

**Forensic Science Case Study: Drugs A
(ANSWER QUESTIONS ON A SEPARATE SHEET OF PAPER)**

Cases 1 & 2 Several Patients

The following scenario occurs at the County Hospital where you are employed as that hospital's chemical dependency expert. You have only one bed available and two patients have been referred to you for triage and admission.

The first patient is a 26 year old heroin addict. He has all the symptoms of withdrawal. He has a runny nose, stomach cramps, dilated pupils, muscle spasms, chills despite the warm weather, elevated heart rate and blood pressure, and is running a slight temperature. Aside from withdrawal symptoms, this man is in fairly good physical shape. He has no other adverse medical problem and no psychological problems. At first he is polite and even charming to you and the staff. He's hoping you can just give him some "meds" to tide him over until he can see his regular doctor. However, he becomes angry and threatening to you and the staff when you tell him you may not be able to comply with his wishes. He complains about the poor service he's been given because he's an addict. He wants a bed and "meds" and if you don't provide one for him you are forcing him to go out and steal and possibly hurt someone or, he will probably just kill himself "because he can't go on any more in his present misery." He also tells you that he is truly ready to give up his addiction and turn his life around if he's just given a chance, some medication, and a bed for tonight.

The second patient is an older man in his late sixties and is a bit disheveled in appearance. He is accompanied by his landlady. The landlady tells you that she found him earlier this evening trying to enter his apartment door. He was sweaty, his eyes were dilated, and his hands were trembling so badly that he could not get the key in the door. He kept calling her by another name and saying he was trying to get into his office to do some work. She knows he retired years ago, has lived in her apartments for several years, and knows her real name. His blood/alcohol level is low and his speech is not slurred. He can correctly identify himself but, also appears confused. He is unable to tell you the month or season. His nose and cheeks are red with tiny spider veins and his stomach distended and when he extends his hands out in front of him they are very tremulous. His demeanor is polite and apologetic to you and the staff. He tells you he has never had a problem with alcohol but scored high on the CAGE assessment test. He then admits to an occasional drink every now and then. He did have a few drinks earlier today but can't say exactly when. However, he is willing to come into the hospital for a brief stay if really thought it was necessary.

Questions-Cases 1 and 2

1. What preliminary Axis I diagnosis would give each of your patients and why? Use the DSM IV

To look up the Axis I disorders and select one or two that best fit the clinical picture.

2. What, if any, medical danger(s), do you see or should you consider for either patient? Why?

3. What transference and counter transference issues would you expect to be present in working with Patient A? What Transference and counter transference issues might present them with Patient B?

4. Finally, based on all the above information. Who gets the available bed and why?

Name: _____