[General Theme: Hallucinogen Use Disorder, Assessing for Sedative-Hypnotic Use Disorder]

Assessment:

Axis I - Psychoactive Substance Abuse (currently active)
Alcohol, Hallucinogens - Marijuana and Benzodiazepines (currently active)
Axis II - Deferred
Axis III - None reported

Consider addressing the following treatment issues:

• It is not unusual for students to feel the need to push the envelope when they leave home and attend college. Sometimes considered a “rite of passage,” many students drink excessively and experiment with various drugs. For most, it’s a phase that soon passes with few negative consequences. For others it can result in significant health/safety problems, legal consequences and trouble with college administration.

• In this particular case the student has been taking an excessive amount of hallucinogens. Generally hallucinogens are not addicting but they have become a way of life for this young woman. She is already feeling some of the effects such as paranoia, odd thoughts and behaviors. In a mentally fragile person these could push them over the edge into a permanently paranoid state. But these instances are rare it is more common that the paranoia decreases over time once a person stops taking these drugs.

• She has attempted to address her problem of paranoia by self medication using a variety of tranquilizers; Valium, Ativan, and Xanax. All of these drugs are benzodiazepines and can be very useful in treating certain anxiety disorders. Benzodiazepines can also be addictive particularly when taken improperly. Withdrawal symptoms from benzodiazepines can be more dangerous than the withdrawal symptoms from heroin. The action of benzodiazepines is similar to alcohol.

• The withdrawal symptoms can be life threatening. Thus, a rigorous alcohol and benzodiazepine assessment should be done as both synergistic toxicity and cross-dependence has been demonstrated with this poly-drug pattern of abuse. A medical detoxification program would be recommended. Under the care of a medical addiction specialist or psychiatrist. The person in this case vignette could be slowly tapered off the alcohol and benzodiazepines. Counselors should also warn the young woman about the increased potential for overdose when alcohol is taken in combination with benzodiazepines.

• Establishing a good therapeutic alliance with this client is important. The goal would be to help her understand the potential problem that has been created and the need for a medical detoxification program. Should the paranoia persist or intensify after cessation of drug use, the counselor/therapist will need to consider the possibility of a pre-existing schizophrenia (thought disorder). The highest risk for onset of schizophrenia occurs in the period from late adolescence to early adulthood (college age). There is also the potential that continued paranoia may indicate an LSD, ecstasy, or marijuana-induced hallucinogen persisting perception disorder. Collaboration with or referral to a mental health professional can help make the
proper diagnosis and appropriate treatment priorities for these conditions.

- Therapeutic support could also help her work through her fears and anxiety of "not being creative enough." One approach to this particular fear could be to have her draw or paint her fear through the use of Art Therapy. In this setting her only task is to visually express her feelings.

- Linking her to a supportive social network or a support group with students in her age group would also be a good option.