

UAGC | Case studies in non evidence based treatment Part one

Hello, and welcome to this discussion. My name is Dr. Steven Brewer and I'm an Assistant Professor of Psychology and Applied Behavioral Sciences at Emory University and content lead for Psych 645. This is the first of two audio files that will introduce case studies in non evidence-based treatment. But first, what is evidence-based treatment?

Evidence-based treatments or evidence-based practices are generally those that are supported by peer reviewed scientific literature. This definition may lead you to assume that non-evidence-based practices are those that have been disproven by a peer reviewed scientific literature. But that isn't the case. Non-evidence-based practices are simply those practices that have not been supported by peer reviewed literature yet.

Joining me to talk more about non-evidence-based practices is Dr. Eric Cervantez, Assistant Professor and Chair of the Complementary and Alternative Health Program at Ashford University. He'll be sharing with us some fascinating cases where evidence based practices fail to completely help a patient's concerns.

Thank you, Dr. Brewer. I really appreciate this time. A little bit of background first. I have a relative by the name of Ivan S. And so Ivan is a Navajo descent individual, born in the area of the Navajo reservation in Arizona.

And in his early years, between the age of 20 years old and 26 years old, he was deployed to Iraq for a couple of tours in that war. In any event, the point is that the first time that he returned from that war, Ivan came back with a lot of anger management issues at home, and began to have a lot of squabbles with his wife and children. Which was very different than what he was before.

He did another tour that after, of course, there are other problems in the household prior to his next departure. But when he returned, it was very apparent that he was very much affected by the war. He was taken to the naval hospital here in Southern California.

His mood became stoic. But his behavior continued to be very, very aggressive. He began to beat his wife, began to beat his children, recurring nightmares at night, night sweats, many, many, many problems.

And he continued on to go into the Naval hospital here in Southern California with no apparent relief of his symptoms or his behavior. He began to drink. He began to have issues with the law. And again, no rescue from conventional practice with the medications and the treatment. He began to also go to see a counselor, but that also didn't do very well.

OK so a little bit of background on what we'll call patient MD. So she grew up, basically in a very poor town, and agricultural town of many, many migrants, migrant of Mexican descent as well as American descent. Mother and father married an early age. Probably I think there were seven children in her family, if I remember correctly, of this case. And she was one of the younger females of the family.

At that time, at this place, they were rival gangs that were part of her life. As she began to go into her teenage years, she began to experience a lot of attention from a lot of her male peers. But one time at one point, she began to have problems with these peers that were gang related. And then experienced being rape from the age of 14 to 16.

She belonged actually to one of the rival gangs. So therefore, it was very apparent that her collusion or her involvement with the rival gang brought her into more at risk for these things to happen, not that that is a justification. But more of how these gangs relate to each other.

She began to then, from that point after 16, she began to use more heavily marijuana, meth, heroin, and alcohol. And she expressed that more than anything she was trying to drown out the anxiety, the fear, the panic, panic attacks that she would experience on an everyday basis due to her belief that this would happen again at any time. At the age of 18, she disbanded from these gangs and began to have her own life.

She began go to school, finish high school specifically, she finished with a GED. She was in and out of college between the ages of 19 and 24. In her family life, she dissociated completely from her mother and father, because she felt abandoned by them, specifically when she was trying to address the trauma that she experienced so young.

As a matter of fact, she even expressed to them that she was raped and that she wanted some people to go to jail for it. But the parents did not proceed to help her out with any legal ramifications that would come from that. So she felt also disregarded, especially for what she wanted to do. Her parents actually blamed her for the rape.

So she carries a lot of rancor and a lot of anger towards her parents, and manifests that in many ways towards her parents. She's very disrespectful. She reports that she's very disrespectful. She doesn't really visit them that often. She has a lot of fights with them for many, many little things.

She's been in and out of relationships, very short term relationships mostly, been intimate relationships rather than more of a whole relationships with peers, specifically male peers. She identifies as bisexual, but she prefers men, but still has a lot of issues with men and constantly fights with men, physically fights with men, and especially her partners.

Socially, she is-- now her focus is, she's an activist. She does a lot of work with the migrant families, trying to educate them, trying to empower them. And she also goes to rallies for migrant rights and also undocumented rights.

So she is very much like a social worker, as well as an activist and believes that she's doing this because she's trying to give back for people that are also abused and disregarded in this society. She is very youth oriented. So a lot of her focus is educating youth and also preventing youth violence, specifically sexual violence against youth and especially females.

However though, on the other side of the spectrum. She's so ardently a zealot actually with these ways of being, because she can't take no for an answer. She does things by force. So in essence, she encompasses a very, very strong male, almost patriarchal attitude about things and she demands things to be done in a certain way, which hampers a lot of her relationships with people.

" really she can't really form very good social bonds and really alienates a lot of people with her force, with the way that she is in forcefully pushing her agenda on folks and forcefully pushing a lot of her agenda of helping youth, et cetera. So I guess what I'm saying is that there definitely would be a better balance if she was a little more in tune with how she manifests to people. Right now, she would probably have more allies if she wasn't so harsh in manifesting what her agenda is.

Again as previously said, she suffers a lot of anxiety. She suffers from insomnia. She currently takes medication for anxiety. She continues to self medicate with marijuana to also decrease the anxiety. She has some social phobia, but also very outgoing interesting enough. So she has both of those polarities. And she suffers from panic attacks on a constant basis.

What's really even more interesting from a kind of holistic way of looking at this is that she was recently diagnosed with uterine cancer. And what that does from my perspective as a clinician and naturopathic doctor, what that tells me is that the energetic imprint of that trauma, obviously, is well imprinted in the uterus, and the manifestation of that trauma is still there.

So if she goes on to do other work, specific spiritual work, or other forms of therapy I think there's a possibility to lift that cancer growth. And not from a chemical perspective, not from chemotherapy or radiation therapy, but more from a very intuitive, very mental, emotional, and spiritual practice. And on other recommendations will be given from that. So that's what the background on MD.

Well thank you, Dr. Cervantez, for that fascinating case study. Students your challenge as individuals looking at these cases is to provide a professional diagnosis for these patients and then propose the treatments as discussed in the discussion forum prompt. At the end of this week or early next week, your instructor will be posting part two of this discussion where Dr. Cervantez will talk about the non-evidence-based practices that were actually employed with these patients and how those worked out.

So look forward to seeing that in the announcements section of this course. And I'll look forward to talking with you early next week.