

QC55 Rob's formulation – example response

Rob is a 35-year old married man who is employed fulltime as an accountant. He has one child (son aged four months). Rob self-referred and is presenting with daily alcohol consumption (up to 17 standard drinks) during the past six months which, until recently, he was concealing from his wife. Last alcohol use was one week prior to presentation, with cessation prompted by a “near miss” while driving under the influence of alcohol. Rob reported, after recently ceasing alcohol use, he experienced symptoms consistent with early alcohol withdrawal, as well as a range of changes to his health including concentration difficulties, fatigue, reduced appetite, and sleeping difficulties. These are currently under management by his GP, with ongoing monitoring and follow-up investigations pending to screen for any impacts from alcohol use (e.g. kidney and liver function).

Rob's background has made him vulnerable to developing his current difficulties with alcohol use. When Rob was aged five, his family experienced the loss of Rob's younger brother to stillbirth. This adverse experience and the reported negative emotional impact on his family, appear to have heightened Rob's awareness and anxiety related to health risks during pregnancy and infancy. Rob also described heavy paternal alcohol use throughout his childhood, with his father engaging in daily drinking. This role modelling and endorsement of alcohol use in the family of origin continued until Rob was in his early adolescence. Rob also notes that, in the early stages of his professional career (when he was in his mid-twenties), he would use alcohol as his primary means of relaxing and unwinding when things became stressful at work. As a result of paternal alcohol use and early adulthood experiences with alcohol, Rob has developed positive expectancies around the role alcohol can play in dealing with challenging feelings.

The initial trigger for Rob's escalation in alcohol use this year was his increasing levels of stress and worry as his wife's pregnancy progressed, due to concerns about possible complications emerging during the birth or infancy of their son. Over time, Rob appears to have associated coming home each evening with concern and worry about his son's wellbeing. For this reason, returning home from work has become the proximal trigger for his drinking.

A number of factors maintain Rob's problematic alcohol use. The stillbirth of Rob's brother appears to have led to a tendency to over-estimate the risks of mortality and health complications in pregnancy and infancy. This, in turn, has contributed to stress that his son's wellbeing is at risk. This has created ongoing distress for Rob as the pregnancy progressed, and as the responsibilities for care increased following the birth. This stress appears to be most salient when Rob returns home from work which, in turn, triggers his alcohol use. Concealing the extent of his alcohol use from those in his support network (i.e. his wife) prevented potential earlier intervention and contributed to Rob's dearth of alternative coping skills. Additionally, early family role modelling and the negative reinforcement of alcohol consumption Rob experienced since the age of 16 has led Rob to develop positive expectations about the effectiveness of alcohol in improving his mood. When experiencing increased levels of stress and anxiety, Rob has 'defaulted' to alcohol consumption as a first course of action to manage this escalation. The long-term primacy of alcohol as a stress coping strategy has inhibited Rob's ability to develop alternative and adaptive coping responses; thus increasing his reliance on alcohol for emotional coping. Rob's long-term use of alcohol has negatively impacted his overall physical health (including his sleep cycle, appetite, and concentration). This perpetuates his ongoing stress, by decreasing his coping resources. Finally, neuroadaptation from regular daily use of alcohol has resulted in the need to increase levels of consumption to achieve the desired effects. In this way, Rob's use of alcohol is maintained by the need to avoid unpleasant physiological withdrawal effects.

Rob has protective factors which can play a role in his treatment. He presents as motivated to achieve a more controlled pattern of alcohol use, to eliminate any behaviour associated with driving under the influence, and to improve overall global coping responses. Rob has shown he is willing to engage with services. Specifically, he has support from his GP for withdrawal management and medical investigations, and has self-referred for treatment with this service (the Alcohol and Drug Service). Following Rob's disclosure of the extent of his drinking to his wife, she has agreed to provide support (contingent on his engagement in treatment). With the support of his wife and GP Rob has already achieved one week of remission from all use of alcohol. This provides indication of early success in changing behaviours and patterns. Rob is bright and intelligent and has strong role identification with being a supportive partner and "hands on" father. He identifies his family relationships as significant motivation to sustain positive change. Rob's employment, financial situation and housing remain secure which will assist his treatment by providing structure and contributing stability in these important domains.