Universal Treatment Curriculum (UTC) – Style Case Study

Case Study: Substance Use Disorder Treatment

Client Code	Mr. R.K.
Age	30 years
Gender	Male
Marital Status	Married
Occupation	Unemployed
Primary Substance	Heroin (opioid)
Pattern of Use	Daily use for approximately 5 years

1. Presenting Concerns

The client was brought by his family because of escalating heroin use, impaired control over substance use, disturbed sleep, reduced appetite, irritability, financial difficulties, and declining occupational and family functioning. He reported strong cravings and difficulty remaining abstinent.

2. Substance Use History

The client began experimenting with heroin at age 25 in the context of peer influence and social exposure. Use initially occurred intermittently but progressed to daily use. Over time, he developed tolerance and began spending substantial time obtaining and using heroin. Previous attempts to stop resulted in withdrawal symptoms including restlessness, sweating, muscle aches, anxiety, nausea, insomnia, and intense craving.

3. Consequences of Substance Use

The client reported repeated conflict with family members, loss of employment, financial problems, social withdrawal, poor daily routine, and reduced interest in previously meaningful activities. He identified heroin use as the main factor contributing to these difficulties.

4. Previous Treatment and Relapse History

The client had two previous attempts to stop using heroin. Both attempts were followed by relapse within several weeks. He reported that exposure to substance-using peers, emotional distress, and craving were important relapse triggers. He had not previously maintained a structured continuing-care plan.

5. Mental Status Examination

The client appeared mildly disheveled and anxious. He was conscious, cooperative, and oriented to time, place, and person. Speech was coherent and relevant. Mood was anxious and irritable, with appropriate affect. Thought process was organized. He reported strong cravings but no current psychotic symptoms. Insight was partial but improving, and he expressed willingness to participate in treatment.

6. Clinical Assessment

The overall presentation is consistent with a severe opioid use disorder, characterized by impaired control, tolerance, withdrawal, persistent craving, continued use despite significant psychosocial consequences, and unsuccessful attempts to reduce or stop use. A comprehensive assessment should also screen for medical complications, infectious diseases, overdose risk, co-occurring mental-health conditions, and suicide risk.

7. Working Diagnosis

Opioid Use Disorder (Heroin), severe. Diagnosis should be confirmed and documented by a qualified clinician using a structured clinical assessment and applicable diagnostic criteria.

8. Treatment Goals

Immediate goals were to ensure safety, manage withdrawal, reduce acute craving, establish therapeutic engagement, and assess medical and psychosocial needs. Longer-term goals included sustained recovery, improved family and occupational functioning, development of coping skills, avoidance of high-risk situations, and participation in continuing care.

9. Treatment Plan

A. **Medical assessment and withdrawal management:** Complete medical assessment and provide supervised withdrawal management when clinically indicated. Monitor vital signs, withdrawal severity, hydration, nutrition, and other relevant medical concerns.

B. **Medication-assisted treatment:** The treating physician should assess suitability for evidence-based medication for opioid use disorder and monitor response, adherence, side effects, and overdose risk.

C. **Motivational interviewing:** Explore ambivalence, strengthen motivation for change, identify personal reasons for recovery, and support realistic treatment goals.

D. **CBT and behavioral interventions:** Identify triggers, craving-related thoughts, high-risk situations, and maladaptive behaviors. Teach coping strategies, problem-solving, behavioral activation, and refusal skills.

E. **Psychoeducation:** Provide education about addiction as a treatable chronic condition, withdrawal, craving, relapse, overdose prevention, treatment adherence, and recovery supports.

F. **Family involvement:** With the client's consent, involve family in education, communication skills, supportive monitoring, and development of a non-judgmental recovery environment.

10. Relapse-Prevention Plan

The client identified peer contact, emotional distress, boredom, and exposure to places associated with previous drug use as high-risk situations. The plan included avoiding substance-using peers, changing routines, developing healthy activities, using craving-management strategies, contacting supportive persons, attending treatment appointments, and seeking professional help early when warning signs appeared.

11. Recovery Support and Aftercare

Following stabilization, the client was advised to continue structured outpatient treatment, medication follow-up where prescribed, individual or group psychosocial treatment, family support, and recovery-oriented activities. A written continuing-care plan should include emergency contacts, overdose-prevention education, appointment dates, and steps to take after a lapse.

12. Progress and Outcome

During the initial phase of treatment, the client demonstrated improved sleep and appetite, reduced irritability, improved engagement with treatment, and decreased reported craving. He showed greater awareness of triggers and the consequences of substance use. Continued treatment was recommended because early improvement does not eliminate relapse risk.

13. Case Formulation

The case can be understood through a biopsychosocial framework. Biological factors include tolerance and withdrawal. Psychological factors include craving, anxiety, limited coping strategies, and learned associations between distress and drug use. Social factors include peer influence, family conflict, unemployment, and financial stress. Protective factors include family involvement, willingness to receive treatment, and recognition of the negative consequences of drug use.

14. Conclusion

This case illustrates the importance of a comprehensive, person-centered approach to opioid use disorder. Effective care should address withdrawal and medical needs while also providing evidence-based psychosocial treatment, medication when appropriate, family support, relapse prevention, and continuing care. Recovery is an ongoing process, and treatment should be adjusted according to the client's progress, risks, preferences, and changing needs.

Educational Note: This fictional case is prepared for academic/assignment use. Medication selection, diagnosis, and clinical decisions should be made by appropriately qualified healthcare professionals following local guidelines and individual assessment.