Addiction Treatment and Mental Health Panel Case Studies

Scenario 1

Denise is a sixteen-year-old 11th grade student who started using marijuana and drinking at fourteen and has used heroin regularly for the past six months. Denise stopped attending school in January and hangs out with her friends. She lives at home with her mother and younger brother, but comes and goes and often isn’t seen by her mother for four or five days at a stretch. When Denise was fifteen, her mother, with the assistance of a school-based addiction treatment counselor, was able to get her enrolled in outpatient treatment to address her alcohol and marijuana use. Denise participated in the program and reduced her alcohol and marijuana use. The outpatient program diagnosed Denise with depression and mild anxiety, and she was prescribed medication. Denise seemed to be regaining her health, and she started high school classes in the fall. However, her mother began to notice troubling patterns of more serious drug use in November and was unable to get Denise to resume treatment at her outpatient program.

Denise’s mother now wants to have her daughter assessed for enrollment in a residential treatment program. She is afraid of the people her daughter hangs out with and does not want her son to be influenced by his sister’s friends and drug use. Denise recently had a scare about her heroin use when one of her friends suffered an overdose and barely survived. She agreed to go for an assessment at a residential program. The program agreed that Denise needed residential treatment and received authorization from the Medicaid managed care organization to provide services for a short length of stay. After three days in treatment, during which she was treated with suboxone to help her withdrawal, Denise began to resist care. She has decided to leave the program against medical advice and her mother’s wishes.

Questions:

1) Does alcohol and drug use uniquely affect an adolescent’s ability to make decisions about medical care for addiction, and, if so, should clinical and legal standards take this factor into consideration?

2) What if Denise had been arrested for drug possession with intent to distribute, placed in the juvenile justice system and required to attend residential treatment. How should clinical care decisions and concepts of autonomy be addressed in the legal framework for juvenile justice drug treatment?

3) How should a lawyer and addiction counselor advise Denise and her mother in this situation?

Scenario 2

Steve is a fourteen-year-old high school student whose year-long use of alcohol and marijuana is beginning to take a toll. Steve’s grades are plummeting, and he’s noticed that he’s no longer excited about playing in his band. Steve’s parents have been on his back about his grades, but they are consumed by their own daily concerns and haven’t had the time to figure out if something else is contributing to Steve’s poor school performance. Steve does not want his parents to know about his alcohol and drug use. His father grew up in an abusive home with a father who was alcohol dependent and is intolerant of any person who uses alcohol or drugs.
Steve has begun to talk to a school-based counselor about his drug problem, and he now attends an individual session at his school and a group session at a local treatment program. The counselors from his school and treatment program think it’s important to have Steve’s parents participate in family counseling, but Steve refuses to consent to the disclosure of his drug use for fear of a serious disruption in his family life. Federal confidentiality laws prohibit the counselors from contacting Steve’s parent without his consent.

Questions:

1) Should the program heed Steve’s refusal to release information to his parents? Should different considerations (and legal standards) prevail if Steve begins to show up for his sessions very intoxicated, in greater distress or with greater impairment, and less able to make rational decisions during his counseling sessions? How could the counselor try to involve the parents in a way that would preserve his therapeutic alliance with Steve?

2) If Steve had been struggling with depression rather than drug use, the counselor at his outpatient program would not have been required to obtain Steve’s consent to inform his parents of his condition. Is there a principled difference for the legal standards for obtaining consent to contact parents/guardians for these two conditions both of which impair a person’s decision-making capacity?