

Case Study and Intervention Report on Dr. Perry Cox

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Dr. Perry Cox is a 47 year old male who works as a Chief of Medicine and Attending Physician at Sacred Heart Hospital. Dr. Cox is said to have issues dealing with his emotions by responding inappropriately to stress through yelling and physical violence. There are also those who have pointed out Dr. Cox has issues of narcissism. Evidence that points to this conclusion includes Dr. Cox being documented as over confident, unwilling to share responsibilities with other professionals, and overly body conscious. Dr. Cox's family and close friends report him having a history of alcohol abuse. Dr. Cox himself expresses feelings of guilt with certain patient deaths as well as an admitted alcohol dependence. On his intake form, Dr. Cox did report having a family history of alcohol abuse and domestic violence, which he expressed feelings of resentment towards his mother because of her unwillingness to end the violence perpetuated by her husband (Scrubs Wikia, n.d.). Dr. Cox does report having a sister who he is not in frequent contact with. The intake form also has information about Dr. Cox's family which includes some self-reported details about his two children, Jack and Jennifer Dylan and relationship with their mother. Dr. Cox states that he and his wife Jordan have separated before and both admit to having several intimate partners in between the onset of the separation and before the reconciliation of their relationship after Jack's birth.

After reviewing the intake information and meeting with Dr. Cox there are referrals I would choose to suggest to him as well as some interventions I would consider including in working with him to create and accomplish goals. Introducing the idea of therapy to Dr. Cox would be one of the first referrals I would suggest, but not just therapy but the specifics of family therapy, individual therapy, as well as include a suggestion for a mental health examination. The family therapy would be a good place to discuss his marital issues and alcohol dependence. Two

goals that could be suggested for family therapy could be discuss how the alcohol dependence could be an issue for his family and to discuss if Dr. Cox feels like he should change or what stage of that change process he may be in, pre-contemplation or contemplation. Individual therapy would be a good place to reinforce the discussion of his alcohol dependence and start to discuss his family history. This individual therapy could also be a good place to discuss his current feelings of his father's alcohol abuse and the domestic violence he experienced as a child. A mental health examination could help to assess the severity of his alcohol dependence and if there are any other co-occurring mental health issues that would be important to discover when setting goals.

These are just a few ways in which I would immediately address his issues but there are very important aspects to consider when dealing with clients that are similar to Dr. Cox. The population of middle aged men with high status professions who have alcohol dependence can be a delicate one in how services are presented. There may be stigma for the professional to avoid being honest about the abuse because of trying to "keep up appearance." Another issue is that alcohol is easily accessible and can be used as a means of social and professional networking, especially among doctors. This leads to the fact that alcohol is not illegal and can easily be hidden as an addiction because there are less immediate physical side effects of its abuse, which differs greatly from other addictions such as methamphetamine or cocaine addictions that have many physical and visible side effects. This population can also be highlighted as having a possible desire to escape in substances because of their high stress work environments.

After reviewing his intake information and relating it to the population one may consider placing him in, there are a few models that could be very effective in intervention as well as a model that might be more of a hindrance than an assistance. The first model that I believe might

be a good place to start in addressing Dr. Cox's goals would be a behavioral health intervention model. With the behavioral health model, Dr. Cox could be assisted in looking at the contexts of major areas of his life. An example of a context that would be addressed could be his alcohol dependence. Within this context, one could go over the different stressors in his life that cause him to feel the need to consume alcohol. Situations that typically cause him to feel the need to drink excessively or more than usual could be included. A discussion about why he believes the amount of alcohol he consumes is acceptable can also be started in this area of context. Attempting to discover the conditions in which the behavior of consuming exorbitant amounts of alcohol would be the main purpose of this intervention model.

Another possible model would be psychotherapeutic intervention based on exploring his possible narcissism. After reading van Schoor's article called, "Pathological Narcissism and Addiction: A Self-Psychology Perspective," I believe there are important conversations that could come out of exploring his possible narcissism and addiction connection. The author discusses that after attempting to stop abuse of drugs or alcohol that it is important, "to provide external support and structure for the inchoate self of the addict," (van Schoor, 2006, p. 211). This means to further explore the parts of Dr. Cox's life that may never have been explored before, including subjects that van Schoor points out like how Dr. Cox grew up and whether or not this type of surrounding allowed him to "experience the world as an extension of the self," (van Schoor, 2006, p. 211). There would be an ultimate goal of providing an environment for Dr. Cox to become more easily adaptive to the situations without use of alcohol. The author concludes that the "narcissistic transference relationship which emerges with such a patient, and how Kohut's insights provide us with an approach for understanding and psychotherapeutic intervention to facilitate the [this] development," (van Schoor, 2006, p. 211). These questions

could be a good start to openly discussing his feelings of himself in relation to others and could be made to connect with the context of his alcohol abuse.

The relational model would be another model of intervention that may be reasonable to use when serving Dr. Cox. Because the relationships that Dr. Cox talked about in his social support network are so strong this would be a good place to explore the possibility of intervention. Because even just getting Dr. Cox to see someone to discuss his alcohol issues could be a struggle, his close friends and family would be a great place to seek resources in order to influence this decision. In the article by Landau and Garrett (2008) that is titled, “Invitational Intervention: The ARISE Model for Engaging Reluctant Alcohol and Other Drugs Abusers in Treatment,” they discuss how important it is to include the client’s close relationships in the process when there is resistance. The authors state that there is a process by which most of their clients become involved in treatment, and one of the important steps is sharing the responsibility of caring for and addressing the addiction with the client during the intervention. Landau and Garrett (2008) explain that, “spreading responsibility among other network members both relieves the concerned other of a considerable burden and fortifies the notion that the contributions of these others may increase the chance that something constructive will result,” (p. 163-164). Building on Dr. Cox’s support system can help him to feel less shame, guilt, and burden when using the relational model of intervention.

A final model that I believe would be a good place to implement intervention would start with the marital and family model. Dr. Cox is very dedicated to his children and even though he and his wife have had some marital disputes they are very much meaningful to each other. This model may be appropriate because of how connected to his family he is and how important the opinions of others he cares about are to him. The article titled, “Empirically Based Martial and

Family Interventions for Alcohol Abuse: A Review," by Thomas and Corcoran also states that families should be involved because, substance abuse can exert a tremendous negative influence on families in terms of interference with relationships, responsibilities, or day-to-day functioning, thereby making it a problem with serious implication," (2001, p. 550). Everyone is involved in the treatment that Dr. Cox may undergo, each of his children and his wife. Family members can also take on actions to help support their addicted father/husband by attending meetings, therapy, or education meetings which Thomas and Corcoran (2001) state "that when family members are motivated and desirous of change, they can effect this change through their own behavior," (p. 555). These are all methods and interventions in which I believe Dr. Cox could receive a comprehensive assistance in meeting the goals of decreasing his alcohol dependence and possibly exploring past experiences as a child.

The particular model I believe would not be very successful in assisting Dr. Cox with his goals would be the strengths based approach. Because Dr. Cox may have narcissistic personality traits it would only encourage his reasoning for why his actions are always correct, even if they hurt himself or others. The strengths based model would put too much attention on his external resources and would possibly even make him more resistant to allowing others to intervene in his alcohol dependence. Exploring and focusing on these external resources could also bring shame to him if he believes there is no reason for him not to be able to deal with his issues of alcohol on his own. The strengths based model would also eliminate any possible categorization of behavior, which would not allow Dr. Cox to see whether some behaviors are more or less beneficial. There would also be the possibility of Dr. Cox feeling no desire or need to change his behavior if the behaviors and way he lives currently are just reinforced.

With working with Dr. Cox, and the population of older, high status professionals, two major questions come to mind in the ethical area of serving them. This first question I think of is why am I able to tell him or direct him in his behavior when he is older than I am and more experienced in life than I am? Another question comes with his profession, where do I have authority in telling him how to live his life or treat his body when he is a competent and high status physician? These are just a couple of the ethical issues I thought when serving Dr. Cox or looking to serve anyone in a similar situation as him. Listening to a young case manager discuss behavior and life changes could be very difficult for someone in Dr. Cox's position and with his history of not accepting the help of others.

There are more options for Dr. Cox than he probably realizes coming to see a case manager. Specifically in his community, there are two fairly popular and successful looking programs that could help him in addressing the issues of alcohol abuse and past family issues. One community center would be the Community Family Counseling programs that are delivered out of Los Angeles. These counseling programs focus heavily on the interactions and resources for all members of a family when undergoing life changes such as those that follow the decision to treat an alcohol addiction. Clearview treatment center is another place in which Dr. Cox may be able to receive the full array of services he might need for achieving his goals and addressing his substance abuse. The agency seems like it has many options and is very discrete in the services that it delivers to its clients.

Further considerations that should be looked when discussing middle aged men with alcohol abuse issues would be policies that affect how services are delivered, how services are delivered in general, and what the status of funding for these services looks like currently. An example of a policy that could affect services to this population would be the screening process

in hospitals. From the SBIRT video, there is an example of how it is becoming more popular for there to be intervention in healthcare systems to discuss and screen for alcohol or substance issues. Especially for Dr. Cox this could interfere with the seeking of his own treatment if it is easier to spot the signs in others but not in himself. The reactions of the older gentleman in the video could also be similar to how Dr. Cox may react to other professionals attempting to screen or address the issues that the doctor may have. Generally most services for those with alcohol abuse are provided with the assistance of case managers but can come in a variety of severity based on the needs and goals of the client. The client could be in the position of needing to seek intensive outpatient or even inpatient rehabilitation services for the addiction or could desire to start with a smaller step such as attending self-help meetings and visiting with referenced professionals. Funding for all social and health services has been scarce in the past. A shift has started in behavioral and mental health to take away the stigma that comes with issues and addictions and to value mental wellness more. Although funding may still be not nearly close enough to provide all of the potential resources that those with alcohol addictions could use, the value of caring for those who can receive those resources is increasing.

Dr. Cox has a long road ahead of him filled with appointments, meetings, and deciding whether or not he even wants to add this type of change to his already busy and hectic life. Although he is a high status physician, with plenty of resources and money, that does not eliminate him from the staggering amount of people in the United States that suffers from addictions and coming from a childhood full of domestic violence. Dr. Cox may seem like he is in a higher position, or a better position, than most substance abusers, but he is on the same level because he is a human with something missing that causes him to fill the gap with alcohol. The experience of going through treatment could humble Dr. Cox a bit and perhaps even help him to

grow closer to his friends and family through the interventions that he could possibly be encountered with.

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