



A clinical success story with “Jane”

A care manager with Magellan Behavioral Health of Pennsylvania, Inc. began working with Jane in the summer of 2013. She had been in outpatient treatment since 2011, and had multiple therapists throughout that time. Jane was supposed to be in an Intensive Outpatient Program (IOP), but had no driver’s license due to multiple DUI’s, and struggled with transportation to services. She had multiple admissions to Horsham Clinic due to severe manic episodes that led to significant drug use and active suicidal ideation.

Jane was on Suboxone through a private psychiatrist – at a low dose of 2mg daily. She was also on Klonopin prn, Ambien prn, Seroquel, Clonidine and various mood stabilizers. Jane’s mental health diagnosis is Bipolar I. She also has Opiate Use Disorder, Severe.

Jane was living at home with her mom and stepdad. Mom and stepdad were in active gambling addiction; stepdad was an active alcoholic. Jane has an extensive family history of addiction as well. She lost a significant other to an overdose in 2009, which was at the peak of her heroin addiction. She was not active in NA, had no coping skills, and had very limited supports.

When this care manager first began working with Jane, she would routinely take her Suboxone during the week and go on binges during weekends, where she would hole up in a motel and use any substance she could find. Family constantly worried about her. She was on disability and had not worked in years. Jane’s treatment attendance was inconsistent, and little progress occurred through therapy.

Jane struggled with her substance use – she would binge on weekends; she struggled with frequent manic episodes, and inability to regulate emotions and self-soothe. It continued this way for roughly two years. Despite individual and group therapy, Jane’s symptoms did not improve. In August of 2015, she voluntarily admitted herself to Horsham Clinic due to a particularly rough period of six or so months of heavy substance use, on and off suicidal ideation, and a plan to overdose just before her admission.

After this treatment episode, Jane showed much more initiative and internal motivation to get sober. This care manager was able to assist her with transitioning to an actual Suboxone maintenance program, where her dose could be increased to 16mg daily, a more therapeutically appropriate dose for her. Combined with this, it included frequent drug screens and film counts, to assist in holding her accountable. She was assigned to an evidence based group curriculum, called “Thinking for a Change”, and she worked with her psychiatrist to adjust her medications. She switched to Tegretol as her mood stabilizer, which seemed to be the medication that finally worked for her mental health symptoms.

As of January 2017, Jane has now re-enrolled in community college, and is close to completing her Associate's Degree. She has taken advantage of the "College Plus" program to assist her with this. She is planning on getting her CRS certification, and pursuing continued education to become a therapist. Jane has over one year of sobriety and continues to be on her Suboxone maintenance program. Jane has repaired many family relationships, and has learned to self-soothe. In fact, she has a list of 100 coping skills she can use! Jane has had very few occurrences of manic episodes over the last 12 months – a *huge* change for her. She has internalized the severity of her addiction, and the direct correlation between her use and her mental health disorder.