

Case Scenario: Creating a Multidisciplinary Assessment Profile (MAP)

Juan is a 42 year-old cisgender heterosexual male, who fled from Puerto Rico, along with his wife, before hurricane Maria. They are currently staying with his cousin, with whom he has had a positive relationship, but tensions are beginning to mount as Juan isn't able to contribute much toward the rent. Juan has been able to make some money doing day jobs, but doesn't have steady work.

He has worked as a carpenter for 20 years, but injured his back about five years ago, which makes it hard for him to keep up the pace of work. He was initially prescribed Vicodin, but when his doctor stopped giving him refills, he started to use heroin to be able to manage his pain, so he can continue to work. He uses a little bit throughout the day, on a daily basis, just enough to stave off withdrawal and keep his pain away. He reports he doesn't enjoy the "high" and mainly just uses in order to "feel normal". He has tried to stop on his own, but returns to use after a few days due to symptoms of withdrawal.

After about a year of using via inhalation, he switched to injecting and contracted HIV. He has been engaged in medical care and his viral load is undetectable, but he doesn't have a doctor yet in Florida, and is concerned about what that means for his health. Juan is a daily smoker, and has asthma and high blood pressure.

Since coming to stay with his cousin, he has been having nightmares about his friends and family in Puerto Rico, and isn't getting enough sleep as a result. He reports he has never been much of a drinker, but has recently started having 1-2 beers at night in order to fall asleep. He has a history of depression, which escalated when his mother passed away 3 years ago. He says he never really got over her death, and blames himself for not doing more to take care of her health.

Jessica's Multidisciplinary Assessment Profile (MAP)

Drug

Severe alcohol use disorder
Near-daily alcohol use, often begins drinking in the morning, then stops until evening, physical dependence at times, drives under the influence.
Typically consumes ~ 1 bottle of wine/day; binge drinking on weekends; denies blackout.
Very infrequent use of marijuana, opiate pain pills; sporadic Xanax use; overdose risk increased with polysubstance use.
Prazosin, Geodon, Naltrexone, Trileptal, forgets to take meds ~1x/week; hx of medication noncompliance

Set

Goals: stop using alcohol, go back to school, manage mental health sx's
27 yo, biracial cisgender, heterosexual female;
born with cocaine dep; adopted
No biomedical conditions;
sexually active with 1 partner, uses condoms
Depression, PTSD; prev dx: Schizoaffective, Borderline PD; significant trauma history, shame about trauma and mental health sx's;
ongoing suicidal ideation
Ambivalent about alcohol use; use varies;
motivated to manage MH sx's
Drinks to manage PTSD symptoms, drinks in moderation with friends and family; binge drinks with partner and alone;
Xanax helps with sleep

Setting

Connected to many professional supports; well engaged; trusts therapist
Significant social network; childhood best friend positive influence; current partner respectful of boundaries, but engages in heavy alcohol use.
Living independently for first time; hx nursing home for 1 year; receives SSI
Friends from nursing home with substance use, mental health concerns; one friend provides Xanax and opiate pain pills, threatens suicide
Complicated relationship with mother; father deceased; many siblings (adopted and biological); suspected hx sexual abuse by brother
Alcohol use occurs at home, alone or with others; at friends' homes
Unemployed; recently re-enrolled in school