

A Case Study of the Substance Use Disorder Exhibited by River Phoenix

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This paper will highlight the characteristics and factors present in the substance use disorder that lead to the demise of River Phoenix, an actor and musician of the late 1980s/early 1990s.

Conceptualization of Client

Presentation: Stimulant Intoxication, Opioid Intoxication (mandated due to overdose and trip to hospital)

Precipitant: Work-related stressors coupled with a major disappointment

Pattern (maladaptive): Pressures of being primary provider for a large family since childhood.

Predisposition:

- **Biological:** Father with alcohol use disorder. No other biological determinants of note.
- **Psychological:** High-stress career and possible sexual abuse beginning at the age of 4.
- **Social:** Has a girlfriend who is also an actor, had been spending a lot of time with friends who are heavy substance users prior to the past two months when he was shooting a movie on site. Was reunited with close friends and family for a night out.
- **Cultural:** Was raised in a cult environment and taught to busk to make money for his family along with this sister (they sang and played guitar). Removed from cult in middle childhood and put into acting by mother. Is primary breadwinner for his entire family of 6 siblings and his parents.

Perpetuants: Limited support system outside of family/work; believes that her employer devalues her knowledge and competence as she is a young female and he is an older man from a traditional background who believes that women should be home with their kids.

Protective factors/strengths: Very close to his girlfriend and family; strong career.

Plan (treatment): Detox immediately from substances in medical facility. If medical detox is successful, proceed with therapy in group and individually that focuses on CBT as the primary treatment method for the substance use disorder and work to eventually uncover any traumas that may have occurred in childhood via person-centered support in order to address those to further protect client's mental state during recovery.

Prognosis: Good if provided with appropriate medical detox at first sign of intoxication with both substances. If not, prognosis is very poor.

Case conceptualization: Sociocultural

While there be a strong argument for a biological connection due to his father's alcohol use disorder, client's current sociocultural situation coupled with his unusual upbringing and time spent in a cult makes a stronger case for a sociocultural model of addiction. That will be the primary focus of this conceptualization statement.

Client presents with concurrent substance use intoxication with stimulants (cocaine) and opioids (heroin) immediately after having a major disappointment during a night out (*presentation*). Client was supposed to be playing his dream concert with some musicians he respects when he was told he would not be allowed on stage. As a result, client turned to someone who offered him cocaine and heroin (in street terms, a "speedball"). It appears that these were inhaled by the client, but some accounts state they were in the form of a drink. Client had just had a very stressful time on a movie shoot where he had told people once he finished

one other movie after that, he would be quitting acting for good (*precipitant*). Client presents while in acute distress with seizure, vomiting, racing pulse, and slurred speech. This is the first time the client has been in this level of distress, but a friend indicated that client had used these substances in excess in the past with fewer symptoms yet hid this use from the public due to his reputation as an animal lover and a vegan who was into healthy behavior (*pattern*). Some perpetuating factors include his frustration with his career, the pressure to provide for his family that he has had since childhood, and his upset at not getting to perform on stage because his dream was to be a musician, not an actor (*perpetuants*). Some of his protective factors include his closeness to his family and his girlfriend, his economic resources due to his lucrative career, and his desire to live a clean, healthy life (*strengths & protective factors*).

Screening and Assessments

Diagnosis: Opioid Intoxication with Comorbid Opioid Use Disorder, Severe, F11.229; Stimulant Intoxication with Comorbid Stimulant Use Disorder, Severe, F14.229. Rationale: Client is in overdose with halt to heart and respiration, has previous history of use of these substances.

Report includes: tachycardia, bradycardia, dilated pupils, blood pressure fluctuations, vomiting and nausea, chills and perspiration, arrhythmia, confusion, seizure, and coma.

- 1) Referral source: Hospital at intake for overdose
- 2) Chief complaint: Acute intoxication to point of cessation of heart and brain activity.
- 3) History of Problem: Began using substances regularly while shooting the film “My Own Private Idaho” during intense research of the life of “rent boys” who were street prostitutes and used substances.
- 4) History of Substance Use: Used cocaine and heroin with friends and coworkers on and off over a period of approximately 2 years prior to this event.

- 5) Life situation: Wealthy, famous, lives alone, has a steady girlfriend of the past 6 months.
- 6) Family history: has 5 siblings, parents are married, father has alcohol use disorder
- 7) Religious history: Grew up from a young age in a religious cult called the “Children of God” but left the cult in mid-childhood.
- 8) Work history: Began working as a busker when a very young child. Later became an actor at the age of 10 in commercials, followed by movies and mainstream success. Supports his family financially.
- 9) Legal history: No legal trouble of note.
- 10) Sexual history: Heterosexual male with past history of multiple partners.
- 11) Mental status: Unconscious, no prior history of mental defects.
- 12) Memory: No history of memory problems.

Further assessment includes:

- Family history and context: Given client’s family history, the dynamic makes him very unlikely to change independent of strong intervention. Client believes he is responsible for his entire family’s financial well-being and he is only 23 years old. Client has believed himself responsible for his family since childhood. There is a family history of addiction, with his father having an alcohol use disorder that is untreated. There is a question of possible childhood sexual trauma as there are reports that client lost his virginity at the age of four. Due to client’s past history in early childhood of busking with his sister on the streets of South America, it is possible there is also some trauma unaddressed related to his sense of responsibility at that time as well.
- High risk behaviors: The only high risk behaviors the client exhibits are in relation to his use of cocaine and heroin, particularly in combination. Client does not drink in excess,

nor does he appear to use other drugs in excess. Client was admitted with Valium in his system, but that appears to have been taken to slow down his racing heart and anxiety after his excess consumption of cocaine and not a drug he takes regularly. No criminal history, no history of violence, nor of risky sexual behavior.

- **Strengths and coping skills:** Client was on a movie shoot for 2 months shortly before this episode of intoxication where he apparently abstained from all substance use until the last day he was on set, when there were reports he appeared to be under the influence of some sort of substance, possibly due to his stress over filming a love scene with an actress he didn't like to touch. This actress was reportedly unkind toward him on set. Client otherwise has a past career with positive reports from colleagues and directors. He is very close to his family and his girlfriend who support him emotionally.
- **Work:** Client has recently been unhappy with work and considering a career change.
- **Spirituality:** Client is not religious, having been brought up in a cult. Client is a strong animal rights advocate and that gives him a sense of purpose.

Modes of Treatment

If client is resuscitated; treatment will be inpatient detoxification from substances. Client will require medications to detoxify his system and stabilization in a critical care facility due to the severity of his intoxication and having lost heartbeat and respiration en route to the hospital. If medical detox is successful, client will begin inpatient group therapy. His routine while inpatient will include living at the treatment center, attending group therapy twice per day, meeting with counselors, meeting with his family (if he desires), spending time in psychoeducation, time on leisure pursuits, and in attendance in a 12-step program for substance users. His typical day will

be from approximately 6:30am to 10pm. The length of treatment once client is stabilized will be at least 30 days as an inpatient at Level IV, followed by a stay of at least 6 months in a halfway house to provide structure, support, individual and group counseling, and the management of any necessary medications.

For aftercare following his stay in the halfway house, client will attend individual counseling and 12-step sessions, keeping regular contact with his sponsor. These steps will provide the additional support client will need to stay sober.

Counseling Strategies

The counseling strategies that will be most useful with his client are motivational interviewing coupled with cognitive behavioral therapy. Motivational interviewing will be utilized to address the client's motivations for quitting substances and his motivations for continuing to use them. By engaging, focusing, evoking, and planning, the client will identify his goals and work toward them a therapeutic alliance with the counselor of mutual respect and trust. This will be augmented with cognitive behavioral therapy to help extinguish the triggers that are causing the client to be drawn to use substances and to identify the situations that may bring about those triggers and to slowly expose the client to them in a controlled manner in order to allow the client the opportunity as he progresses to urge surf a bit and test his ability to resist those triggers. In sessions with this client, we would want to engage him in such a way as to build the alliance we'll need to work together. We would spend time getting to know each other to establish a strong baseline of trust. Once we had that, we'd begin focusing on what the client's goals would be for his treatment. Does he want to quit all substances? If so, we'll work toward that goal. We would then move to evoking in sessions, trying to sort out what the client feels in his own mind to be the reasons he wants to quit using substances. What is his motivation to quit?

Finally, we will be in the planning phase, and we'll know how the client plans to make this work. We can then bring in our CBT interventions and begin the real journey toward extinguishing the behavior and lessening those triggers to use substances. To help prevent the client from a relapse, we'll work on client's coping skills as well as an avoidance of the individuals he frequently associated with who encouraged his drug use. Using the RPT method, we'll employ a cognitive behavioral method in much the same way that we extinguished the behavior to help keep the client from relapsing. The client's treatment goals are ultimately to quit using substances entirely as they don't align with his otherwise healthy, vegan lifestyle. Progress, for this client, would be to be free of substances and the desire to use them while also working toward a career that is less stressful and more fulfilling while realizing that he doesn't have to support his entire family. That is the job of his parents.

